

# **2024 UNIFIED RECREATION CAMP REGISTRATION FORM**

*Please attach a current photo of participant · Application is not considered complete without picture*

Return application in person or by mail:  
LPRD - Unified Recreation, 115 W. 11th St., Lawrence, KS 66044  
or email [jdeaver@lawrenceks.org](mailto:jdeaver@lawrenceks.org) or [agregory@lawrenceks.org](mailto:agregory@lawrenceks.org)

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## **CONTACT INFORMATION**

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### **PLEASE PRINT**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime Contact Phone (Required): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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## **EMERGENCY CONTACT INFORMATION**

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1) Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other Than Parent/Legal Guardian)

Relationship to Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

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2) Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other Than Parent/Legal Guardian)

Relationship to Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

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3) Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other Than Parent/Legal Guardian)

Relationship to Child: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEDICAL INFORMATION**

*This medical information is required in order to facilitate a safe camp experience for your child. Please make sure all information is complete and accurate as possible so that we can accommodate any needs your child may have.*

**Are there any Doctor's restrictions?**    \_\_\_\_ Yes    \_\_\_\_ No

**Please Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please check all that apply to the participant and add comments as needed:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD             | <input type="checkbox"/> PDD - NOS           | <input type="checkbox"/> Prader - Willi      |
| <input type="checkbox"/> ADHD            | <input type="checkbox"/> Down Syndrome       | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Autism          | <input type="checkbox"/> Brain Injury        | <input type="checkbox"/> Fatigue             |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Cerebral Palsy      | <input type="checkbox"/> Chiari Malformation |
| <input type="checkbox"/> ODD             | <input type="checkbox"/> Ataxia              | <input type="checkbox"/> Celiac Disease      |
| <input type="checkbox"/> OCD             | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Aspergers           |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please check all that apply to the participant and add comments as needed:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tube Feeding    | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> High Blood Pressure    |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Depression             |
| <input type="checkbox"/> Ear Tubes       | <input type="checkbox"/> Dentures         | <input type="checkbox"/> Catheterization        |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Vagus Nerve Stimulator |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the participant have Down Syndrome?**    \_\_\_\_ Yes    \_\_\_\_ No

**If YES, has the participant been tested for Atlanto-Axial Instability?**    \_\_\_\_ Yes    \_\_\_\_ No

**If tested for Atlanto-Axial Instability, were the results positive?**    \_\_\_\_ Yes    \_\_\_\_ No

**Please list activities in which the participant cannot participate due to medical reasons:**  
\_\_\_\_\_  
\_\_\_\_\_

**Does participant have a history of seizures?**

Yes       No

**If yes, what kind? (Grand Mal, Petit Mal, Other) :** \_\_\_\_\_

**Are seizures controlled by medication?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Describe behavior after seizure:** \_\_\_\_\_

**Date of last seizure:** \_\_\_\_\_

**Conditions or circumstances that might trigger a seizure:** \_\_\_\_\_

**Does the participant use/wear any of the following devices?**

- Contact Lenses       Orthopedic Devices       Dentures       Other: \_\_\_\_\_
- Hearing Aid       Prosthesis       Glasses

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**MEDICATIONS**

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*Please identify type, dosage, and time of all medications participant is currently taking (regardless if the medication is taken outside of camp hours). If more than three medications are taken, please include additional medications in comments:*

**Medication 1):** \_\_\_\_\_ **Treatment for:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Length of time on Medication:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Medication 2):** \_\_\_\_\_ **Treatment for:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Length of time on Medication:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Medication 3):** \_\_\_\_\_ **Treatment for:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Length of time on Medication:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**MOBILITY INFORMATION**

Is the participant ambulatory?

\_\_\_ Yes \_\_\_ No

Does the participant use a wheelchair?

\_\_\_ Yes \_\_\_ No

Check other assistive devices used for ambulation:  Cane  Walker  Brace  Crutches

(Please specify) \_\_\_\_\_

**FOOD RESTRICTIONS**

Does participant need assistance with meals? \_\_\_ Yes \_\_\_ No

If YES please explain: \_\_\_\_\_

Gluten Free Diet  Dairy Free Diet  Diabetic/Low Sugar  Other

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES**

Tree Nut  Peanut  Other  Seasonal

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMUNICATION**

Does participant use sign language?

\_\_\_ Yes \_\_\_ No

Can participant read and write?

\_\_\_ Yes \_\_\_ No

Specify other communication methods or needs: \_\_\_\_\_

**SAFETY**

Willing to stay with group?

\_\_\_ Yes \_\_\_ No

Can be responsible for belonging?

\_\_\_ Yes \_\_\_ No

Able to say name and phone number?

\_\_\_ Yes \_\_\_ No

Can recognize danger?

\_\_\_ Yes \_\_\_ No

Can manage own money?

\_\_\_ Yes \_\_\_ No

May wander or run?

\_\_\_ Yes \_\_\_ No

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**PERSONAL CARE**

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Does participant need assistance in the bathroom?  Yes  No

Please explain: \_\_\_\_\_

Are regular bathroom times needed?  Yes  No

Please explain: \_\_\_\_\_

Does participant wear diapers or pull ups?  Yes  No

Please explain: \_\_\_\_\_

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**SWIMMING**

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Does the participant swim?  Yes  No

Need a life jacket?  Yes  No

Need assistance in dressing?  Yes  No

Please explain: \_\_\_\_\_

Does participant wear earplugs or other equipment while swimming?  Yes  No

Please explain: \_\_\_\_\_

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**BEHAVIOR/PERSONALITY**

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Describe the best way to get the participant involved in an activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does participant have any phobias/fears? Ex. dogs, heights, confinement, etc  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Events that may cause behavior difficulties? Ex. noisy surroundings, flashing lights, etc...  Yes  No

\_\_\_\_\_

Indicate the best way to introduce or explain new tasks or transitions: \_\_\_\_\_

\_\_\_\_\_

Indicate things that may frustrate the participant : \_\_\_\_\_

\_\_\_\_\_

Type of Behavior	Example	Trigger	Frequency
<input type="checkbox"/> Runs Away From Group	_____	_____	_____
<input type="checkbox"/> Inappropriate Touching Self/Others	_____	_____	_____
<input type="checkbox"/> Inappropriate Language	_____	_____	_____
<input type="checkbox"/> Biting	_____	_____	_____
<input type="checkbox"/> Self-Abusive Behavior	_____	_____	_____
<input type="checkbox"/> Aggression	_____	_____	_____
<input type="checkbox"/> Tantrums	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

**What has been the most effective in managing these behaviors:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate the best way to redirect or engage the participants attention :** \_\_\_\_\_  
 \_\_\_\_\_

**Does the participant have a specific behavioral plan?** \_\_\_\_ Yes \_\_\_\_ No

**Does the participant act out?** \_\_\_\_ Yes \_\_\_\_ No **If so, please explain:** \_\_\_\_\_

**What type of behavior management or reinforcement works best?** \_\_\_\_\_  
 \_\_\_\_\_

**What additional assistance does the participant require to participate successfully in a recreation setting?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please include any other information you believe to be important:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SENSORY PROCESSING DIFFICULTIES**

- |   | <b>Comments</b> |   | <b>Comments</b> |
|---|-----------------|---|-----------------|
| <input type="checkbox"/> Sound          | _____           | <input type="checkbox"/> Taste          | _____           |
| <input type="checkbox"/> Vision         | _____           | <input type="checkbox"/> Smell          | _____           |
| <input type="checkbox"/> Balance        | _____           | <input type="checkbox"/> Textures       | _____           |
| <input type="checkbox"/> Vestibular     | _____           | <input type="checkbox"/> Lights         | _____           |
| <input type="checkbox"/> Auditory       | _____           | <input type="checkbox"/> Jumping        | _____           |
| <input type="checkbox"/> Firm Touch     | _____           | <input type="checkbox"/> Transitions    | _____           |
| <input type="checkbox"/> Light Touch    | _____           | <input type="checkbox"/> Self-Awareness | _____           |
| <input type="checkbox"/> Proprioception | _____           |   |                 |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What helps your child to adept to these sensory issues? Please check all that apply:**

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Hanging from Monkey Bars | <input type="checkbox"/> Other |
| <input type="checkbox"/> Brushing      | <input type="checkbox"/> Squeezing                |                                |
| <input type="checkbox"/> Active Play   | <input type="checkbox"/> Weight Vest              |                                |
| <input type="checkbox"/> Swinging      | <input type="checkbox"/> Headphones               |                                |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**RECREATION INTERESTS**

*Please Check All That Apply to the Participant*

- Swimming       Sports       Community  
 Active Play       Music       Other  
 Art       Solitary Play

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ADDITIONAL INFORMATION**

Any additional information you believe is important for staff to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ACCOMODATION FORM FOR OUTSIDE SERVICES**

*City of Lawrence employees cannot perform certain medical procedures. If your family member requires injections, catheterization, colostomy bag, or tube feeding during camp hours, we will gladly accommodate any qualified person or outside agency of your choice to perform these services.*

**Participants Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Services Provided By:** \_\_\_\_\_

**Contact For Services:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_ **Time of Service:** \_\_\_\_\_

*I understand that the City of Lawrence is not responsible for arranging these services, but will work cooperatively with the above individuals or agency to provide services to the participant.*

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Parent/Legal Guardian

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Parent/Legal Guardian Print Name

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Date



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**RELEASE OF LIABILITY FOR COMMUNICATION DEVICE**

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In consideration for my child, \_\_\_\_\_, being allowed to use an iPad or similar device to communicate while participating in Unified Camp activities and programs, I waive, release and discharge the City of Lawrence, and its offices, agents, employees, and volunteers, representatives, and all others acting on their behalf, from any and all claims or liabilities for damage or loss of the device, including those caused by a negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my child's participation in any camp activity or other programs.

I understand and agree that neither the City of Lawrence or the Lawrence Parks and Recreation Department shall be responsible for any damage to the device or loss of the device arising out of my child's participation in camp activities and programs and neither shall bear any responsibility for the safety or storage of the iPad or similar device.

By signing this form, I represent that I am the parent(s) or legal guardian(s) of the minor and I fully understand the terms contained in this release and that this release shall be legally binding on the undersigned individual, minor, and facility users, their heirs, executors, administrators, and successors.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Date

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**PARENT/GUARDIAN COMMUNICATION**

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**I understand and agree that any requests or directions regarding my child must come directly from the designated parent/legal guardian and may not be communicated through third parties. Only verbal or written instructions by the parent/legal guardian will be accepted.**

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Date

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**FIELD TRIPS**

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My signature hereby gives permission for my child to attend field trips with the Lawrence Parks and Recreation Department and for him/her/they to be transported during the trip by any approved LPRD vehicle.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Date

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## BEHAVIOR MANAGEMENT AGREEMENT

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The care, welfare, safety, and security of campers and staff is our primary focus. To help facilitate a safe camp experience for all, we provide a 4:1 camper to staff ratio. We understand that a structured program with positive reinforcement is essential in minimizing challenging or disruptive behaviors. However, if a challenging or disruptive behavior should occur, behavior interventions will be used for behavior management.

### **Basic Behavior Interventions**

1. If a behavior concern arises, our staff will make every effort to resolve all concerns first.
2. Our staff is trained to utilize different types of behavior strategies to prevent and resolve challenging and/or negative behaviors.
3. Techniques that staff may employ include, but are not limited to, redirection, time-outs, reward systems, sensory breaks, stickers/star charts, etc.
4. We encourage parent/legal guardians to inform us of other approaches that are effective for managing their child's behavior.

If a camper's challenging or disruptive behavior continues and they are not responding to behavior interventions, it will be necessary to implement the Behavior Management Plan. The following steps will occur:

### **Behavior Management Plans**

1. If a camper does not respond to basic behavioral interventions or if managing their behavior results in a lack of adequate supervision for the other campers, the parent/guardian will be contacted to pick their child up immediately.
2. For safety purposes, there are some behaviors that may result in the parent/guardian being immediately contacted to pick up their child. These behaviors include but are not limited to:
  - a. Verbal or physical aggression towards self or others (ie, hitting, kicking, biting, taunting, etc...)
  - b. Spitting
  - c. Refusal or inability to stay with the group
  - d. Self-abusive behavior
  - e. Eloping from camp site or group
  - f. Unable to gain self-control
  - g. Unable to rejoin their group after multiple attempts
  - h. Destruction of City property
3. If a camper's challenging or disruptive behaviors continue, alternative interventions may be needed to be implemented. Alternative interventions include but are not limited to:
  - a. Camper attends on a half-day or partial week basis
  - b. Camper takes 2-3 day leave from the program
  - c. The parent/guardian may be requested to provide additional support for their camper outside of LPRD personnel (ex. Behavioral Therapist, Caregiver, Personal Assistant, etc...)
  - d. If any of the above mentioned strategies are not effective, the last resort will be to remove the camper from the program.

**RELEASE FOR PICK-UP**

I give my consent for my child, \_\_\_\_\_ (child's name), to be picked up from camp by the following individuals:

_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number

I understand that it is my responsibility to arrange to pick-up my child/children upon their return from camp. It is parent/legal guardian's responsibility to inform staff that individuals present a valid driver's license or photo ID before the child/children will be released. Should you revoke permission for any individuals named herein, then you shall notify LPRD in writing.

I understand that if my child is dropped off early or not picked up by 4 pm, a charge of \$1 per minute will be charged. The child may not return to camp until the late fee is paid.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE REAL ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD/CHILDREN WHEN THE CAMPER RETURNS FROM CAMP. I HAVE INSTRUCTED MY CHILD/CHILDREN THAT THEY MAY NOT LEAVE WITH ANYONE OTHER THAN THE PERSONS LISTED ABOVE. IT IS UNDERSTOOD THAT THE CHILD/CHILDREN MUST LET STAFF KNOW IMMEDIATELY IF THE DESIGNATED PERSONS ARE NOT PRESENT AT THE TIME OF PICK UP.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Date

**MEDIA RELEASE**

I give my consent and authorize the City of Lawrence Parks and Recreation Department to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child, \_\_\_\_\_ (child's name), or myself and use such photographs as follows:

1. In any in-house publication (such as scrap books, photo albums, guides, brochures, etc... for internal Parks and Recreation Department use only \_\_\_\_\_ Yes \_\_\_\_\_ No
  
2. In any publication, including, but not limited to, newspapers, television, and/or radio broadcasts, books, brochures, magazines, displays, internet broadcasts, and motion pictures, in such a manner and at such times and in such places as the Lawrence Parks and Recreation Department shall determine. \_\_\_\_\_ Yes \_\_\_\_\_ No
  
3. To copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or, in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any purpose whatsoever. \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of the Lawrence Parks and Recreation Department.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Date