



Dear Camp Runamuk Family,

Thank you for signing up for 2019's Camp Runamuk. We're excited to have you and your family join us for the 11<sup>th</sup> annual Camp Runamuk! Before you attend we will need some information about your family. Included in this application you will find the following forms: family contact information form, camper information form, emergency contacts list, risk and consent forms and a family photo form.

Mid-January you will receive a packet, which will include more information on what to expect at Camp Runamuk 2019. In the meantime, get excited! Camp Runamuk is an amazing experience that keeps families coming back year after year.

We look forward to spending the weekend with you and your family March 8<sup>th</sup>-11<sup>th</sup> at Camp Runamuk 2019!

Sincerely,

A handwritten signature in black ink, appearing to read "Jenna Hamilton".

Jenna Hamilton

Camp Runamuk Director



**Camp Runamuk**  
**March 8<sup>th</sup>-11<sup>th</sup>, 2019**  
**Oracle, Arizona**  
**Family Application Packet**

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Applications must be returned with a 25%, non-refundable deposit to  
*The Foundation for Exceptional Kids* at  
1848 N. 52<sup>nd</sup> St. Phoenix, Arizona 85008

Applications are accepted on a first come, first serve basis. *See below for Camp Fees.*

All fees are due in full and are non-refundable after January 1, 2019.

Please contact us with any questions or concerns via email at [Jenna@ForExceptionalKids.org](mailto:Jenna@ForExceptionalKids.org) or  
by phone at 480.902.0771.

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## I. Family Contact Information

## II. Camper Information *(One per camper with special needs)*

## III. Emergency Contacts List

## IV. Risk and Consent Form

## V. Family Photo *(Must include each person in attendance)*

# I. Family Contact Information:

Name(s) of camper with special needs: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Name(s) of siblings attending: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Insurance Information:** *Please use additional paper if family has additional coverage. All individuals attending camp must have insurance information on file in the event of an emergency.*

***Primary Insurance:***

Name of Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

***Secondary Insurance:***

Name of Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

Name of Covered Individual: \_\_\_\_\_

**Family Profile:** Please complete the following information thoroughly on all family members attending camp. *If more than 2 adults are attending, please use additional paper to provide this necessary information.*

<b>Adult 1</b>	<b>Adult 2</b>
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Dietary Considerations: _____ _____	Dietary Considerations: _____ _____
Allergies: _____	Allergies: _____
Mobility Considerations: _____ _____	Mobility Considerations: _____ _____
<i>Camp T-shirts must be pre-ordered and are included in the cost of camp. Due to ordering time we cannot guarantee families that register after August 1, 2018 will receive a Camp Runamuk t-shirt.</i>	
T-shirt size (please circle):	T-shirt size (please circle):
Adult S M L XL XXL	Adult S M L XL XXL

**Adult Activities:** In the mornings, while children are attending their group activities, optional adult activities will be offered. Parents may also use this quiet time to read, hike, or just relax. During the evenings, camp pals will be available to supervise children in their rooms so that parents may participate in the evening adult activities that will be offered. To help us create your ideal camp experience, please indicate activities you might be interested in attending, below.

*Please check any that the adults attending might enjoy:*

*Morning:*

- \_\_\_ Team Building
- \_\_\_ Coffee Conversations
- \_\_\_ Yoga
- \_\_\_ Group exercise (yoga, volleyball, hiking)

*Evening:*

- \_\_\_ Movie night
- \_\_\_ Craft night
- \_\_\_ Game night (poker, board games)
- \_\_\_ Music/dancing

What other activities would be of interest to you?

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**Campers with special needs:** *If more than 2 campers with special needs are attending, please use additional paper to provide this necessary information.*

<b>Child 1</b>	<b>Child 2</b>
Name: _____	Name: _____
Date of Birth: _____ Gender: M F	Date of Birth: _____ Gender: M F
Diagnosis: _____	Diagnosis: _____
Support Coordinator: _____	Support Coordinator: _____
Grade in School: _____	Grade in School: _____
Need a GFCF meal? Yes No	Need a GFCF meal? Yes No
Other Dietary Considerations: _____ _____	Other Dietary Considerations: _____ _____
Mobility Considerations: _____ _____	Mobility Considerations: _____ _____
<i>Camp T-shirts must be pre-ordered and are included in the cost of camp. Due to ordering time we cannot guarantee families that register after January 1, 2019 will receive a Camp Runamuk t-shirt.</i>	
T-shirt size (please circle):	T-shirt size (please circle):
Child S M L	Child S M L
Adult S M L XL XXL	Adult S M L XL XXL

**Camp Fees:** Rates are based on 1 (private) OR 2 (shared) families per room and includes 8 meals, snacks, and all activities. The 25% deposit is non-refundable and due to *The Foundation for Exceptional Kids* with application submission. **All Camp Fees are due in full and are non-refundable after January 1, 2019.** Check housing preferences. Housing accommodations are made on a first come first served basis.

<p><b>Lodge Room with Private Bath—14 available</b></p> <p><input type="radio"/> Room for 2-4 people: \$720</p> <p><input type="radio"/> Room for 5 people: \$745</p> <p><input type="radio"/> Room for 6 people: \$765</p>
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<p><b>Shared Room and Bath with 1 Other Family –6 available</b></p> <p><input type="radio"/> 2 people: \$210 (Adult and child)</p> <p><input type="radio"/> Additional adult: \$115 # of addl. Adults _____</p> <p><input type="radio"/> Additional child: \$55 # of addl. Children _____</p> <p>We request to share a cabin with the _____ family. They will register separately and request to share a cabin with us.</p>
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**Payment Information:**

An invoice will be sent to you via email from PayPal.

**I authorize *the Foundation for Exceptional Kids* to invoice the following:**

Pay in full \$ \_\_\_\_\_

25% of \$ \_\_\_\_\_

Make monthly payments of \$ \_\_\_\_\_

*(Monthly payments will be made on the 1<sup>st</sup> of each month until paid in full.)*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Camp Pals (Respite Providers):** Each camper with special needs must be accompanied by a Camp Pal for the therapy (morning/afternoon) and respite (evening) portions of camp, which can be funded through the use of state funded respite hours (24 hours will be provided over the weekend) or privately paid (\$275). Pals will accompany their assigned camper to morning activities, will assist during afternoon family activities, and will assist in the evening during adult activities. All camp staff, including Camp Pals are volunteers. Camp Pals apply the funds received through respite to their costs for attending camp.

**Siblings:** *If more than 2 siblings are attending, please use additional paper to provide this necessary information.*

<b>Sibling 1</b>	<b>Sibling 2</b>
Name: _____	Name: _____
Date of Birth: _____ Gender: M F	Date of Birth: _____ Gender: M F
Grade in School: _____	Grade in School: _____
Dietary Considerations: _____ _____	Dietary Considerations: _____ _____
Mobility Considerations: _____ _____	Mobility Considerations: _____ _____
<p><i>Camp T-shirts must be pre-ordered and are included in the cost of camp. Due to ordering time we cannot guarantee families that register after January 1, 2019 will receive a Camp Runamuk t-shirt.</i></p>	
T-shirt size (please circle):	T-shirt size (please circle):
Child S M L	Child S M L
Adult S M L XL XXL	Adult S M L XL XXL

## II. Camper Information:

We greatly value your expertise and input. To better serve the needs of your family, please help us prepare the best experience possible for your entire family by answering the questions below:

***\*Please fill out separate information forms for each child with special needs attending.\****

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

My child likes to: \_\_\_\_\_  
\_\_\_\_\_

My child dislikes: \_\_\_\_\_  
\_\_\_\_\_

When my child is

- Upset he/she: \_\_\_\_\_
- Scared he/she: \_\_\_\_\_
- Happy he/she: \_\_\_\_\_

Does your child currently spend part of the day away from you? How long?

- 1 hour
- 3 hours
- 5 hours/ daily
- My child is with me all of the time.

What strategies do you or others use to help your child make transitions between activities?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate what type of school placement your child is in and if your child has a paraprofessional through the day: *(ie: a self-contained special education classroom, modified classroom, some inclusion, or full inclusion.)*

\_\_\_\_\_

List all medical/developmental diagnoses.

\_\_\_\_\_

\_\_\_\_\_

Please describe any medical conditions that staff should be aware of, or that may affect the camper at camp.

\_\_\_\_\_

\_\_\_\_\_



Does your child have any allergies?

- yes, please list \_\_\_\_\_
- no

Please list any medications your child takes. *\*\*Parents will be responsible for administering all medications.\*\**

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Are there any restrictions that will keep your child from participating in certain camp activities? If yes, please specify. *(ie: mobility, sensory, etc.)*

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Please list the current therapeutic interventions child is receiving:

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Please list any extra-curricular activities your child is participating in:

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Learning strategies/adaptations/theories that work well for your child: *(i.e. ABA, TEACCH, Social Stories etc. Include any visuals for communication, schedules, transition plans, behavior modification plans.)*

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Please list any tools you will bring to camp to better facilitate your child's camp experience: *(i.e. PECS, schedule boards, transition items etc.)*

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Please list any sensory considerations staff should be aware of:

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Please list typical and atypical behaviors your child may exhibit while at camp:

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Please outline any fine motor/gross motor challenges staff should be aware of:

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Please list any safety concerns that staff should be aware of: *(i.e. child is a flight risk, has no fear etc.)*

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Present Level of Skills:

Toilet Training

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Feeding

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Transitions

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Communication

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Please tell us what your hopes and expectation are for your family at Camp Runamuk.

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Please provide additional information that we should know to best prepare us for an amazing family camp experience:

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**Please attach any pertinent IEPs, behavior intervention plans, psychological, or educational reports that will help us to better understand your child and their needs.**

## IV. Emergency Contacts:

### Primary Contacts for Campers (*while attending camp*)

Adult #1 Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Children's Names \_\_\_\_\_

\_\_\_\_\_

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### Emergency Contacts (Non-Campers)

\* Please provide at least two contacts not present at camp.

#### 1) Primary Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Phone #s (Cell/Work) \_\_\_\_\_

#### 2) Secondary Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Phone #s (Cell/Work) \_\_\_\_\_

## V. Permission and Consent

- I hereby give myself and my child(ren) permission to participate in Camp Runamuk activities.
- I understand that the 25% deposit is non-refundable.
- I understand that all fees are due in full and are non-refundable after January 1, 2019.
- I have read and approve of this application in its entirety. I hereby release the Foundation for Exceptional Kids, S.E.E.K. Arizona, and their respective directors, employees, volunteers, and other representatives from any and all responsibility of any nature for such actions and for any loss or damage to property or personal injury to myself or my child while attending Camp Runamuk, regardless of how such injury or harm arises, and regardless of who is at fault.
- I understand that part of the camping experience involves activities and group interactions that may be new to me and my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself and my child. I realize that no environment is risk-free, and so I understand and have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that we are familiar with these rules and will obey them.
- I agree that Camp Runamuk, the Foundation for Exceptional Kids and S.E.E.K. Arizona has my permission to use photographs, videos or likenesses of my child and/or me for promotional purposes, unless I indicate otherwise in writing.
- I understand that Camp Runamuk staff does not accept tips or gratuities. Our staff understands this and agrees to adhere to it in their signed agreements. Donations in honor of staff members are welcomed to the Staff Appreciation Fund.
- I acknowledge that this is a family camp and that I will be responsible for all medical decisions on my own behalf and on behalf of my child(ren). I also acknowledge that no one other than the parent/guardian(s) may administer medications to my child(ren). In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contacts listed on my emergency contact form. However, in the event that I, or my named contacts, cannot be reached, or in the event that I am for any reason unable to make medical decisions for my child/children or myself, I give my permission to the adults and supervisors in charge of Camp Runamuk to secure emergency medical treatment for my child/children. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury sustained, including charges that are not covered by my personal health insurance.
- I understand that payment is due in full by January 1, 2019 and is non-refundable.
- I understand that the Camp Director reserves the right to remove any participant without refund who:
  - a) Willfully disregards Camp rules, or who endangers his/her or others' safety;
  - b) Harms him/herself or other member of the community;
  - c) Destroys Camp property or the property of another member of the Camp community;
  - d) Acts in any way which the Camp Director, in her sole discretion, finds to be detrimental to the Camp community.
- Our family understands and agrees to all of the following rules:
  - a) We will not bring/use illegal drugs or alcohol to/at Camp Runamuk
  - b) We will not bring knives or potentially dangerous items to Camp Runamuk
  - c) We will not swear or use foul language at Camp Runamuk
  - d) We will treat all campers and staff members with respect at all times
  - e) We will follow the Camp Director's instructions regarding any out of bounds areas
  - f) We will respect Triangle Y Ranch property and equipment at all times
  - g) We will smoke in designated areas only

*I acknowledge and I am signing for all members of my family listed on page 3 of this application.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **VI. Family Photo(s):**

Please attach a photo of all family members that will be attending camp in either a group photo or individual shots of each person. The photo will be used for our records only and will not be distributed.

**Attach photo(s) here.**

Name(s): \_\_\_\_\_

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