

**Futures Explored, Inc.**  
Stockton Unified School District,  
Young Adult Program (YAP)  
1541 E March Lane  
www.futures-explored.org

**2018 Application Form -- Summer Inclusion Film Camp: Stockton  
(Please Complete One Form per Applicant, and send a photo with application)**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Has your child been diagnosed with a disability? No  Yes ; please describe:

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

How does your child understand and interpret information? (Reads, uses written notes to assist with auditory understanding, writes, uses picture schedule or written schedule, etc.):

What is challenging for your child in a large group? Attending  Asking Questions  Group Conversation   
Compromising  Contribution to a Group  Accepting Feedback  Listening to Other's Opinions   
Staying on Track with Task  Other ; please describe:

In what situations is your child the most comfortable?

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

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**(Please Complete One Form Per Applicant)**  
**2018 Full Release and Indemnification Agreement Form**  
**Joey Travolta Summer Inclusion Film Camp:Stockton**

For and in consideration of my child's (please print name) \_\_\_\_\_, participation in the Joey Travolta Summer Inclusion Film Camp from June 11<sup>th</sup>-June 22<sup>nd</sup>, and other valuable consideration, the undersigned parent(s) or guardian(s) consent to their child participating in all activities associated with the camp and release Joey Travolta's Inclusion Films, Futures Explored, 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 and Futures Explored, its members officers and/or Board of Directors, employees and volunteers, consultants, and all campers free and harmless there-from.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**2018 Photograph and Name Release Form**  
**Joey Travolta's Summer Inclusion Film Camp:Stockton**

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Payment**

Camp fee is \$1,500 per camper, due by June 10<sup>th</sup> 2018

A deposit of \$200 must accompany this application and must be received by May 15<sup>th</sup> 2018 in order to hold your spot. The balance of the tuition must be received by May 15<sup>th</sup>. 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 VMRC guidelines are due by May 15<sup>th</sup>. **We must receive a Purchase of Service (POS) from VMRC authorizing camp no later than June 10<sup>th</sup> or you will be required to pay as a private pay camper (i.e. tuition payable in full by June 10<sup>th</sup>).** Please contact your case manager at VMRC as soon as possible to request camp and to generate the POS if you want VMRC 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](http://www.futures-explored.org) Inclusion Film Camp

I will be receiving support from \_\_\_\_\_ School District

I am a Valley Mountain Regional Center client. My Service Coordinator Name & Contact Information is:  
Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

**Futures Explored, Inc.**

P.O. Box 418,  
Concord, CA 94522  
www.futures-explored.org

**Film Camp 2018 Emergency & Permission to Treat Form  
(Please Complete One Form per Applicant, and give at least two emergency contacts)**

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

Camper Date of Birth: \_\_\_\_\_ Sex: Male  Female

In Case Of Emergency, Hospital name and phone # \_\_\_\_\_  
\_\_\_\_\_

**Does your 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? No  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*