

2019 Application Form -- Joey Travolta's Summer Inclusion Film Camp
(Please Complete One Form per Applicant, and send a photo with application)

Applicant Name: _____
Date of Birth: _____ Age: _____ Gender: _____ T-Shirt Size: _____
School: _____ Grade: _____
Home Address: _____

Home Phone: _____ Email: _____

Mother/Guardian Name: _____ Cell/Work Phone: _____

Father/Guardian Name: _____ Cell/Work Phone: _____

Do you want to carpool, and can we release your email address to other parents interested in carpooling? Yes/No

Carpool from what city: _____

FOR APPLICANTS (Parents/Guardians may fill in this section for applicants under 18 or for those needing assistance)

Have you been diagnosed with a disability? Yes/No

If yes, Please describe: _____

Describe your interests: (Favorite activities, topics of interest, school program, community program, in school and/or private therapies, etc.): _____

Do you have a full or part time aide at school? Yes/No

Will your aide be attending this film camp? Yes/No _____ Aide's Name: _____

Do you receive behavioral support? Yes/No _____

If so, please describe (attach a plan if needed): _____

How do you understand and interpret information? (Reads, written notes, picture schedule or written schedule, etc.): _____

How do you communicate? (Conversation, phrases, single words, gestures, pictures) _____

What support helps you communicate better? (verbal prompts, pictures, written text, etc) _____

What is challenging for you in large groups? (Speaking up, staying focused, group conversation, compromising, accepting feedback, staying on task, etc.) _____

In what situations are you the most comfortable?

What situations make you uncomfortable? (What happens, what makes the situation worse, what helps most?)

What challenging behaviors do you experience? (Aggression towards others, leaving areas w/o permission, tantrums, fighting, refusing to complete work, etc.)

Signature of Camper (if over 18) Date

Signature of Parent or Guardian (if under 18) ***Date***

(Please Complete One Form Per Applicant)
2019 Full Release and Indemnification Agreement Form
Joey Travolta's Summer Inclusion Film Camp

For and in consideration of my or my child's(if under 18) (please print name) _____, participation in the Joey Travolta Summer Inclusion Film Camp and other valuable consideration, I, myself, or the undersigned parent(s) or guardian(s) consent to myself or my child participating in all activities associated with the camp and release Joey Travolta's Inclusion Films, Futures Explored, and Saint Mary's College, its members, employees, officers, and/or Board of Directors and all participating volunteers and campers from any liability or claim resulting from any accident or injury sustained by my family member during the camp activities. Further I/we agree to indemnify and assume all expenses, costs and fees, and losses arising from said injury or accident to said family and to hold Joey Travolta's Inclusion Film Camp, Futures Explored, and Saint Mary's College, its members officers and/or Board of Directors, employees and volunteers, consultants, and all campers free and harmless there-from.

Signature of Applicant or Parent or Guardian(if under 18)

Date

2019 Photograph and Name Release Form
Joey Travolta's Summer Inclusion Film Camp

I give my permission to post photos and use my or my child's name (please print name) _____ on the websites of Futures Explored, Inclusion Films, and other promotional material for the Joey Travolta Summer Inclusion Film Camp.

Signature of Applicant or Parent or Guardian (if under 18)

Date

Payment

Camp fee is \$1,700 per camper, due by June 15th 2019

A deposit of \$200 must accompany this application and must be received by March 1st, 2019 in order to hold your spot. The balance of the tuition must be received by June 15th. If you are a Regional Center consumer, the deposit will be considered part of the Family Cost Participation Co-Pay and adjustments (either refunds or additional Co-Pay requests) will be made upon receipt of the Purchase of Service Authorization. Any refunds will be sent by mid to late September. Any additional Co-Pay (above the deposit), as determined by RCEB guidelines are due by June 15th. **We must receive a Purchase of Service (POS) from RCEB authorizing camp no later than June 15th or you will be required to pay as a private pay camper (i.e. tuition payable in full by June 15th).** Please contact your case manager at RCEB as soon as possible to request camp and to generate the POS if you want RCEB to provide support for this camp. Please make checks payable to **Futures Explored**.

My check # _____ is enclosed for Deposit \$_____ or payment in full \$_____.

I will make my deposit/payments by Credit Card on-line at www.futures-explored.org Inclusion Film Camp Tab

I am a Regional Center of the East Bay client. My Case Manager Name & Contact Information is:

Case Manager: _____ Phone: _____

Film Camp 2019 Emergency & Permission to Treat Form
(Please Complete One Form per Applicant, and give at least two emergency contacts)

Camper Name: _____ Gender: Male/Female
Camper Date of Birth: _____
Camper Cell Phone: _____ Camper Email (Optional) : _____
Mother/Guardian Name: _____
Home Phone: _____ Cell/Business Phone: _____
Email Address: _____
Father/Guardian Name : _____
Home Phone: _____ Cell/Business Phone: _____
Email Address: _____
In Case Of Emergency, Hospital name and phone # _____

Does camper have any of the following:

Medical Conditions or Physical Limitations; please describe: _____
Allergies, please describe: _____
Dietary Restrictions, please describe: _____
Other; please describe: _____
Currently taking medication; please provide: _____

Will medication(s) need to be administered at camp? Yes/No

If, Yes (***A medication form will need to be completed before the first day of camp.***)

Medical Insurance Coverage

Company Name: _____ Member ID #: _____
Doctor Name: _____ Phone: _____
Dentist Name: _____ Phone: _____

Emergency Contacts (If parent(s)/guardian(s) cannot be reached)

Name: _____ Phone: _____
Relationship: _____ Cell Phone: _____
Name: _____ Phone: _____
Relationship: _____ Cell Phone: _____

Permission to Treat

In the event I cannot be reached in an emergency, I give my permission to camp personnel to call 911 and/or contact a medical treatment facility or physician to secure proper medical treatment for my child and I will be responsible for any expenses incurred as a result of this emergency.

Signature of Parent or Guardian

Date