



CAMPER APPLICATION

- What?** **Respite Weekend Camps**
- Who?** Adults 18 years old and older with intellectual disabilities
- Where?** Beautiful Abilities Ranch at Lone Pecan in Edge, On 60 beautiful acres, 20 miles east of Bryan/College Station
- When?** See schedule
- Why?** To get away and have fun, Fun, FUN!!
- How much?** \$ 200 Full Weekend / \$60 Day Respite (Saturday ONLY) 8am-8pm
Reserve spot with \$50 non refundable deposit
- Check in:** **Fridays at 6:00 pm.** Campers Welcome and check-in begin promptly at 5:00 pm.
- Check out:** **Sundays at 11:00 am - 1pm.**
A \$15.00 per hour fee will be charged for late pick up for any campers picked up after 1:00 pm.
- Application:** If you are not currently served by Beautiful Abilities, Please fill out the attached forms. A deposit of \$ 50 per session is required with the application. The deposit will apply to the \$200 camp fee. If application is not accepted for any reason or the camp is canceled, you will be notified and the deposit will be refunded . The remaining balance is due on or before check in unless a payment plan is approved prior to camp.
- Refunds:** Application is considered complete only if signed in ALL places signatures are requested.

Ranch Camp is a residential camp designed for persons 18 years of age and older who 1) have intellectual disabilities, 2) are emotionally and physically well, and 3) whose behavior is within acceptable guidelines. If behaviors listed below occur with sufficient frequency to disrupt the normal functioning of Ranch Camp, they may result in a camper's dismissal and no refund of fees will be granted. Such behaviors include but are not limited to:

- | | | |
|-----------------------------|---------------------------------|----------------------------------|
| Wandering, running away | Fighting | Foul language, cursing |
| Refusal or inability to eat | Self-injurious behavior | Extreme hypochondria |
| Throwing objects | Refusal or inability to sleep | Incontinence of bowel or bladder |
| Emotional outbursts | Willful destruction of property | Inability to adjust to Camp life |
| Biting, scratching, kicking | Tantrums | |

PLEASE NOTE:

- 1) Ranch Camp does not accept campers requiring one-on-one supervision and campers requiring such supervision will be dismissed.
- 2) Campers with controlled seizure disorders, cerebral palsy, autism spectrum disorders and other physical disabilities will be individually evaluated for admission.
- 3) Medical conditions and equipment which Ranch Camp may not be able to accommodate include G-tubes, feeding pumps, and baclofen pumps.
- 4) Smoking is not allowed at Ranch Camp and no accommodations are made for smokers. If a prospective camper cannot comfortably go one week (seven full days) without smoking, then he or she should not apply.

Beautiful Abilities CANNOT ACCEPT FAXED APPLICATIONS OR E-MAIL ATTACHMENTS without deposit on file or credit card information on application.

Please mail application with deposit to:
Beautiful Abilities
Attn: BAR Camp
4100 E. 29th St.
Bryan, TX 77802

Beautiful Abilities Ranch (BAR) CAMPER APPLICATION

I affirm by signature below that my camper for whom this application is made meets the health and behavior guidelines described on the cover page. If misrepresentation is made as to my camper's health or behavior, or if my camper becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from Ranch Camp. I understand that if my camper is dismissed due to health or behavior considerations, it is my sole responsibility to pick up my camper on the day I am notified and that no refund will be made for the session from which my camper is being removed. I further understand that after camp starts there are no refunds.

Attach
Photo
Here
(Required)

Parent/Legal Guardian Signature _____

Date _____

CAMPER INFORMATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Primary Diagnosis/Disability _____

Date of Birth _____ Age at Camp _____ Height _____ Weight _____

Gender: Male Female Adult Shirt Size S M L XL XXL XXXL

PARENT/GUARDIAN INFORMATION

Name _____ Relation to Camper _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #1 (THIS PERSON MUST BE AVAILABLE THE WEEK OF CAMP)

Same as Parent/Guardian Information? Yes No (If no, please complete the information below)

Name _____ Relation to Camper _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

EMERGENCY CONTACT PERSON #2 (THIS PERSON MUST BE AVAILABLE THE WEEK OF CAMP)

Name _____ Relation to Camper _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

SESSION INFORMATION (Please check all sessions you wish your camper to attend and check either day or residential)

- | | |
|--|--|
| <input type="radio"/> Session 1 – February 9-11 - Polar Bear | <input type="radio"/> Session 4 – May 18-20 All American |
| <input type="radio"/> Session 2 – March 16-18 St. Patricks | <input type="radio"/> Session 5 - August 17-19 Fall Friendship |
| <input type="radio"/> Session 3 – April 13-15 Spring Fling | <input type="radio"/> Day Respite Session Date _____ |

Residential CAMPER APPLICATION

CAMPER INFORMATION (CONTINUED - If served by Beautiful Abilities, skip and complete pg. 5 & 6)

Name of Camper _____

Has Camper attended Ranch Camp? Yes No Has Camper attended a residential camp? Yes No

Social Security Number _____ Date of Last Physical Exam _____

Insurance Carrier _____ Group Number _____

Member Name _____

My Camper does NOT have insurance

If Down Syndrome, stable for atlanto-axial subluxation (AAS)? Yes No

Most recent cervical x-ray for AAS _____

Physician _____ Phone _____

IMMUNIZATION

Proof of immunizations required for campers 16 and under.

Dates of Illness or Immunization:

_____ Polio, type: _____ _____ Measles ('red') _____ Rubella ('German')

_____ Diphtheria/pertussis/Tetanus _____ Hib Virus _____ Chicken Pox

_____ Other (specify): _____

PERMISSION TO GIVE OVER-THE-COUNTER MEDICATIONS (OTC) ON AS NEEDED BASIS

Please initial each medication or its generic equivalent that may be administered to your camper. Write "NO" beside any medications you do not wish administered to your camper. NOTE: You must have a doctor's written orders for any OTC medications to be administered on a regular, scheduled basis to your camper.

_____ Bendaryl (allergies)	_____ Midol
_____ Cortaid (skin cream)	_____ Pamprin
_____ Emetrol (nausea)	_____ Pepto Bismol (upset stomach)
_____ Ibuprofen (pain, fever)	_____ Robitusson (cough)
_____ Immodium (diarrhea)	_____ Sudafed (congestion)
_____ Lanacane (skin itch, pain)	_____ Tylenol (pain, fever)
_____ Laxatives (constipation)	_____ Tylenol PM (congestion & pain)
_____ Maalox (heartburn)	
_____ Other: _____	

PLEASE READ & SIGN

Permission to Obtain Medical Treatment: I give my consent by signature below for medical treatment to be obtained for my self/child/ward by a representative of Beautiful Abilities in the event I (or my designee) am unable to be reached.

Agreement to Pay for Medical Treatment: I understand that in the event of a medical emergency affecting my self/child/ward, EMS may be called and my self/child/ward may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold Beautiful Abilities, its staff, Board of Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Camper Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

This form will be copied and given to the counselors caring for your camper. Please complete all sections.

Name of Camper: _____

Chronological age: _____ Mental age: _____

DIABETIC

- Yes (see eating/diet section) No
- Insulin dependent

EATING/DIET

- Diabetic Diet Special Diet
- No help needed at meals
- Needs help only with _____
- Food must be: cut chopped mashed pureed
- Camper must be totally fed
- G-tube
- Retainer Braces Dentures

ALLERGIES

- None Yes(list below)
- Food: _____
- Medication: _____
- Other: _____
- _____
- _____
- _____

SEIZURES

- None Regularly One or two as a child
- Type: _____ Date of last seizure: _____
- Usual frequency: _____
- Usual duration of seizures _____ minutes
- Triggered by: _____

AMBULATION

- Walks unassisted
- Walks using: walker crutches braces canes
- Wheelchair: manual electric-bring charger
- Transfers: alone needs assistance

COMMUNICATION

- No problems
- Limited abilities but can communicate daily needs
- Non verbal Sign Language

VISION

- normal limited glasses blind

HEARING

- normal aids hard of hearing deaf

SLEEP

- No problems Usual bed time: _____
- Walks in sleep Awakes at: _____

TOILETING

- Toilet trained
- Wears diapers/training pants all the time
- Wears diapers/training pants at night only
- Bring to bathroom every _____ hours
- Needs help with _____

SELF CARE (EX: BRUSH TEETH, BATHE, RESTROOM, DRESSING)

- Does all alone
- Needs some help with: _____
- Needs total help in all areas

DIAGNOSIS

Please list all (ex: seizures, asthma, diabetes, MR, psychosis, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICATIONS

- No meds PRN meds only

Medication	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach sheet for additional medications

Comments:

BEHAVIOR PROBLEMS

- Yes No
- Problems triggered by: _____
- Suggested strategies: _____
- _____
- _____
- _____

ACTIVITY RESTRICTIONS

- Yes No
- Explain: _____
- _____

HEAT TOLERANCE

- Good Fair Poor
- Dehydrates easily

SWIMMING

- Knows how? Yes No
- Ear plugs when swimming? Yes No

WANDERS?

- Yes No Occasionally

ADDITIONAL EQUIPMENT

- None CPAP/BiPaP G-tube Feeding Pump
- Baclofen Pump Other _____

ADDITIONAL INSTRUCTIONS & SUGGESTIONS

Add additional pages if necessary.

CAMPER APPLICATION

PERMISSIONS

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

YES NO

- _____ _____ I give my camper permission to attend **Beautiful Abilities** Camp. He/she may participate in all activities.
- _____ _____ I understand that there are live vaccinated animals at **Beautiful Abilities** and that opportunities are available for interaction. I give my camper permission to participate in those activities.
- _____ _____ I understand that every effort has been made to match the skills and experience of my camper to the horse(s) and equipment they will be working with and around. I understand that equine activities carry inherent risks. Understanding this, it is the desire of my camper to participate in opportunities at **Beautiful Abilities** that involve equines and equine events, including but not limited to grooming, leading and riding. I grant permission for my camper to participate in these activities.
- _____ _____ The medic staff at **Beautiful Abilities** may give my camper routine medications and over-the-counter medications, monitor health status and provide first aid and routine care.
- _____ _____ For non-emergency purposes, my camper may ride in a Ranch or privately owned vehicle with medical staff to the hospital for lab tests, x-rays or treatment.
- _____ _____ I authorize **Beautiful Abilities** staff and volunteers to share, without restriction, my camper's health information and medical records with any person (whether or not affiliated with **Beautiful Abilities**) as may be reasonably necessary in order to facilitate the care of my camper.
- _____ _____ If emergency treatment is necessary, I give permission for my camper to be brought to the nearest emergency room by ambulance or helicopter for treatment. I authorize staff to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests, and/or x-rays if necessary.
- _____ _____ I understand **Beautiful Abilities** allows parents/guardians to call and check the health status of their camper or speak with the Camp Director in regards to their camper's well being. Campers are not allowed to make or receive phone calls. Campers may receive e-mails at camps@downhomeranch.org. Campers may not send e-mails.
- _____ _____ I give **Beautiful Abilities** permission to use my camper's name, photograph, or video image for publicity purposes.
- _____ _____ I understand that **Beautiful Abilities** has no designated Lost and Found. If I leave **Beautiful Abilities** without my camper's items, I will not hold **Beautiful Abilities** responsible for returning them.
- _____ _____ My camper is receiving a stipend from a state agency, school district, foundation or private organization to provide camping respite.

I, _____, guarantee that the information on this application is accurate and hereby release and forever discharge **Beautiful Abilities**, its members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the camping session.

Camper Signature _____ Date _____

Parent/Legal Guardian _____ Date _____



CAMP CAMPER APPLICATION

PAYMENT INFORMATION

Your payment of the \$50 deposit (per session) MUST be included.

CHECK

I have enclosed a check in the amount of \$ _____

CREDIT CARD INFORMATION

I authorize my credit card to be billed in the amount of \$ _____

Please charge my: VISA MasterCard Discover American Express **Note Please pay on line if possible**

Name as listed on card: _____

Account #: _____ Expiration Date: _____

Signature: _____

Please indicate payment distribution below:

- \$50 Ranch Camp deposit
- \$150 Ranch Camp balance
- \$200 Total Ranch Camp fee
- \$_____ Other _____

I would like to donate to Ranch Camp Scholarships ():

- \$10 donation
- \$20 donation
- \$50 donation
- \$100 donation
- Other \$ _____

PAYMENT MADE BY THIRD PARTY

Please indicate third party: Provider or CFC Scholarship Other _____

Name of Case Manager/contact person: _____

Contact phone number _____ Contact E-mail: _____

NO REFUNDS WILL BE MADE unless approved 2 weeks prior to camp date

FOR OFFICE USE ONLY

Date Application Received: _____ Deposit received – Amount: \$ _____

All camper list Ranch Camp List

Data entry completed _____

Sessions(s) confirmed on: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____

Check # _____ Check Date _____ Amount: _____