



## Welcome to SOAR365's Summer Camp—Your Happy Place!

Here, campers can explore, grow, and make memories. Thank you for taking the time to apply! Please fill out this application with as much detail as you can. Your answers help us learn more about your camper's needs.

To keep camp safe for everyone, we cannot support campers who require: j-tubes, oxygen, 24-hour nursing, full 1:1 care (beyond feeding and toileting help), foley catheters, or wound care. Camp is a fun and safe place for youth, but we are not a licensed day care.

### HOW MUCH DOES CAMP COST?

- Day camp (Monday–Thursday, full day; Friday, half day): \$900 or 40 waiver respite hours
- Overnight (1 week): \$2,350 or 120 waiver respite hours
- Overnight (2 weeks with weekend): \$5,600 or 288 waiver respite hours

A limited number of scholarships are available based on financial need. Scholarship applications are available on our website and must be submitted with your Summer Camp application.

### DO I HAVE TO SEND A DEPOSIT WITH MY APPLICATION?

We require a \$500 deposit or proof of waiver funding. If we review your application and find we cannot safely meet your camper's needs, we will refund your deposit. If you plan to use waiver respite hours, please contact your Support Coordinator to begin the approval process. No deposit is needed with proof of waiver funding or if applying for a scholarship.

### HOW DO I SUBMIT MY APPLICATION?

PLEASE NOTE: A photo of the camper is required and must be submitted with the application.

- Complete, sign and save the fillable pdf, then submit to our secure Dropbox account:  
<https://www.dropbox.com/request/5xb54u3Lj3MJlCOVG3Ey>
- Complete the application, print, and mail or drop off to:  
Summer Camp @ Camp Baker  
3600 Saunders Avenue, Richmond, VA, 23227

### WHAT HAPPENS NEXT?

Accepted applicants will be notified and receive medical forms (due two weeks before camp). If using Respite hours, a SOAR365 Case Manager will contact you to schedule your planning meeting. Payment in full must be made 4 weeks before each camp session.

Be sure to visit our updated website with an FAQ, campus map and schedule. We look forward to making magical memories with your camper this summer!

Have questions? Contact us at (804) 748-4789.

Sincerely,

A handwritten signature in black ink that reads "Tina Carter".

Tina Carter  
SUMMER CAMP DIRECTOR



## HOUSEHOLD/DEMOGRAPHIC INFORMATION FORM

SOAR365 is a non-profit organization. In addition to what campers/families pay in camp fees, SOAR365 receives Federal and private grant funding to help operate Camp Baker. To be eligible for this essential funding, SOAR365 must provide household and demographic data for individuals in our programs. Therefore, the information below is required to complete your camp registration. We are never asked to share your name in association with the information you provide. Thank you for providing the requested information.

Applicant's Name (will not be shared with income information): \_\_\_\_\_

### **SCENARIO 1: INDIVIDUAL DOES NOT LIVE WITH YOU**

(i.e., they live in a group home or sponsored residential)

Number of Family Members: 1

Applicant's Annual Income (choose appropriate range):

\$0 - \$11,000	\$11,001 - \$44,725	\$44,726 - \$95,375
\$95,376 - \$182,100	\$182,101 - \$231,250	\$231,251 - \$578,125
\$578,126 and more		

### **SCENARIO 2: INDIVIDUAL LIVES WITH YOU**

Number of Family Members (include every member of your household): \_\_\_\_\_

Families Annual Income/including all dependents (choose appropriate range):

\$0 - \$11,000	\$11,001 - \$44,725	\$44,726 - \$95,375
\$95,376 - \$182,100	\$182,101 - \$231,250	\$231,251 - \$578,125
\$578,126 and more		

### **APPLICANT'S RACE** (check applicable category below):

White

Black/African American

Asian

American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaska Native & White

Asian & White

Black/African American & White

American Indian/Alaska Native & Black/African American

Other Multi-Racial (this can be used if a person does not provide race information)



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Birthdate MM/DD/YYYY

<b>2026 SUMMER CAMP SESSIONS</b>	 <b>DAY CAMP</b> Session runs Monday through Thursday, 8:30 am–5 pm and Friday, 8:30 am–12 pm <b>DROP-OFF:</b> 8:30–9 am, Monday through Thursday <b>PICK-UP:</b> 4:30–5 pm, Monday through Thursday, 12 pm on Friday	 <b>OVERNIGHT CAMP</b> Session runs Sunday through Friday <b>DROP-OFF:</b> 12 pm–3 pm on Sunday <b>PICK-UP:</b> 9 am–12 pm on Friday <i>Confirmation letters and Sunday drop-off times will be emailed at least one week before the session starts.</i>
--	---	--

How many  
**OVERNIGHT WEEKS**  
are you requesting?

**PLEASE WRITE IN** your 1<sup>st</sup> through 3<sup>rd</sup> session options with details below. If your 1<sup>st</sup> choice is full, camper will be placed in the 2<sup>nd</sup> choice and so on. If choices cannot be accommodated, we will reach out with available options. (*Enter multiple consecutive weeks as 1-2, 5-7, etc. Enter multiple non-consecutive weeks as 1, 5, 7, etc.*)

\*\*Only consecutive weeks include the weekend\*\*

How many  
**DAY CAMP WEEKS**  
are you requesting?

1<sup>ST</sup> CHOICE SESSION WEEK: \_\_\_\_\_

2<sup>ND</sup> CHOICE SESSION WEEK: \_\_\_\_\_

3<sup>RD</sup> CHOICE SESSION WEEK: \_\_\_\_\_

NOTES: \_\_\_\_\_

<b>Will camper stay overnight?</b> (Select one)			<b>YES,</b> Camper will stay overnight	<b>NO,</b> Camper will come during the day <b>ONLY</b>
<b>2026 CAMP SESSIONS</b> Be sure to write in your 1st, 2nd, and 3rd choice session choices above!			<b>WEEKEND OPTIONS</b> (ONLY for OVERNIGHT CAMPERS attending more than one session in a row)	<b>APPLICATION DEADLINE</b>
Session	Ages	Dates	Attending Weekend Session?	Application Deadline for 1 <sup>st</sup> Requested Week
1	18+	June 7 - June 12	Yes (must also select session 2)	No April 6, 2026
2	18+	June 14 - June 19	Yes (must also select session 3)	No April 13, 2026
3	18+	June 21 - June 26	Yes (must also select session 4)	No April 20, 2026
4	18+	June 28 - July 3	Weekend Option Not Available	April 27, 2026
5	6-17	July 5 - July 10	Yes (must also select session 6)	No May 4, 2026
6	6-17	July 12 - July 17	Weekend Option Not Available	May 11, 2026
7	18+	July 19 - July 24	Yes (must also select session 8)	No May 18, 2026
8	18+	July 26 - July 31	Yes (must also select session 9)	No May 25, 2026
9	18+	Aug. 2 - Aug. 7	Yes (must also select session 10)	No June 1, 2026
10	18+ Males Only	Aug. 9 - Aug. 14	Weekend Option Not Available	June 8, 2026

KIDS  
ONLY  
SESSIONS



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

## 2026 SUMMER CAMP FEES & PAYMENT INFORMATION

ONE WEEK DAY CAMP	ONE WEEK OVERNIGHT CAMP	MULTIPLE WEEKS OVERNIGHT CAMP
\$900 or 40 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours	\$2,350 or 120 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours	\$5,600 or 288 Family & Individual Support or Community Living Medicaid Waiver - Respite Hours
<p><b>A non-refundable \$500 deposit must accompany the application unless a waiver or scholarship applies.</b> Camp space will not be reserved until the deposit is received. The deposit will be applied toward tuition. Payment in full must be made 4 weeks before each camp session.</p>		

### THERE ARE FOUR OPTIONS AVAILABLE TO PAY FOR CAMP. MAKE YOUR SELECTION BELOW:

**1**

#### SELF-PAY (GUARANTOR, TRUST, CHURCH, SPONSOR, ETC.)

**SELF-PAY:**  
\$500 DEPOSIT  
REQUIRED

PERSONAL CHECK (Payable to SOAR365. Include camper's name in the memo line)

Check #: \_\_\_\_\_ Name on Checking Account: \_\_\_\_\_

CREDIT CARD Type of card: Visa MasterCard Discover AMEX

Credit Card # \_\_\_\_\_ CCV#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Amount: Full \$500 Deposit Other Amount: \$ \_\_\_\_\_

**2**

#### NON-WAIVER AGENCY FUNDING (CSB, STATE/LOCALITY FUNDING)

**NON-WAIVER:**  
\$500 DEPOSIT  
REQUIRED

PROOF OF FUNDING REQUIRED - INCLUDE WITH THIS APPLICATION

Name of Agency Paying for Camp: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Funder Will Pay: \$ \_\_\_\_\_ (CAMPER IS RESPONSIBLE FOR THE REMAINDER)

**3**

**WAIVER:**  
NO DEPOSIT  
REQUIRED  
for approved  
waiver services

#### FAMILY & INDIVIDUAL SUPPORT OR COMMUNITY LIVING WAIVER – RESPITE HOURS

Contact your Support Coordinator/Case Manager to use your waiver for extended respite services. Respite hours cannot be used for Summer Camp if a household member is a paid provider.

Name of CSB: \_\_\_\_\_

Name of Support Coordinator: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is anyone in the camper's home being paid to provide services to them? No Yes

Does camper receive respite services from another provider? No Yes

**4**

**SCHOLARSHIP:**  
NO DEPOSIT  
REQUIRED  
until notified

#### CAMP SCHOLARSHIP

Families seeking financial assistance must submit the Summer Camp Scholarship Application along with this application. Funding is limited and awarded based on financial need on a first-come, first-served basis.



## CAMPER CONTACT INFORMATION

Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Preferred/Nickname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Race: \_\_\_\_\_ T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL A4XL

Does camper live in a group home or sponsored residential program or intermediate care facility?\* No Yes

\*If "yes," camper is **ineligible** to use waiver hours to pay for Summer Camp.

Name of Group Home (if applicable): \_\_\_\_\_

Sponsor/Group Home Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Sponsored/Group Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_ Your Relationship to Camper: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

### Who is the camper's decision maker?

Self/Camper Is Their Own Guardian      Authorized Rep      Legal Guardian      Power of Attorney      Legal Custody

## PRIMARY CONTACT INFORMATION

Primary contact for camper receives ALL Summer Camp paperwork and is responsible for providing completed paperwork and any remaining funds 4 weeks before each camp session.

Name of primary contact for camper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Does the camper live at this address? No Yes

Is the primary contact the decision maker? No Yes

If "no," provide name of decision maker: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMERGENCY CONTACT

This person is responsible for the camper's welfare if the Primary Contact is absent/unreachable. In the event of an emergency, this person must be available to pick up the camper within 2 hours, at any time during the camper's stay at Summer Camp.

Emergency situations include, but are not limited to, medical and behavioral emergencies or the unexpected closure of camp.

\*Failure to provide appropriate contact will impact future camp eligibility.

Name of emergency contact for camper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

### CAMPER COMMUNICATION

Verbal:	Speaks clearly	Uses full sentences	Uses word and/or phrases	Difficult to understand
Non-Verbal:	Uses communication device		Uses sign language	
	Uses basic signs (e.g. bathroom, eat)		Uses gestures or pointing	

Please list any additional information:

---

### CAMPER MOBILITY

Walks independently	Walks with cane	Walks with walker	Gait belt
Requires occasional physical assistance walking over uneven ground, upstairs and over difficult terrain			
Uses splint for wrist/arm	SMOs, AFOs, or orthotics	Scoliosis vest	Fall risk

#### For campers who use a wheelchair\*:

Wheelchair at all times	Wheelchair for long distances only
-------------------------	------------------------------------

#### Type of Wheelchair:

Manual wheelchair:	Fully independent	Needs assistance
Electric wheelchair:	Fully independent	Needs assistance

\*We do not have a wheelchair for everyday use. If your camper needs one for more than 300 feet, please provide one.

\*All overnight campers who use electric wheelchairs MUST bring their wheelchair charger to camp.

Please list any additional information:

---

### CAMPER MEDICAL INFORMATION

#### PRIMARY DIAGNOSIS (select all that apply):

ADHD	Autism	Dementia/Alzheimer's	Hearing Impaired	Vision Impaired
Other: _____				

Intellectual Disability (Select one): Mild Moderate Severe/Profound

#### Does your camper:

1. Have seizures/epilepsy? No Yes Have a VNS?

If "Yes," list type and frequency: \_\_\_\_\_

2. Have diabetes? No Yes Type I Type II Pre-Diabetic

3. Have allergies? No Yes Have an epinephrine pen?

If "Yes," please list: \_\_\_\_\_

4. Take medications\*? No As needed Daily

\*If "as needed" or "daily," please note that all medications administered at Summer Camp require a physician's order.

5. Require medical equipment/devices while at camp (e.g., wheelchair, g-tube, CPAP, etc.) No Yes

If "Yes," please list: \_\_\_\_\_

6. Been hospitalized in the past 6 months? No Yes

If "Yes," list, please explain hospitalization: \_\_\_\_\_



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

#### CAMPER BEHAVIOR INFORMATION

In order for us to better understand the individualized needs of your camper, and to ensure they have a fun and a safe experience under our care, please provide the following information with as much detail as possible.

**Is your camper:**    Hyperactive    Withdrawn    Physically aggressive    Verbally aggressive    Self-harming

**Does your camper receive 1:1 support in other settings (e.g. school, day program, etc)?**    No    Yes

**Does your camper:**    Destroy property    Wander    Steal    Have sexual behaviors (e.g. strip, touch others, etc.)

Please provide more detail on all the above selections and/or additional concerns:

---

---

---

---

**Does your camper:**

Have a history of substance abuse or a current concern with substance abuse?    No    Yes

If "yes," list condition and treatment: \_\_\_\_\_

Have a mental health diagnosis?    No    Yes

If "yes," list condition and treatment: \_\_\_\_\_

Does camper use any PRN behavioral medications?    No    Yes

Please list any stress triggers:

---

---

---

Please provide recent effective strategies:

---

---

---

Please list any animal aversions (e.g. fear, allergies, etc.):

---

---

---

Please list any interests:

---

---

---

---



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

### CAMPER PERSONAL CARE

Restroom: Fully independent      Needs assistance

If "needs assistance," please explain:

---

---

Bathing: Fully independent      Needs assistance

If "needs assistance," please explain:

---

---

Dressing (changing clothes if/when needed): Fully independent      Needs assistance

If "needs assistance," please explain:

---

---

### CAMPER NUTRITIONAL REQUIREMENTS (PLEASE PROVIDE DETAILS)

Level of assistance with eating: Fully independent      Needs assistance

Food preferences and restrictions:	Gluten-free	Dairy-free	Nut-free	Vegetarian	Vegan
	Food cut up	Food pureed	Diabetic diet	Low sodium	

Additional food allergies:

---

---

Additional information:

---

---

### CAMPER SLEEPING HABITS AND ROUTINES

Sleep problems (unable to sleep, bed wetting, etc.)      No      Yes

If "yes," please explain:

---

---

Gets out of bed during the night: Rarely      Sometimes      Always

If "sometimes" or "always," please share the approximate hours of the night the camper wakes up.

---

---

Requires repositioning during the night?      No      Yes

If "yes," please explain:

---

---

Has camper ever attended a sleep away program?      No      Yes



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

### **ACTIVITY WAIVER: CANOE/PADDLE BOATING, HORSEBACK RIDING, POOL/SWIMMING, FISHING**

#### **RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF RISKS AND INHERENT DANGERS**

This Waiver is given to: (1) SOAR365; (2) Pocahontas State Park; (3) Suits Us Farm; (4) each owner of land upon which any activities to which this Waiver relates is conducted; and (5) each of their respective owners, directors, officers, employees, agents, heirs, personal representatives, successors, and assigns (the "Releasees").

1. This Waiver is given by the undersigned on behalf of the undersigned and any minor for whom the undersigned signs this Waiver (collectively, the "participant") in relation to participation in the activities offered by the Releasees. This waiver is a waiver of participant's rights to sue AND agreement to assume all risks AND intrinsic dangers of activities.
2. The participant has a full and complete understanding of the intrinsic risks of each activity (the "Risks"), including, but not limited to: (i) the potential of a participant acting in a negligent manner that may contribute to injury to the participant; (ii) certain hazards such as surface or subsurface conditions, where navigation of surfaces made slippery and result in participant falling; (iii) unpredictable changes in the weather, exposing the participant to lightning, sunburn, dehydration, heat exhaustion or stroke, cold or hypothermia, or fatigue; and

- a. **Canoe/Paddle Boating:** (a) sustained rigorous activity that may be mentally and physically stressful, encountering changing, rapid water flows, and the possibility of being jolted during rides through rapids, ledges, and rocks with changing water flows; (b) contact with paddles or other equipment; and (c) capsizing or sinking of the watercraft; and (d) collision with visible or underwater man-made or natural obstacles or other watercraft.

**YES**, I wish for the camper to partake canoe/paddle boating while at camp (300lb safety weight limit).

**NO**, I do not wish for the camper to partake in canoe/paddle boating while at camp.

- b. **Horseback Riding:** (a) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; and (c) collisions with other animals or objects.

**YES**, I wish for the camper to partake in horseback riding while at camp (300lb safety weight limit).

**NO**, I do not wish for the camper to partake in horseback riding while at camp.

- c. **Pool/Swimming:** (a) sustained rigorous activity that may be mentally and physically stressful and exhausting; and (b) contact with other people in the pool.

**YES**, I wish for the camper to partake in pool/swimming while at camp.

Camper will **ALWAYS** wear a lifejacket in the pool.

Camper will **ONLY** sit poolside.

**NO**, I do not wish for the camper to partake in pool/swimming while at camp.

- d. **Fishing:**

**YES**, I wish for the camper to partake in fishing while at camp.

**NO**, I do not wish for the camper to partake in fishing while at camp.

3. The participant (i) RELEASES and WAIVES all rights the participant may now or hereafter have against any Releasee for death, personal injury, or property damage in any way associated with the Risks; (ii) WAIVES the participant's right to sue or to bring any action against any Releasee in connection therewith; (iii) agrees to INDEMNIFY and DEFEND each Releasee from and to HOLD them HARMLESS against any such suit or action; and (iv) ASSUMES ALL RISKS AND DANGERS of death, personal injury and property damage associated with the Risks.
4. The participant consents to any emergency medical care which at the time appears reasonably appropriate under the circumstances for injury or sickness caused by or incurred in the course of the selected activity.
5. This Waiver will remain valid until the undersigned delivers a written notice delivered to SOAR365 revoking it.
6. If any provision of this Waiver is found unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder shall continue in full force and effect.
7. If this Waiver is executed for and on behalf of a minor, the undersigned warrants and represents that the undersigned is the legal parent or guardian of such minor, with full rights of custody and control.
8. This Waiver shall be binding upon the heirs and personal representatives of the participant.



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

#### TRANSPORTATION CONSENT:

##### SELECT ONE BOX ONLY

I hereby authorize SOAR365 to provide transportation in conjunction with activities conducted as part of the agency program(s) in which I am enrolled. In the event that transportation is provided, I understand that all reasonable precautions will be taken by the Agency staff to ensure safety. I hereby waive and release SOAR365, its employees and volunteers from any and all right to claims which I may have or which may arise in the future, for damages arising out of or relating to any personal injury to myself or property, resulting in whole or in part from my participation in any Agency sponsored activity or in the transportation of myself to and from such activity.

No permission is granted for transportation in conjunction with Agency programs.

**FOR CHILDREN 8 AND UNDER:** Any child aged eight (8) and under is legally required to have a car seat in order to attend community outings at SOAR365. Children who do not have a car seat will not be permitted to participate in any community outings at SOAR365. It is your responsibility to provide a car seat that is compatible with SOAR365 vans (must be able to secure into the van), in good condition (not involved in prior accidents), clean, and unexpired for your child. These conditions are mandatory. You can bring a car seat and keep it stored at SOAR365 for the duration of your child's stay or bring a car seat prior to each community outing. Please make sure your car seat is clearly marked with your camper's name.

#### PHOTOGRAPHY AND PUBLICITY RELEASE CONSENT:

##### SELECT ONE BOX ONLY

I give SOAR365 permission to use my and/or my child's name, voice, biography, or any likeness ("Likeness") in any pictures, photos, video recordings, print, digital, electronic, radio, television, Internet, and any other medium, whether now known or hereafter devised.

- a. SOAR365 shall have the perpetual right, but not the obligation, to use my and/or my child's Likeness for all purposes of SOAR365, including without limitation, raising awareness for the services SOAR365 provides, marketing, publicity, social media, newsletters, promotional materials, advertisements, educational, archival, any other lawful purpose, or any purpose consistent with SOAR365's mission (the "Purpose").
- b. I hereby waive any right that I may have to inspect or approve the materials in which my and/or my child's Likeness may appear ("Materials"), and I waive any right to royalties or other compensation arising from or related to the use of my and/or my child's Likeness. I understand and agree that all right, title, and interest in any Materials shall be owned exclusively by SOAR365, and I shall have no right to use such Materials without SOAR365's written permission.
- c. I release and agree to hold harmless SOAR365, its officers, employees, and/or agents from and against any liability or claims, including without limitation claims of libel, slander, defamation, invasion, or intrusion of rights of privacy or publicity, infringement of rights of personality, false light, or public disclosure of private facts, or any similar matter, based upon or relating to the use of my and/or my child's Likeness.
- d. I have read and understood this consent and release. I certify that I am at least 18 years of age, that I am authorized to grant this release, and that this release is signed voluntarily.

I give SOAR365 permission to photograph my child for my personal viewing only.

No permission is granted to SOAR365 to use Photographs/Video Material for any purpose whatsoever.



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

**VISITORS:**

Protecting your loved one's safety and privacy is a priority at SOAR365's Summer Camp. Our staff members will not share information with visitors without legally valid authorization to do so, except as required by law. Visitors must check in at the Spivey Office and present ID upon arrival. To honor the Summer Camp experience, we encourage visitors to limit their time to 30 minutes and prefer that visits take place between the hours of 10:00 a.m. – 2:00 p.m. Please be aware that campers may choose to have or refuse visitors. It is helpful to have advance notice of visits, and we encourage you to have visits coordinated by calling Summer Camp at 804-748-4789. Similarly, it is helpful to know if there is someone you think is likely to visit your loved one. Please list those people here:

Visitor's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Visitor's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Visitor's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

To ensure everyone's safety it is important for Summer Camp to know if there is anyone who is legally prohibited from visiting with the camper. If so, please provide that information here:

Name: \_\_\_\_\_

**PICK-UP LIST**

One important way we protect people's safety is to be sure they only leave SOAR365's Summer Camp with an authorized individual. Please list all individuals who may pick-up your loved one from SOAR365's Summer Camp.

Authorized Pick-Up Individual's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Authorized Pick-Up Individual's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Authorized Pick-Up Individual's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Authorized Pick-Up Individual's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Please check if your camper will be picked up by a Modivcare provider.

If you know the name of the provider, please provide it: \_\_\_\_\_



Camper Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

**PROGRAM RULES:**

At SOAR365, we would like everyone to enjoy coming to Summer Camp. We need everyone's help for this to happen. There are some things each person who attends is expected to do and there are some rules about what people may not do while attending the program. Our team will always work with integrity to address situations where rules are broken to assess everyone's ability to be safe at the program.

It is important for you to:

- Treat everyone with respect and dignity. This includes being polite, not yelling, cursing at others, or using rude words to talk about them. This also includes not taking pictures or recording people without their permission, not bullying others, and respecting each person's physical space and other boundaries (such as what they might see and hear).
- Respect the privacy of people by not sharing information you learn about other participants with your family, friends, or on social media.
- Know the goals you are working on (your Individualized Service Plan) and to try to work on some of your goals each visit. Staff are here to support and encourage you to do your best; they will give you choices related to your Plan and may remind you of the goals on your Plan.
- Understand that there may be times when it is particularly important for you to follow staff directions, such as when there is an emergency, or when someone else is behaving in a way that is not safe.
- Behave in a way that is safe for yourself and others, even if you are sad, frustrated, or angry. Let your staff know how you are feeling.
- Not use alcohol or drugs while you are at Summer Camp. Your medications must be checked in and administered by staff.

It is important for you to be a safe member of the SOAR365 community by:

- Not being physically aggressive. It is not okay to push, hit, slap, kick, bite, pinch, or throw things at other people.
- Not taking things or breaking things that do not belong to you.
- Not touching other people without their permission or in ways that are not acceptable in public places.
- Staying in the area where staff are during programming, including when going to places outside of SOAR365.
- Not bringing any weapons to SOAR365 and not using supplies as a weapon.
- Letting your team know about changes to your health, medication, or other important changes in your life.

If you are not able to follow these rules your staff will work with you in several ways:

- In most cases, someone will talk with you about the situation, how you behaved, and other choices that could be made in the future.
- If you have repeated problems following rules about how you talk to others, respect people's privacy, or arriving on time, SOAR365 will also talk with other important people in your life (for example, your family, supportive decision makers, and Support Coordinator). We may meet with you and with them to adjust your Summer Camp schedule and your Plan.
- Some behaviors will result in a need to have a meeting with you and other important people in your life before you are able to attend Summer Camp again. This will happen for:
  - Serious aggression (e.g., punch, choke, use of an object as a weapon)
  - Elopement off the premises/away from the group during an outing
  - Frequent, repeated violation of the rules above
- During these meetings, there may be conversation about whether or not SOAR365's Summer Camp program is the best one to meet your needs.

**CAMPER AND PARENT/GUARDIAN AGREEMENT FORM:**

I hereby give my permission to SOAR365 to accept \_\_\_\_\_ as a camper at SOAR365's Summer Camp. By doing so, I agree to the following terms of admission:

1. If the parent/guardian/camper cancels, the Summer Camp tuition (aside from the \$500 deposit) will not be refundable unless:
  - Placement is canceled by the parent/guardian with four weeks' notice in writing; or
  - Cancellation is due to a documented, health-related reason

**NO REFUNDS OR CREDITS WILL BE GIVEN FOR ANY OF THE FOLLOWING CIRCUMSTANCES:**

- Camper does not show up for scheduled Summer Camp session
- Camper is denied admission to Summer Camp upon arrival (i.e. incomplete medical forms, acute medical condition, etc.)
- Camper leaves Summer Camp prior to the end of the Summer Camp session

2. In the event of destruction of property by the camper, parent/guardian is liable for payment and will be billed accordingly.
3. The parent/guardian/camper hereby agrees that the camper may partake in SOAR365 activities, and the camper may be taken to places for the purposes of entertainment, learning, and recreation based on the preferences you identified in this application.
4. The parent/guardian/camper hereby agrees and gives permission for the nurses chosen by SOAR365 to examine, assess, and administer medication within the legal parameters of their license to the camper for minor ailments whenever necessary without prior notice. Parent/guardian/camper will be notified at the earliest possible time of said treatment. Parent/guardian/camper further agrees that nurses or med-certified personnel may administer medication to the camper as required by a physician's prescription.
5. In the event of an emergency arising from a serious illness or injury AND the parent/guardian/camper cannot be contacted, SOAR365 and their consultants are authorized by the parent/guardian/camper to carry out any medical or surgical procedures which the physicians deem necessary for the well-being of the camper.
6. The parent/guardian/camper hereby agrees to assume financial responsibility for any and all medical expenses incurred by the camper while at SOAR365 Summer Camp which are not camp-related and understands that SOAR365 is not liable for any such expenses.
7. Should unforeseen circumstances require that SOAR365 terminate its season prior to the scheduled closing date, the camp reserves the right to return the camper to his/her home. In such event, the camper must be picked up and the camp fee will be refunded on a pro-rated basis.
8. This permission to accept camper at SOAR365 is for the period covering the dates of the session(s) enrolled. Should unforeseen circumstances prevent the camper from being reunited with the parent/guardian at the end of that session, this permission shall remain in effect until such time that said reunion takes place.
9. Cell phones, iPods, iPads, tablets, and any other electronic devices are not recommended items to bring to camp. In the event that electronic items are brought the parent/guardian/camper will not hold SOAR365 responsible for any damaged, lost, or stolen items.
10. SOAR365 is not responsible for any lost, stolen or damaged property. We discourage packing valuable, expensive or unnecessary items. If items are left behind, it is your responsibility to pick it up or arrange and pay for return shipping.

**My signature below indicates information in this application is complete and accurate, and that I agree:**

Camper name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Self/Guardian (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of self/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature required.** Please sign digitally using your mouse, keyboard, or touch. If you do not see a signature field, open this form in Adobe Acrobat Reader (free) or print and sign manually.