



FOR OFFICE USE ONLY:			
Date Received _____	/12 Donation Amount _____	Medical Card Copy _____	
Insurance Info _____	Physical Form _____	Emergency Info _____	Sign/Consent _____

ASSOCIATION OF HORIZON, INC.
SUMMER CAMP APPLICATION
July 22nd – 28th, 2012
TIMBER POINTE OUTDOOR CENTER, HUDSON, IL
ATTENDANT APPLICATION

Return to: Sheila Caplis
 Association of Horizon Recruitment
 2121 W. Bradley Place
 Chicago, IL, 60618
 (773) 919-8378
sheila.caplis@associationofhorizon.org

Circle: **Male / Female** **New / Returning** If returning, # of years _____

NAME _____
(First) (M.I.) (Last)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN PHONE _____ BEST TIME TO CONTACT _____

E-MAIL _____

BIRTHDATE _____ AGE _____ WEIGHT _____ HEIGHT _____

ADULT T-SHIRT SIZE _____

Place of employment/school of attendance (or will in the fall) _____

FIRST TIME APPLICANTS

How did you hear about the Association of Horizon? Please be specific.

References: (2 required)*

(Name) (Relationship) (Telephone) (Best time to call)

***Please ask these individuals for their consent to be contacted by us prior to submitting your application.**

INSURANCE INFORMATION (Applications cannot 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 to 1 name) _____

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.

PHYSICAL DISABILITY, MENTAL DISABILITY, PSYCHOLOGICAL ILLNESS

Are you aware of any physical disability, mental disability, or psychological illness that may limit your performance? _____

If yes, please explain: _____

FOOD OPTIONS

Are you a Vegetarian? 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: _____

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 _____

SERVICE HOURS

Are you volunteering for camp to fulfill service hours? Yes ___ No ___

If yes, please include the contact name and address of who we need to notify:

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 22nd to 28th, 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 smoking, drug, alcohol, weapons 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)