



Registration Form
July 24 - 27th, 2016

Admission Criteria:

- Participant must have a diagnosis of Autism Spectrum Disorder.
- Participant must be at least thirteen years of age or older.
- Participant's behaviors must be manageable within the scope of CSU, Chico policy and procedures, and the supervision the Co-participant provides.
- Participant must be exempt from any extreme health care conditions or needs that cannot be met by their care provider.

Registration Fee:

- \$400.00 per participant
- NO FEE for Co-participant OR program-provided day assistant
- Please call to discuss with directors if your child needs a co-participant or can be provided with a day assistant

Payment Information:

Please note that registration is limited and spots will be allocated on a first come, first serve basis. Should all spots be filled, Freedom in Elements Camp will compile a wait list and families will be notified accordingly. **Application is due on June 1, 2016.**

Session Information:

- Check In: Sunday, July 24, 3pm
- Check out: Wednesday, July 27, 12pm

Location and Contact Information:

Location will be in Whitney Hall for lodging and Sutter Hall for meals.

A. Josephine Blagrove
(530)898-4298
ablagrove@csuchico.edu



SECTION A: PARTICIPANT'S INFORMATION

Parent/Guardian's Name:

Participant Name:

Age: _____

Address (including Postal Code):

Home Telephone: _____

Alternate Phone Number (Cell/Business): _____

E-mail: _____

SECTION B: PARTICIPANT MEDICAL INFORMATION & EMERGENCY PROCEDURES

Insurance Information

Emergency Contact: _____

Policy Holder: _____

Policy #: _____

Medication Allergies? Y/N _____

1. Does the participant have any Allergies (food or otherwise)? *If so, please describe in detail below:*

2. Does the participant have any dietary concerns or have a special diet? Please describe.
(If the participant has a special diet, they must provide their meals and snacks for the weekend)



3. Are they taking any medication? *If so, please list all medications below, including whether or not these prescriptions will be required to be distributed during camp hours.*

4. Does the participant have any physical limitations? If yes, please describe the extent to which they are limiting and any activities that should be avoided.

5. Please describe any and all other health concerns.

Emergency Contact Person (*This person should be reachable in the unlikely event of an illness or emergency should camp staff not be able to make contact with you.*)

Name: _____

Relation _____

Phone # _____ Alternate Phone #: _____

Name: _____

Relation _____

Phone # _____ Alternate Phone #: _____



SECTION C: CAMPER PROFILE

In order to provide effective instructional programming, please answer the following:

1. What leisure activities/hobbies does the participant enjoy and how often they participate in those activities?

2. On a scale of 1-5 please rate the participant's interest in the following activities.

(1 being doesn't enjoy, and 5 being really enjoys)

	Does not like				Really Enjoys
a. Acting/theater	1	2	3	4	5
b. Photography	1	2	3	4	5
c. Music	1	2	3	4	5
d. Physical Activity	1	2	3	4	5
e. Working in groups	1	2	3	4	5
f. Arts and Crafts	1	2	3	4	5

3. Describe the communicative functioning level of the participant. Please include strategies and whether he/she is verbal, non-verbal, exhibits any speech concerns or delays in language.

4. Describe the social functioning. For example: Are they a beginner, intermediate or advanced level? Please explain in detail below.



5. Describe any environmental triggers of stress

6. Describe any environmental calming activities

7. Please describe all other behaviors or behavioral needs in detail:

SECTION D: CONFIRMATION

I give permission for the information provided on this application to be discussed between Chico State University's Kinesiology Department staff and the program (camp) staff. _____ **YES**

Signature of Participant or Parent/Guardian

Date

Participant T-Shirt Size:

_____ Adult Small

_____ Adult Medium

_____ Adult Large

_____ Adult X-Large

_____ Adult XX-Large

_____ Other (Please specify): _____



Co-Participant Information

A co-participant is someone that will attend the entire camp with the participant. They are responsible for assisting the camper with any activity of daily living needs, medications or any other self-care requirements that the participant needs assistance with. The co-participant will share a dorm room with the participant.

Name: _____

Age: _____

Address (including Postal Code):

Home Telephone: _____

Alternate Phone Number (Cell/Business): _____

E-mail: _____

Relation to Participant: _____

MEDICAL INFORMATION & EMERGENCY PROCEDURES

Insurance Information

Policy Holder: _____

Policy #: _____

Medication Allergies? Y/N _____

1. Do you have any Allergies (food or otherwise)? *If so, please describe in detail below:*

2. Do you have any dietary concerns? Please describe.



3. Do you have any physical limitations? If yes, please describe the extent to which you are limited and any activities that should be avoided.

4. Please describe any and all other health concerns.

Emergency Contact Person (*This person should be reachable in the unlikely event of an illness or emergency should camp staff not be able to make contact with you.*)

Name: _____

Relation _____

Phone # _____ Alternate Phone #: _____

Name: _____

Relation _____

Phone # _____ Alternate Phone #: _____

Co-Participant T-Shirt Size:

- ____ Adult Small
- ____ Adult Medium
- ____ Adult Large
- ____ Adult X-Large
- ____ Adult XX-Large
- ____ Other (Please specify): _____

Please return your completed registration form in person or by mail (with payment) to:

**A. Josephine Blagrave
Freedom In Elements
CSU Chico, Kinesiology Department
400 West First Street
Chico, CA 95929-0330**

(Make checks payable to CSU, Chico Adapted Physical Education Program)