



# UPWARD BOUND CAMP

40151 Gates School Road, Gates OR 97346  
Phone (503) 897-2447 Fax (503) 897-4116  
Email: camp@upwardboundcamp.org

OFFICE USE ONLY  
Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

The purpose of this application is to gather information that will assist staff in meeting the campers needs, and assess recent changes in health/status. An information privacy agreement (HIPAA) form must be on file.

Name of person completing this form: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Camper Information

Registration correspondence should be sent to address of:  Camper  Guardian  Group Home  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Group Home Name: \_\_\_\_\_ Group Home Contact: \_\_\_\_\_  
Group Home Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bunk accommodation:  Tent Bottom\*  Indoor Bottom  Indoor Top  Brings own tent\*

### PARENT/GUARDIAN INFORMATION

Is camper own guardian?  Yes  No

#### Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Preference:  Phone  Email  US Mail

#### Joint Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Preference:  Phone  Email  US Mail

If parents are divorced, who has custody during camper's time at camp? \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ SSN #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PAYMENT INFORMATION

How will you pay for Camp?  Self-Pay  Brokerage/County DDS  Other  
Other (specify): \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_

Additional information you would like to share:  
\_\_\_\_\_  
\_\_\_\_\_

Camper's favorite activity at home: \_\_\_\_\_

Favorite activity away from home: \_\_\_\_\_

We want you to see your friends at UBC. Is there someone you would like to be scheduled with?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any obstacles to scheduling we should be aware of (i.e. personal conflicts w/other attendees, home  
\_\_\_\_\_  
\_\_\_\_\_

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Please check all that apply:

Camper may participate in Swimming?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Wading?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Archery?  Y  N If no please explain: \_\_\_\_\_

Camper may participate in Horseback Riding (not offered at all sessions).  Y  N

Camper may participate in Boating (not offered at all sessions).  Y  N

**DIAGNOSIS INFORMATION (LABELS) (PLEASE SELECT ALL THAT APPLY)**

Primary Diagnosis: \_\_\_\_\_

Visual Challenges:  None  Blind  Some Sight  Glasses

Hearing Challenges:  None  Deaf  Some Hearing  Hearing Aids

Other Hearing Challenges: (Please Explain)

\_\_\_\_\_

Seizures:  None  Grand Mal  Petit Mal  Other: \_\_\_\_\_

VNS (Vagus Nerve Stimulation)  Y  N

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_ Date of last Seizure: \_\_\_\_\_

**MOBILITY NEEDS**

Walking:  Independent  Minimal Assistance  Complete Assistance

Uses Mobility Aides:  Y  N Please list: \_\_\_\_\_

Uses Wheelchair:  Y  N Wheelchair Type:  Power  Manual

Mobility in Wheelchair:  Independent  Minimal Assistance  Complete Assistance

Wheelchair Transfers:  Independent  Minimal Assistance  Complete Assistance

Wheelchair Transfer Method:  Stand/Pivot  Non-weight bearing (2 person lift)  Hoyer

Mobility Suggestions/Comments/Additional Information:

\_\_\_\_\_

**PERSONAL CARE NEEDS**

Dressing:  Independent  Minimal Assistance  Complete Assistance

Brushing teeth/denture care:  Independent  Minimal Assistance  Complete Assistance

Washing Hands/Face:  Independent  Minimal Assistance  Complete Assistance

Shaving:  Independent  Minimal Assistance  Complete Assistance

Showering:  Independent  Minimal Assistance  Complete Assistance

Toileting:  Independent  Minimal Assistance  Complete Assistance

Female Menstrual Needs:  Independent  Minimal Assistance  Complete Assistance

Continence:  Always  Sometimes  Incontinent  Incontinent at night

Toileting Aids:  Attends  Catheter-Type: \_\_\_\_\_  Urinal

Other: \_\_\_\_\_

Tobacco Use:  None  Chews  Smokes tobacco products

Describe Assistance/monitoring needs with tobacco use:

\_\_\_\_\_

Personal care suggestions/comments/additional information:

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**SLEEPING NEEDS**

Sleeps all through night?  Y  N Usually goes to sleep after 9pm  Y  N  
Usually wakes up before 7am?  Y  N Needs to be awoken at night for restroom?  Y  N  
Usually takes a mid-day nap?  Y  N How many times:  1-2X  3X+  
Uses a CPAP machine?  Y  N Needs to be turned at night?  Y  N  
Will sleep in room with others?  Y  N How many times:  1-2X  3-4X  4X+

Sleeping needs suggestions/comments/additional information:

**MEAL TIME NEEDS**

Cutting Food:  Independent  Minimal Assistance  Complete Assistance  
Food to Mouth:  Independent  Minimal Assistance  Complete Assistance  
Drinking from cup:  Independent  Minimal Assistance  Complete Assistance  
Special Preparations  Pureed food  Chopped food  Thickened Liquids  Low Salt  
 Low sugar  #calories \_\_\_\_\_  
Diabetic:  Y  N Diet Controlled:  Y  N Insulin Controlled:  Y  N  
Testing times: \_\_\_\_\_ Average Blood Glucose: \_\_\_\_\_  
Special Utensils  Y  N Dysphasia  Y  N  
Ketogenic:  Y  N Gluten-free  Y  N Lactose intolerant:  Y  N  
Chewing disorder/Missing Teeth  Y  N Prader/pica:  Y  N

**DIETARY INFORMATION - DISLIKES/RESTRICTIONS**

What foods will the camper not eat?

What are the campers favorite foods?

What foods causes dietary issues not allergy related? (i.e. gluten, dairy, starches, nightshades, beans, lettuce, etc.)

Dietary information additional comments/questions/concerns:

**ALLERGY INFORMATION**

Please list and explain all known food allergies: Reactions:  

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Please List and explain all known non-food allergies: Reactions:  

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**MEDICATION NEEDS:**

Prescribed Meds:  Y  N Medication before 6AM or after 10PM?  Y  N  
Meds 1-2X Daily:  Y  N Meds 3-4X Daily:  Y  N Meds >4X Daily:  Y  N  
Nebulizer:  Y  N Frequency: \_\_\_\_\_  
Special Protocols:  Y  N (If yes-please explain)

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**COMMUNICATION NEEDS:**

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|--|---|---|---|
| Able to clearly communicate wants/needs?     | <input type="radio"/> Y <input type="radio"/> N | Able to follow 1 or 2 part directions?          | <input type="radio"/> Y <input type="radio"/> N |
| Able to read?                                | <input type="radio"/> Y <input type="radio"/> N | Able to write?                                  | <input type="radio"/> Y <input type="radio"/> N |
| Uses sign language?                          | <input type="radio"/> Y <input type="radio"/> N | Able to talk?                                   | <input type="radio"/> Y <input type="radio"/> N |
| Uses gestures to communicate?                | <input type="radio"/> Y <input type="radio"/> N | Uses communication system?                      | <input type="radio"/> Y <input type="radio"/> N |
| Suggestions/comments/additional information: |   | <input type="radio"/> Y <input type="radio"/> N | <input type="radio"/> N                         |

**PERSONALITY/BEHAVIORAL/SUPERVISION NEEDS:**

Does camper require 1:1 care/supervision?  Y  N ( If yes please explain below).

Fears:  Water  Animals  Height  Dark  People/crowds  
 Other: \_\_\_\_\_

Personality:  Happy-go lucky  Helpful  Wanders  Cautious  Withdrawn/shy  
 Physically aggressive-please explain below  Attention seeking-please explain below  
 Yells/screams  Interacts well with others  Participates in a group environment

Behaviors that are injurious to self/others:  Y  N (If yes-please explain below)

Please explain any yes's from above

When do these behaviors occur? Is there a common trigger for these behaviors? Please explain.

Does the camper require physical management? Please explain.

Do you have any specific suggestions or redirection techniques that might be helpful in serving any behavioral

Suggestions/comments/additional information regarding camper or camp?

In compliance with current Upward Bound Camper Enrollment Criteria, campers who are abusive to self, others, or properties may not be considered appropriate for acceptance into overnight programs. Campers with a history of physically or sexually aggressive behavior or who exhibit such behaviors while in attendance may be dismissed from the program immediately. There may be certain medical conditions that may disqualify campers from week long resident camp sessions. Short-term camps and day programs are now available at our facility for those campers.

NOTE: At Director's discretion, a private personal attendant may be required to accompany and manage the behavior or personal care of any camper whose needs exceed the limits of our eligibility policy.

**PUBLIC INFORMATION**

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In consideration of participation in Upward Bound Camp activities, I hereby consent to the use of any film/videotape/sound recording made of \_\_\_\_\_ (Camper's name), by Upward Bound Camp and irrevocably assign all rights in the same to Upward Bound Camp, and those acting with its permission, for the purpose of illustration, publication, or broadcast in connection with the work, advertising, and promotion of Upward Bound Camp. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

**ACKNOWLEDGEMENT**

I have read and understand this application. It is correct to the best of my knowledge, and the applicant described herein has permission to engage in all programs activities except as noted. I understand that admitting or falsifying information may compromise planning for the success of this camper and may lead to disqualifying the camper from attendance. In further consideration for acceptance, I hereby release and waive any claim, cause, or action which may accrue against Upward Bound Camp arising from participation in any camp activity approved by any of said persons.

I, **CAMPER NAME:** \_\_\_\_\_ and my legal guardian \_\_\_\_\_ understand that all activities occurring at Upward Bound will be supervised and coordinated by qualified individuals. I agree to release and hold Upward Bound Camp and all firms and corporations associated therewith, including, but not limited to, the employees, contracted service providers and volunteers of Upward Bound Camp fully harmless from any injury, claim, legal fees, or damage (personal or property) whatsoever, including death, which may result from me/my participant as a consequence of participating in any of the above listed activities. I acknowledge and agree that the above activities may be inherently dangerous, and I agree to fully assume all risk, chance, hazard, and responsibility associated with participating in those activities. I authorize Upward Bound Camp staff to provide emergency medical treatment if required during a camp session. The above named camper voluntarily enters the premises, fully aware of potential risks. The participant hereby voluntarily assumes all risks and agrees that this release shall be binding upon his/her/or their executors and administrators signing below.

Camper/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camper/Guardian Printed Name: \_\_\_\_\_

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