



*A Loss of Sight, Never a Loss of Vision*

March, 2016

Dear Prospective Athlete and Parent/Guardian,

Thank you for your interest in **Camp Abilities 2016!** *Camp Abilities* is a developmental sports camp structured for campers experiencing visual impairments or blindness. This year's camp will be held July 16 - 21, 2016, and will once again be based out of University of Alaska, Anchorage. Camp Abilities campers, staff, and volunteers will be housed at the UAA dorms.

The appropriate athlete should be:

- \* Between the ages of 8 and 19 years of age or currently enrolled in the public education program
- \* Classified as visually impaired/blind by school district standards. Athletes experiencing visual impairments/blindness along with other disabilities will also be considered as long as they fit the camper profile
- \* Independent with personal needs (i.e. eating, dressing, toileting, showering, etc. Athletes who need 1:1 assistance with personal hygiene should be accompanied by a care provider

If you have any questions, please contact our office at (907) 561-6655.

The cost of the camp is \$430. This includes the base price of \$400 and a \$30 membership to **Alpine Alternatives, Inc.**, which is mandated by **Alpine Alternatives'** By-Laws and Insurance. This cost does not include any air fare from outside of the Anchorage area. Should you need financial assistance, please call **Alpine Alternatives'** office. Please let us know what you need and we will do our best to make this opportunity possible.

Please complete and return this registration form as soon as possible, **no later than May 15th**, 2016, accompanied by a payment. We count on this for planning purposes. All applications will be evaluated by the Camp Directors, and written notification of acceptance will be mailed by May 31st, 2016.

Once again, thank you for your interest our one-of-a-kind sports camp. We look forward to seeing you at camp!!!

Sincerely,

*Nancy Burnette*

Nancy Burnette  
Bookkeeper/Program Administrator, Alpine Alternatives, Inc.





## 2016 Camp Abilities Athlete Registration Packet

Please fill out completely!

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex M F Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cel Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Contact Name & e-mail \_\_\_\_\_

If leaving camp before the July 21st check-out, please give date and time:

\_\_\_\_\_

\*\*\*\*\*

Description of visual impairment and acuity \_\_\_\_\_

\_\_\_\_\_

If you are a previous Camp Abilities athlete, please note any changes to your vision since the last time you were at camp: \_\_\_\_\_

\_\_\_\_\_

Do you read (please circle):      **Braille**      **Large Print**      **Regular Print**

**Attention: It is important to be as specific and forthright as possible with information covered on this page. In order for the staff of Camp Abilities Alaska to provide the best experience for the athletes, they go through a rigorous matching process, pairing volunteers with athletes. In order to accurately pair athletes and provide services needed for their child, parents should disclose any and all pieces of information that pertains to their child on this page. Thank you.**

Disability: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Learning Disabled       | <input type="checkbox"/> Cerebral Palsy        |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Down Syndrome         |
| <input type="checkbox"/> Physically Impaired     | <input type="checkbox"/> Multiple Sclerosis    |
| <input type="checkbox"/> Hearing Impaired        | <input type="checkbox"/> Autism                |
| <input type="checkbox"/> Brain Injury            | <input type="checkbox"/> Speech Impaired       |
| <input type="checkbox"/> Spina Bifida            | <input type="checkbox"/> Emotionally Disturbed |
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Other _____           |

Behavior: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Hyperactive              | <input type="checkbox"/> Hits others                   |
| <input type="checkbox"/> Temper tantrums          | <input type="checkbox"/> Socially isolated             |
| <input type="checkbox"/> Loud or abusive language | <input type="checkbox"/> Inappropriate sexual behavior |

Warning signs of emotional or physical outbursts: \_\_\_\_\_

Techniques for control of inappropriate behavior: \_\_\_\_\_

Cognitive Ability \_\_\_\_\_

Communication Skills \_\_\_\_\_

Mobility:      Ambulatory \_\_\_\_\_      Non-ambulatory \_\_\_\_\_

Specify type and degree of assistance required in each of the following areas:

Eating \_\_\_\_\_

Dressing \_\_\_\_\_

Grooming \_\_\_\_\_

Bathing \_\_\_\_\_

Toileting \_\_\_\_\_

Bedtime routine \_\_\_\_\_

Uses protective undergarments? \_\_\_\_\_



## Athlete Information Sheet

We would like to get to know you, even before we meet you! Please take the time to complete the following information:

Nickname \_\_\_\_\_ Roommate Request? \_\_\_\_\_

Have you ever been to an overnight camp before? YES NO

If yes, when? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What is the name of your Vision Teacher? \_\_\_\_\_

What subjects do you enjoy? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What do you fear? \_\_\_\_\_

Do you participate in sports at school or in your community? YES NO

If yes, what sports? \_\_\_\_\_

Do you know how to swim? YES NO Do you like canoe rides? YES NO

What outdoor/nature activities do you enjoy? \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

Do you play a musical instrument? YES NO

If yes, what instrument? \_\_\_\_\_

Do you have any brothers? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Do you have any sisters? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ What kind of pets? \_\_\_\_\_

What are the names of your pets? \_\_\_\_\_

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Please check the appropriate t-shirt size:

Child Small (6-8) \_\_\_\_\_ Child Medium (10-12) \_\_\_\_\_ Child Large (14-16) \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_

Adult X-Large \_\_\_\_\_ Adult XX-Large \_\_\_\_\_

## Medical Information

Health History (please check those that apply, give date of diagnosis, and on a separate page please note current management procedure, if appropriate)

- |   |   |
|---|---|
| <input type="checkbox"/> frequent infections<br><input type="checkbox"/> diabetes<br><input type="checkbox"/> high blood pressure<br><input type="checkbox"/> bleeding/clotting disorder<br><input type="checkbox"/> cancer<br><input type="checkbox"/> skin conditions | <input type="checkbox"/> heart defect/disease<br><input type="checkbox"/> asthma<br><input type="checkbox"/> lung disease<br><input type="checkbox"/> kidney disease<br><input type="checkbox"/> shingles<br><input type="checkbox"/> other _____ |
|---|---|

Please list allergies, including allergies to medications, food, and insects:

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Please list any dietary needs (i.e. lactose intolerant, vegetarian, allergies, picky eater):

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Seizures:      YES      NO

If yes, what type? \_\_\_\_\_ Duration of seizure: \_\_\_\_\_

When was the last seizure? \_\_\_\_\_

**IMPORTANT:** If your child must take medications, vitamins, or supplements while at camp, **they must be listed** on this form. All medications must be sent to camp in their **original prescription containers.**

Medication Name	Dose (How much given each time)	Frequency (times of day med is given)	What is medication given for?	Changes/Notes (Staff only)

**\*\*If necessary, please continue this list of medications on another sheet of paper.**



Please list any other medical problems, disabilities, or medical restrictions related to vision\_\_\_\_\_

\_\_\_\_\_

Any assistive devices, i.e. communication boards, etc.\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information about the athlete that you would like to share with the staff:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary physician\_\_\_\_\_ Phone\_\_\_\_\_

Emergency contact if you are not available:\_\_\_\_\_

Day phone\_\_\_\_\_ Evening phone\_\_\_\_\_ Other\_\_\_\_\_

Closest relative or family friend in Anchorage or surrounding area

\_\_\_\_\_

## Over The Counter Medications

The following is a list of over the counter medications used by our Directors and Camp Nurse for minor discomfort. Medications will be administered according to package recommendation for dosage administration for the following: minor aches, fever, cramps, headaches, sprains, sinus congestion, diarrhea, sunburn, abrasions, stomach ache, indigestion, and cough.

Please check the medications that you do NOT want your child to take:

Tylenol

Advil

Sudafed

Benadryl

Immodium

PeptoBismal

Tums

Cough Drops

Other \_\_\_\_\_

I have reviewed the above list of over-the-counter medications used at camp and give my permission for administration as per recommended dosage with the exceptions noted.

I also understand that the generic formula for these products may be used.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Camp Abilities**  
**Swim Information Form**

Athlete's Name \_\_\_\_\_ Date \_\_\_\_\_

Parents, please check the category that most applies to your son or daughter's swimming abilities:

\_\_\_\_\_ **Pre-Beginner:** enters the water hesitantly or not at all, clings to wall or caregiver, does not put face in water, does not take feet off the ground

\_\_\_\_\_ **Beginner:** puts face in water hesitantly or when urged, moves away from the wall and plays, does not mind being occasionally splashed, attempts to swim

\_\_\_\_\_ **Advanced Beginner:** swims underwater, can roll from front to back, can swim short distances above water with face in, takes a breath occasionally and resumes swimming without standing up, jumps in from the side of the pool

\_\_\_\_\_ **Intermediate:** can swim about 25 yards without stopping, does rhythmic breathing side to side but needs work on it, swims ten yards on back, not afraid of the deep end, can jump into water over head and recover easily

\_\_\_\_\_ **Swimmer:** can swim on front and back with good but not perfect form for at least 50 yards, can tread water three minutes in deep end, comfortable in deep water with jumping in swimming and playing, knows the basics of side stroke and breaststroke, can swim down to nine feet and retrieve a swim ring

Comments/concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Participant's Name: \_\_\_\_\_

**AUTHORIZATION TO PROVIDE TRANSPORTATION**  
(Required to participate in Camp Abilities)

I, as parent/guardian with legal responsibility for this minor participant, or as a participant of legal age, give permission for Alpine Alternatives, Inc. to provide the named participant with transportation to and from all activities associated with Camp Abilities.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Alpine Alternatives has an established emergency medical plan. In cases of minor injuries or illness, authorized trained personnel may administer first aid or medication. In cases of serious injury or illness, personnel will call for emergency medical treatment or provide transportation to emergency services as needed. In all cases, a parent/guardian will be notified.

I, as parent/guardian with legal responsibility for this participant, or as a participant of legal age, authorize Alpine Alternatives to administer first aid, call for emergency medical treatment, and/or provide emergency transportation as described above to the named participant. I, as parent/guardian with legal responsibility for this participant, or as a participant of legal age, further agree to bear all cost of emergency services provided.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS**

Alpine Alternatives has frequent occasion to illustrate and explain its programs and activities for volunteer recruitment, fund raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs of our activities and participants. However, we would never intentionally offend our clients, friends, and supporters without their understanding and consent. Should you feel comfortable in assisting in this manner, we would appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, or as a participant of legal age, consent to Alpine Alternatives, Inc. using any audiovisual products for such purposes as described above .

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



## Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Alpine Alternatives and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Alpine Alternatives related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

- 1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
- 2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

**3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

**4. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of AK and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Municipality of Anchorage County, AK; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

Participant's Signature	Participant's Name (please print clearly)	Date

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship
	Date		

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date
Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship
		Date