



Dear Marbridge Summer Camp Applicant:

In an effort to better serve the needs of your camper and ensure that camp is a fun and enjoyable experience, please note the following:

- The application should be completed and returned with all supporting documentation by **May 8th**.
- **After May 8th, we will notify you to confirm your scheduled session.**
- Although we will try to accommodate one of your top three session preferences, please note that campers will be placed based on similar interests and abilities so that we can ensure a safe and fun session for all.

We ask that you take a moment to look over the information requested before filling out the enclosed application. If a specific question does not apply to your camper, please write N/A in the space; otherwise, please make every effort to complete the application in full with the most up-to-date information. Our camp is not equipped to care for someone who has medical needs requiring medically trained personnel, or unable to walk around campus and navigate uneven surfaces. Any incomplete applications could be returned and will delay the registration process.

Anthony Diaz is our camp coordinator, who is looking forward to a summer packed with fun and wonderful campers. We are looking forward to another great summer and hope to see you this camping season!

Please feel free to contact me (**Barbara Bush at ext. 1204**) or our **Admissions Coordinator, Rosie Dunlap (ext. 1203)** with any camp-related questions at 512.282.1144.

Sincerely,

Barbara Bush
Director of Admissions
bbush@marbridge.org

2018 Marbridge Summer Camp Tuition and Deposit Information

The fee for each one-week camp session is **\$735.00** and is due upon submitting your application to reserve your camper's session. The explanation of refund policy is below:

Withdrawing your application prior to May 8th	Entire \$735 refunded
Withdrawing your application 2 weeks prior to camp date	\$500 is refunded
Withdrawing your application less than 2 weeks prior to camp date	No refund

Please make checks payable to Marbridge and write your camper's name in the memo line of the check.

While we are proud to serve a wide range of abilities and needs during our camp, a careful assessment of your applicant's particular abilities is necessary before placement in one of our sessions. ***We do not have a nurse with the campers and may not be able to accommodate individuals with medical issues that require nursing supervision.*** In the event that we are full or that your loved one is not selected for admission into our camp program, your tuition will be returned in full.

Policy Regarding Third Party Funding for Summer Camp at Marbridge

- If you are planning to pursue reimbursement from a third party agency, please sign and date below to indicate your understanding of our policy.

Some of our camp families may qualify for respite services and have been successful in getting the full or partial reimbursement for camp costs *by a third party agency*. At Marbridge summer camp, **the family is responsible for paying for the full tuition with the application.** We will not reserve a camp session without receiving full payment at the time the application is submitted. Upon request, we will gladly provide the family with a receipt of service that they can submit to their agency for the camper/client to be reimbursed.

Name

Date

Mail your application and deposit to:

Marbridge Foundation
Attn: Barbara Bush
P.O. Box 2250
Manchaca, TX 78652

Marbridge Summer Camp Documents Checklist

(please return checklist along with application)

Please include the following documents:

- Completed Summer Camp Application (w/ [\\$735 fee](#))
- Current medical physical evaluation
- Current psychological evaluation
- Copy of most recent ARD, IEP or IPP (if currently enrolled in school)
- Immunization record
- Copy of medical insurance card
- Copy of guardianship or Power of Attorney (if applicable)
- Current photo (taken within the last year)
- Completed Marbridge Swimming Consent Form
- Completed Horseback Riding release
- Dismissal Policy
- Third Party Payments Policy (if applicable)

We cannot reserve a spot until we have this information



2018 Summer Camp Application

(Please Print or Type)

Date of Application: _____

Camp Sessions

The following are the dates for Summer Camp sessions. Please note that the **\$735.00** camp tuition fee is due with this application.

Please indicate your **First, Second and Third session choices** in order of preference:

_____ Session 1 (June 10-15)

_____ Session 2 (June 17-22)

_____ Session 3 (June 24 – June 29)

_____ Session 4 (July 8-13) - **Over 30 years old camp week**

_____ Session 5 (July 15-20)

_____ Session 6 (July 22- July 27)

_____ Session 7 (July 29 – August 3)

_____ Session 8 (August 5-10)

Past residency or other involvement with Marbridge (including relatives/friends): _____

How did you become aware of Marbridge? _____

Applicant Information

Name: _____

Phone: _____

Address: _____

Date of Birth: _____ Current Age: _____

Marbridge Summer Camp Application

Marbridge does not discriminate on the basis of race, color, ethnicity, religion, age, or gender, in its admissions policies or residential programs.

Gender: _____ Race: _____ Height: _____ Weight: _____ T-Shirt size _____

Primary language: _____ Secondary language(s): _____

Diagnosis(es): _____

Briefly describe any physical disabilities or limitations that the applicant may have:

Parent/Guardian Contact Information

Name: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Home Address (including city, state, and zip code): _____

Relationship to Applicant: _____

Employer: _____

Emergency Contact Information (We will always contact parents/guardians first, so please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)

Primary Contact: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Relationship to Applicant: _____

Email Address: _____

Mailing Address: _____

Secondary Contact: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Relationship to Applicant: _____

Email Address: _____

Mailing Address: _____

Applicant's Educational and Residential History

Please indicate each type of educational program or residential care environment in which the applicant has participated and provide the details for each in the spaces below. Elaborate as needed to illustrate achievements or to identify areas for improvement. Continue on additional sheets if necessary.

1. Name of school or program _____

Dates/years attended _____

If applicant is not currently enrolled in this program, please explain the reason for leaving.

Briefly describe the applicant's overall experience with this program (strengths, areas for improvement, etc.). _____

2. Name of school or program _____

Dates/years attended _____

If applicant is not currently enrolled in this program, please explain the reason for leaving.

Briefly describe the applicant's overall experience with this program (strengths, areas for improvement, grades, etc.). _____

Name and Phone Number of current instructor (if applicable)

Applicant's Health

Please list the types of medical coverage that the applicant has and provide the corresponding policy numbers (Insurances, Medicaid, Medicare, etc.):

Name of Provider	Policy Number	Expiration/Renewal Date
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_____	_____	_____
_____	_____	_____

Name of Applicant's Primary Care Physician: _____

Physician's Phone: _____

Address: _____

Please list all current prescribed medications being taken while at camp and reasons. Also include what time of day, with meals, before meals, after meals and the dosage for each medication administered. If this changes prior to camp, please send an updated list.

1. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

2. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

3. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

4. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

5. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

6. Name of Medication: _____ Prescription Dosage: _____

Dosage Requirements/Frequency: _____

Reason for Medication: _____

Drug/Medical Allergies: _____

Does the applicant have a history of seizures? yes no

If **yes:** Type of seizures (grand mal, petit mal, other): _____

Date of most recent seizure: _____

Seizure frequency: daily weekly monthly semi-annually other

Are the seizures suppressed or controlled by prescribed medication(s)? yes no

Please list any limitations or risks that may result from a seizure: _____

Please list known possible triggers, causes, or strategies that may be helpful to the camp staff:

Specialized Dietary Needs: _____

Applicant's Medical History: Please examine the list below and note applicant's experiences with any of these factors or conditions. If possible, note the year of occurrence and elaborate briefly on the severity or frequency of the condition.

Circle one	Condition	Year(s)	Additional Description
yes no	Speech disorders		_____
yes no	High blood pressure		_____
yes no	Heart problems		_____
yes no	Diabetes		_____
yes no	Sinus problems		_____
yes no	Headaches		_____
yes no	Hearing problems		_____
yes no	Asthma		_____
yes no	Digestive problems		_____
yes no	Fainting		_____
yes no	Balance problems		_____
yes no	Menstrual problems		_____
yes no	Muscular problems		_____
yes no	Hepatitis		_____
yes no	Swallowing difficulty		_____
yes no	Sleep disorders		_____
yes no	Head injury		_____
yes no	Depression		_____
yes no	Use of prosthetics, canes, walkers, lifts, and other devices		_____

Other significant health concerns: _____

Applicant's Leisure Interests

Hobbies: _____

Favorite sports and athletics: _____

Level of participation in the sports listed above: _____

Favorite forms of entertainment: _____

Assistance/Guidance needed for any recreational activities: _____

Past Special Olympics activity: _____

Personal and Social Development

Reading, speaking, listening strengths: _____

Reading, speaking, listening limitations: _____

Does the applicant socialize well with others? _____

How does he/she handle disagreements? _____

Does the applicant have a history of aggression or threatening physical or verbal behavior?

yes no If yes, please explain the frequency of this behavior, the possible causes/
environmental triggers, and the consequences of such activity. _____

Does the applicant feel remorse for his/her aggressive or threatening behavior? _____

Please describe any recent problems (behavioral, emotional, medical or otherwise) that we should be aware of. Be sure to include any helpful recommendations, treatments, or practices that might better assist us in serving your camper.

Have you ever experienced you child wandering off?

Does the applicant have any issues with sleeping through the night? (If so, please elaborate.)

Activities of Daily Living

Please describe the applicant's independence level with regard to the following activities. Please note that your complete honesty and accuracy are necessary for us to determine eligibility for camp.

Activity	Independent?	If assistance is required, please describe:
Eating:	yes / no	_____
Mobility	yes / no	_____
Communicating Needs/Wants	yes / no	_____
Orientation/Disorientation	yes / no	_____
Bowel management	yes / no	_____
Bladder management	yes / no	_____
Oral hygiene	yes / no	_____
Showering & bathing	yes / no	_____
Female Hygiene	yes / no	_____
Male Hygiene/Shaving	yes / no	_____
Dressing	yes / no	_____
Bedtime/Sleep patterns	yes / no	_____
Following Directions	yes / no	_____
Making bed, keeping personal space clean	yes / no	_____

Skills Inventory Sheet

Please check the level of assistance needed for each area.

Skill area	Independent	Verbal prompts needed	Physical help needed	Cannot do task
DRESSING SKILLS				
Selects own clothing				
Selects weather/occasion appropriate clothing				
Buttons/Zippers				
Ties shoes				
CLOTHING CARE				
Washes/dries clothes				
Hangs clothes properly				
Folds and puts away clothes				
HYGIENE SKILLS				
Washes hands/face				
Showers acceptably				
Prepares own water				
Brushes teeth				
Shampoos hair				
Combs/fixes hair				
Shaves self				
Uses deodorant				
Cares for self during menstrual period				
SOCIAL ADJUSTMENT				
Is cooperative with peers				
Obey rules				
Follows directions				
Can travel area surrounding his/her residence alone				
Can navigate greater community safely				

Person-Centered Supports

Person-centered support calls for including the individual in decision making and looking at what is both helpful for *and* important to the individual. Please help us start developing person-centered supports by answering the following prompts with as much detail as you think beneficial:

Things _____ really likes: _____

Things _____ really doesn't like: _____

Things _____ struggles with: _____

What to watch for: _____

How to help _____: _____

Special note (any further information you feel should be provided which is a factor that could influence the care, health, and well-being of this individual at Marbridge, please explain): _____

Tobacco and Alcohol Use

Does the applicant currently use tobacco products? yes no

If yes, please describe the frequency of usage. _____

Does the applicant consume alcoholic beverages? yes no

If yes, please describe the frequency of consumption. _____

Does the applicant have a history of drug dependency or abuse? yes no

If yes, please explain. _____

Criminal History

Briefly list and describe all applicant’s arrests, convictions, probations, probation violations, or pending criminal charges, if any: _____

Swimming Policy

In order to insure their safety, Marbridge campers with a history of seizure activity may not be permitted to swim. If your loved one does have an active seizure disorder, please review the following guidelines carefully.

A camper who has had *no seizure activity for a minimum of 12 preceding consecutive months prior to camp* may be permitted to swim under the following conditions:

- An examination by their physician within the previous 30-90 days that specifically addresses the status of their seizure disorder along with a written statement from the doctor clearing the camper to swim without restrictions
- The Swimming Consent signed by the parent/guardian or designated responsible party.

Note: Even if these conditions are met, Marbridge reserves the right to restrict/deny access to swimming by any camper if we determine that their safety or the safety of other campers and staff could be compromised.

Swimming Consent

I hereby request that my applicant, _____, be allowed to participate in swimming and other water activities offered to the campers of Marbridge. I have been informed and understand that if my applicant has an active seizure disorder, he or she may not be permitted to swim. I understand that there are risks and dangers involved in engaging in swimming/water activities included but not limited to injury from others who are also engaging in the activity, injury from diving, falling, slipping, or jumping, and injury from inhaling/swallowing water which could result in infection, brain damage, or even death from drowning.

As consideration for being permitted by Marbridge to engage in swimming or water activities, I do hereby waive any claim and release Marbridge for any injury or death caused by or resulting from my camper's participation in these activities.

This contract shall be legally binding upon me, my heirs, my estate, assigns and my personal representatives. I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Parent/Guardian's Signature

Parent/ Guardian's Printed Name

Date

Does your camper know how to swim independently in shallow water (4ft or less)?

___yes ___no

Does your camper know how to swim independently in deeper water (4 ½ ft or more)?

___yes ___no

Does your camper need to wear a lifejacket in the pool?

___yes ___no

Does your camper need to wear ear plugs?

___yes ___no (if yes, earplugs need to be provided)

Consent to Treat

I hereby authorize physicians, nurses, hospitals, and their authorized personnel, whether employed, contracted, or paid on a fee basis by the Marbridge Foundation, Inc., to perform treatments and procedures as deemed necessary; and, release all medical or hospital records to The Marbridge Foundation, Inc. from existing hospital and medical records; and, release all medical and hospital records possessed by The Marbridge Foundation, Inc., to other physicians, nurses, hospitals and their authorized personnel. All releases and authorizations are for performance of treatment, procedures and medications as deemed necessary for my applicant.

Parent / Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

Affirmation of Completeness and Accuracy of Application

I/We, _____, hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. We give consent for our applicant _____ to attend the Marbridge Summer Camp and to participate in all programs and activities of the Marbridge Summer Camp Program. I have read and understand all policies of Marbridge. I further understand that Marbridge is not responsible for lost, misplaced, or damaged personal items.

Parent/ Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

Photographic Authorization

Camper's Name _____

Marbridge maintains a photographic history including videos of on and off campus activities in which residents and campers participate. Some activities or events may be published in various types of appropriate and professional presentations. On occasions, photographs may be necessary for medical and/or identification purposes. Marbridge's use of the photographic materials will not be used to exploit and is protective of the residents' and campers' rights and dignity.

I/We understand the above and agree with the use of photographs for the stated purposes.

Parent / Guardian Signature

Date

MARBRIDGE FOUNDATION INC.
SUMMER CAMPER – Horseback Riding
Acknowledgement of Risk
Acceptance of Responsibility & Release of Liability

I, the undersigned, hereby acknowledge that I have voluntarily permitted my child/ward _____, to engage in an activity of horseback riding while at Marbridge.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I further understand that an animal, irrespective of its training and usual past behavior and characteristics may act or react unexpectedly at times, and I also assume such risks.

I understand that my child/ward may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man-made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

As consideration for being permitted by Marbridge to engage in the activity of horseback riding, I do hereby waive any claim and release Marbridge for any injury or death caused by or resulting from my child/ward's participation in the activity of horseback riding.

This contract shall be legally binding upon me, my heirs, my estate, assigns and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Legal Guardian's Signature

Legal Guardian's Printed Name

Date

Dismissal Policy

In an effort to ensure your child has a safe, fun and enjoyable experience, please review the Dismissal Policy. Our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our first priority. By reviewing and signing the Dismissal Policy form, you acknowledge your understanding of this policy.

It is the Marbridge Summer Camp policy to dismiss a camper in the following circumstances:

- Upon direct orders of a physician;
- When camp administration determines that the camper needs services and supervision beyond those provided by our camp and our staff.
- When the camper exhibits any of the following behaviors or conditions:

Aggressive or threatening behaviors
Non-compliant behavior
Throwing objects
Biting, scratching, kicking, fighting
Behavior that disrupts or scares other campers

Refusal of prescribed medications
Inappropriate sexual behavior
Incontinence of bowel and bladder
Destruction of property
Inability to complete self care tasks (bathing, toileting, feeding, etc.)

- Requested voluntary discharge by the camper, family or legal guardian

Should a camper be dismissed, the total fees paid (\$735 tuition) will not be refunded.

Please sign below that you have read, understand and agree to this Dismissal Policy

Parent / Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

**Marbridge Summer Camp
PHYSICAL EXAM – Date _____**

Please have a physician use this form or a similar form for the applicant's physical examination results.

Name _____ Sex _____ Age _____ DOB _____

Ht _____ Wt _____ Temp _____ Pulse _____ Resp _____ BP _____

WNL	ABN		WNL	ABN	
_____	_____	Skin & Hair	_____	_____	Breath sounds
_____	_____	Head	_____	_____	Heart rhythm
_____	_____	Eyes – external	_____	_____	Heart sounds
_____	_____	Ears – external	_____	_____	Heart size
_____	_____	Ears – canal	_____	_____	Abdomen
_____	_____	Tympanic membrane	_____	_____	Genitalia
_____	_____	Hearing tests	_____	_____	Extremities – structure
_____	_____	Nose	_____	_____	Extremities – strength
_____	_____	Mouth	_____	_____	Extremities – ROM
_____	_____	Tongue	_____	_____	Lymph nodes
_____	_____	Teeth	_____	_____	Neuro. – reflexes
_____	_____	Gums	_____	_____	Neuro. – coordination
_____	_____	Throat	_____	_____	Neuro. – balance
_____	_____	Neck	_____	_____	Neuro. – motor
_____	_____	Chest – appearance	_____	_____	Hernia

Primary Diagnosis of the applicant _____

Secondary Diagnosis(es) _____

Please list any additional health concerns. _____

 Printed Name of Physician completing this form

 Signature of Physician completing this form

Physician's telephone number and address:

