



## Association of Horizon, Inc.

3712 North Broadway #335 Chicago, Illinois 60613 773.477.5170

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January 2012

Dear Horizon Member,

We are already hard at work on Horizon's 2012 Summer Camp!

Please complete all applicable sections of the application; incomplete applications will result in a processing delay. Space is limited so get your application and paperwork in as soon as possible.

- **Applications are due by May 1, 2012.**
- **Physicals are required from all applicants and are due by June 1, 2012.**

If accepted, you will receive an acceptance packet by early July with all the details you will need for camp. All new applicants will be interviewed prior to acceptance. Our camper criteria can be found on our website, [www.associationofhorizon.org](http://www.associationofhorizon.org).

**Please fill out your application quickly and completely.** This is necessary so we have time to pair up campers with attendants. We cannot send camper acceptance packets until Horizon is sure that we have enough attendants to pair with each camper.

If there are any changes to your submitted application (for example new medications, new medical equipment needed/used, or new medical daily procedures), it is your responsibility to contact a committee member to make us aware of the change. Failure to disclose all pertinent medical information can result in removal from camp or denial of future applications.

Please note that the information provided on this application will be kept confidential and will only be shared with the Recruitment Committee, your team leader and the medical team.

Sincerely,

Horizon Recruitment Committee 2012

Jen Hanenburg	(815) 717-8275	jen.hanenburg@associationofhorizon.org	(Campers)
Sheila Caplis	(773) 919-8378	sheila.caplis@associationofhorizon.org	(Attendants)
Geri Skudney		geri.skudney@associationofhorizon.org	
Anna Lopez	(773) 539-4306	anna.lopez@associationofhorizon.org	

**Please save this sheet so you have the Horizon Recruitment Committee 2012 contact information.**

“A community where  
barriers between persons  
with and without disabilities  
are transcended...”



**INSURANCE INFORMATION** (Applications can not be processed without this information.)

Not Insured \_\_\_\_\_ (This does not affect the application process)

Insured name \_\_\_\_\_

**Medicare** number \_\_\_\_\_ Identification number \_\_\_\_\_

**Medicaid** number \_\_\_\_\_ Identification number \_\_\_\_\_

Private insurance company \_\_\_\_\_

Group number \_\_\_\_\_ Identification number \_\_\_\_\_

**In addition, please send a copy of all the following information, if applicable:  
Health Insurance card, Public Aid card, SSDI card, Living Will, Durable Power of Attorney for Health Care, etc.**

**EMERGENCY NOTIFICATION**

**Primary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Secondary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Will you be able to attend for the full week of camp? Yes \_\_\_ No \_\_\_ Maybe \_\_\_

If no or maybe, please explain:

Is there a camper/attendant you would like to be paired with or roomed with? Yes \_\_\_ No \_\_\_

If yes, who? (limit 1 name, please) \_\_\_\_\_

The Recruitment Committee will do its best to take all requests into consideration,  
but there are no guarantees.

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last ten years? Yes \_\_\_ No \_\_\_

If yes, charge and disposition: \_\_\_\_\_

**DONATION OPPORTUNITY**

A week of camp for an adult camper and volunteer costs nearly \$1000. While we do not require you to pay any of this, it is our hope that you would either consider a monetary donation or participate in Association of Horizon, Inc. fundraising activities. These activities may be as simple as selling raffle tickets, candy, tickets to fundraisers, etc. to family and friends or volunteering your time and resources.

\_\_\_\_\_ I choose to make a monetary donation – Amount enclosed \$\_\_\_\_\_

\_\_\_\_\_ Please make checks payable to Association of Horizon, Inc.

\_\_\_\_\_ I have participated in the following fundraising activities this past year:

\_\_\_\_\_

\_\_\_\_\_ I am a first year attendee and have not had the opportunity to participate in any fundraisers.

**FOOD OPTIONS**

Are you a Vegetarian? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Do you need your food specially prepared? (ex: puree, cut small, etc.) Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

**ALLERGIES**

Do you have any food allergies? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

Do you have any drug allergies? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

**BED TYPE NEEDED**

Mark **1** for your first preference, mark **2** for a second choice.

Bunk\_\_\_ Single \_\_\_ Manual Hospital \_\_\_ Electric Hospital \_\_\_

Reason for Manual Hospital bed or Electric Hospital bed:

\_\_\_\_\_

\_\_\_\_\_

Do you need? Rails on Bed \_\_\_\_\_ Bed by Wall \_\_\_\_\_

**PSYCHOLOGICAL ILLNESS**

Do you have any psychological illnesses? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

**BATHROOM NEEDS**

Circle all that apply: transfer self, need assistance, use toilet, use commode, use diapers

Frequency (on average): During the day-\_\_\_\_\_ times, during the night-\_\_\_\_\_ times

How often do you shower or wash up? \_\_\_\_\_

Do you need to be in a certain cabin for bathroom needs? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**MOBILITY**

Do you use a wheelchair? \_\_\_\_\_ If yes, what kind of chair? Power Manual

What percentage of your waking day do you use your wheelchair? \_\_\_\_\_

Will you be bringing your chair to camp? \_\_\_\_\_

Do you need to be in a certain cabin for walking needs? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**TRANSFERS**

What kind of transfer are you most comfortable with? (Ex: independently, hoyer, 1 person, 2 person)

Please give details:

\_\_\_\_\_  
\_\_\_\_\_

**EQUIPMENT**

What type of equipment do you use on a daily basis? (Ex: hoyer, commode, diapers, vent, etc)

\_\_\_\_\_

What equipment will you be bringing with you?

\_\_\_\_\_

What Horizon equipment will you need to use during the week? Please be specific.

\_\_\_\_\_

Do you have any special power needs due to the equipment that you use? \_\_\_\_\_

(Ex: chair needs to be charged, vent needs to run at night, etc.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**COMMUNICATION**

Do you have any difficulties with communication? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What communication devices will you be using at camp? \_\_\_\_\_

**MEDICATION**

Do you take medication? \_\_\_\_\_

Will you have the nurse hold your medication OR will you hold your own medication?  
\_\_\_\_\_

**DISABILITY**

Please use this space to give a brief description of your disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION**

We may be able to help you find transportation to/from camp or may assist with matching people for ride sharing. Your help and cooperation is appreciated.

How do you plan to get to camp? \_\_\_\_\_

I can provide a ride: Yes\_\_\_ No\_\_\_ Maybe\_\_\_ Describe Vehicle \_\_\_\_\_

Do you need a ride: Yes\_\_\_ No\_\_\_ Not sure yet \_\_\_ Explain \_\_\_\_\_

Do you want to sign up for the bus? Yes\_\_\_ No\_\_\_ The cost will be \$150. Checks/money orders made out to Association of Horizon, Inc. are due in June; the bus contact will call those who are interested. Pick-up / drop-off locations will be determined in June.



# 2012 Horizon Application Waiver

Please read and sign the consent below. **If you are under age 18, please have at least one parent or legal guardian also read and sign the consent below.** This form must be filled out and signed by each participant (or his/her guardian) or they will not be allowed to participate or use the facilities or equipment.

I hereby give my full consent for me (my child) to attend the Association of Horizon, Inc. Summer Camp located at the Easter Seals Timber Pointe Outdoor Center in Hudson, IL from July 22<sup>nd</sup> to 28<sup>th</sup>, 2012 and to engage in all camp activities except those specifically noted here:

I will not hold Easter Seals-UCP Inc. and Association of Horizon, Inc. liable for any injuries that may occur to me (my child) at camp. Easter Seals-UCP Inc. and Association of Horizon, Inc. will not be responsible for the loss or damage to personal property during camp.

I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment, against Easter Seals-UCP Inc. or Association of Horizon, Inc. and their officers, agents, servants, employees, and affiliates.

I hereby give my full consent to the Easter Seals-UCP Inc. and Association of Horizon, Inc. to use my (my child's) name, picture, video, or writing for means of advertising or fundraising to further the purposes constituting the exempt function of the Easter Seals-UCP Inc. or Association of Horizon, Inc. I also consent to have my (my child's) name, address, e-mail address and telephone number included in the Association of Horizon camp roster.

**If, after mailing the camp application form, I (my child) am (is) unable to attend camp, I (my child) will notify the Association of Horizon, Inc. immediately!**

In the event of an EMERGENCY, I hereby give permission to the health care professionals selected by the Easter Seals-UCP Inc. and Association of Horizon, Inc. to seek proper treatment (including injection, anesthesia, and surgery) for me (my child). Such permission shall include any and all medical treatment that is necessary or desirable in the absolute discretion of any such physician or hospital.

I further agree to indemnify and hold harmless and pay defense costs and defend Easter Seals-UCP Inc. and Association of Horizon, Inc. and their officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Camp Director. Such permission shall include any and all medical treatment that is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of the Camp Director, in his/her absolute discretion, to terminate a camper's stay at any time due to disciplinary or medical actions that might jeopardize the camper's or others' health, safety, or well being at camp.

**The Association of Horizon, Inc. has a zero tolerance policy on the following issues.**

**Please initial next to each item to signify that you understand.**

**No smoking \_\_\_\_\_ No alcohol \_\_\_\_\_ No illegal drugs \_\_\_\_\_ No weapons of any kind \_\_\_\_\_**

The Horizon board of Directors in their absolute discretion shall have the right to set precedent in the matters of any drug, alcohol, weapons, smoking or physical or mental abuse. Association of Horizon, Inc. shall have the discretion to terminate a camper or attendant's stay at camp at any time due to inappropriate behavior that might jeopardize the said individuals or others health, safety or well-being at camp.

The consequences of such violations shall include, but not be limited to: One year suspension of camp privileges; Horizon Community Service, hours to be determined based on offense, including serving on a committee or fundraiser and probation of months or years as deemed appropriate.

I agree to stay on the Timber Pointe Outdoor Center camp-site for the entire camp, unless approved by the Horizon Camp Director. I (my child) agree to abide by the rules and regulations set by the Easter Seals Timber Pointe Outdoor Center and Association of Horizon, Inc.

\_\_\_\_\_/12  
Camp Applicant Printed Name      Date

\_\_\_\_\_/12  
Parent/Guardian Printed Name      Date

\_\_\_\_\_  
Camp Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature (If applicant under 18)