



UNIFIED RECREATION 2025 Camp Registration Form

Please Attach Current Photo
Registration Not Complete without Photo

CAMPER INFORMATION

Participant Name: _____ Age: _____ DOB: _____
Residential Address: _____ City: _____ State: _____ Zip: _____
Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____
Preferred Pronouns: _____ Current Grade: _____

PARENT/LEGAL GUARDIAN INFORMATION

Legal Guardian Name: _____
Relationship to Camper: _____ Contact Phone (Required): _____
Email: _____

EMERGENCY CONTACT INFORMATION

1) EMERGENCY CONTACT (other than parent/legal guardian)

Emergency Contact: _____ Contact Phone (required): _____
Relationship to Camper: _____ Email: _____

2) EMERGENCY CONTACT (other than parent/legal guardian)

Emergency Contact: _____ Contact Phone (required): _____
Relationship to Camper: _____ Email: _____

3) EMERGENCY CONTACT (other than parent/legal guardian)

Emergency Contact: _____ Contact Phone (required): _____
Relationship to Camper: _____ Email: _____

MEDICAL/MEDICATION 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 doctors restrictions? _____ Yes _____ No

If yes, please describe:

Please check all that apply to the participant.

- | | | |
|--|--|--|
| <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 |

Does the Participant Have/Use Any of the Following?

	No	Yes	Explain
Tube Feeding			
Hearing Impaired			
High Blood Pressure			
Diabetes			
Asthma			
Depression			
Ear Tubes			
Dentures			
Catheterization			
Vision Impaired			
Heart Condition			
Vagus Nerve Stimulator			

Does the Participant Have Downs 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 the Participant Have a History of Seizures? Yes: _____ No: _____

If yes, what kind? (Grand Mal, Petit Mal, Other): _____

Are Seizures Controlled by Medication? Yes: _____ No: _____

Date of Last Seizure: _____

Conditions That Might Trigger a Seizure:

Does the Participant Use/Wear Any of the Following?

	No	Yes	Explain
Contact Lenses			
Hearing Aid			
Orthopedic Devices			
Prosthesis			
Dentures			
Glasses			
Other			

MEDICATIONS

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

1) Medication: _____ **Treatment For:** _____

Dosage: _____ **Time:** _____ **Length of Time on Medication:** _____

Possible Side Effects: _____

2) Medication: _____ **Treatment For:** _____

Dosage: _____ **Time:** _____ **Length of Time on Medication:** _____

Possible Side Effects: _____

3) Medication: _____ **Treatment For:** _____

Dosage: _____ **Time:** _____ **Length of Time on Medication:** _____

Possible Side Effects: _____

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: _____

Please Specify:

- Gluten Free Diet Dairy Free Diet Diabetic/Low Sugar Other

Comments:

ALLERGIES

- Tree Nut Peanut Seasonal Other

Comments:

COMMUNICATION

Does Participant Use Sign Language? Yes: _____ No: _____

Can Participant Read and Write? Yes: _____ No: _____

Specify Other Communication Methods or Needs:

SAFETY

No Yes Explain

	No	Yes	Explain
Willing to Stay with Group?			
Can be Responsible for Own Belongings?			
Can Recognize Danger?			
Able to Say Name and Phone Number?			
Can Manage Own Money?			
May Wander or Run?			

PERSONAL CARE

	No	Yes	Explain
Need Assistance in Bathroom?			
Regular Bathroom Breaks Needed?			
Wear Diapers or Pull-Ups?			

SWIMMING

	No	Yes	Explain
Does Participant Swim?			
Need a Lifejacket?			
Need Assistance in Dressing?			
Wear Earplugs or Other Equipment While Swimming?			

BEHAVIOR/PERSONALITY

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

Does participant have any phobias/fears (ex. dogs, heights, confinement, etc...)?

Events that may cause behavioral difficulties (ex. noise, flashing lights, etc...)?

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
Runs Away from Group			
Inappropriate Touching Self/Others			
Inappropriate Language			
Biting			
Self-Abusive Behavior			
Aggression			
Tantrums			
Other:			

Most effective way to manage these behaviors:

Best way to redirect or engage the participants attention:

	No	Yes	Explain
Does participant have a specific behavioral plan?			
Does the participant act out?			

What type of behavior management or reinforcement works best?

What additional assistance does the individual require to successfully participate in a recreational setting?

Please include any additional information you believe to be important:

SENSORY PROCESSING DIFFICULTIES

	No	Yes	Explain
Sound			
Vision			
Balance			
Vestibular			
Auditory			
Firm Touch			
Light Touch			
Proprioception			
Taste			
Smell			
Textures			
Lights			
Jumping			
Transitions			
Self-Awareness			

Comments:

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

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

Comments:

RECREATIONAL INTEREST

Swimming

Art

Music

Community

Active Play

Sports

Solitary Play

Other

Comments:

Any Additional Information:

Please refer to the Parent Handbook

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.

CONTACT INFORMATION

Participant 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 individual or agency to provide services to the participant.

Parent/Legal Guardian

Parent/Legal Guardian Printed Name

Date

RELEASE OF LIABILITY FOR COMMUNICATION DEVICE

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 Parks, Recreation and Culture 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 Printed Name

Date

PARENT/LEGAL GUARDIAN COMMUNICATION

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 Printed Name

Date

FIELD TRIPS

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

Parent/Legal Guardian

Parent/Legal Guardian Printed Name

Date

BEHAVIOR MANAGEMENT PLAN

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 (i.e., 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 need 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.

Parent/Legal Guardian

Parent/Legal Guardian Printed Name

Date

RELEASE FOR PICKUP

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

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 READ 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 Printed Name

Date

MEDIA RELEASE

I give my consent and authorize the Parks, Recreation and Culture 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, Recreation and Culture 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 Parks, Recreation and Culture 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 Parks, Recreation and Culture Department.

Parent/Legal Guardian

Parent/Legal Guardian Printed Name

Date