

All forms must be completed, signed, and returned upon registration to participate in the camp.

The Postsecondary Education Preview (PEP) offers a 2-night, 3-day camp for young adults (ages 19-27) with intellectual disabilities interested in exploring a postsecondary experience. Campers will be assigned a private room in a USA residential hall and eat in on-campus cafeterias. At least one male chaperone and one female chaperone per 5 campers will be provided in the residential halls, including direct overnight supervision. Campers will also participate in mini classes and receive an individualized plan detailing the skills to enhance their postsecondary readiness, independent living, and employment skills.

Please initial to confirm the applicant meets the following eligibility criteria to participate in PEP:

Parent/ Guardian Initial	Requirements:
	Diagnosed with an Intellectual Disability (ID) and between the ages of 19–27. *Documentation of ID diagnosis must be submitted with this application.
	Has the ability to communicate wants, needs, and answer simple questions.
	Manages personal self-care needs independently (dressing, eating, toileting).
	Has the ability to adapt to the group routine of camp, follow instructions, and remain with the group/counselors. PEP Camp will not provide 1:1 for campers.
	Has the ability to maintain appropriate behavior towards others and self.
	Has the ability to use a cell phone for calls, texts, and emails, including the ability to receive and send calls and texts from camp staff.
	Has the ability to write personal information (or keyboard), read simple directions, identify numbers, use a calculator, and identify money.
	Has the ability to take personal prescription medication independently.
	Has the ability to participate fully in camp activities without foreseeable likelihood for injury or medical complications.
	Does not have a medical condition or impairment that requires specialized medical treatment. No medical personnel will be available during the camp.
	Does not use adaptive equipment that requires assistance to use.
	Has the ability to be picked up by a parent/guardian within an hour in the event the camper becomes ill, refuses to comply with safety rules or instructions from camp counselors, or is otherwise deemed unable to continue camp at the discretion of USA.

*Forms of documentation of ID may include: School psychometrist report or physician statement.

University of South Alabama Emergency Medical Information

This form must be completed and returned prior to the first day of camp for your child to participate in the camp.

CAMPER NAME: _____

ADDRESS: _____
Street City State/Zip Code

CAMPER CELL PHONE: () _____ CAMPER EMAIL: _____

AGE: _____ SEX: _____ BIRTH DATE: _____

SHIRT SIZE: _____ GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____ Relationship _____

HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS: _____
Street City State/Zip Code

NAME: _____ Relationship _____

HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS: _____
Street City State/Zip Code

EMERGENCY CONTACT INFORMATION (Other than the parent):

NAME: _____ Relationship _____

HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS: _____
Street City State/Zip Code



**University of South Alabama
Medical Information**

HEALTH INFORMATION STATEMENT

Check below any information you feel the staff may need to maximize the safety and the well-being of the camper. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of an emergency, this health information may be the only source of accurate important information. This information will be kept confidential.

- [] Mental or emotional health issue_____
- [] Seizure disorder_____
- [] Lung Disease (asthma, persistent cough, tuberculosis)_____
- [] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure_____
- [] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)_____
- [] Stomach or Intestinal Trouble (ulcers, gallbladder or liver disorder, jaundice, hernia, colitis)_____
- [] Arthritis, Diabetes, Kidney or Bladder Disease_____
- [] Hay Fever or Allergies_____
- (continued on next page)
- [] Impaired Sight or Hearing, Chronic Ear Infections_____
- [] Recent Surgical Operations, Accidents or Injuries_____
- [] Any Current Infectious Disease_____
- [] Any Current Skin Disease_____
- [] Allergy to Foods_____
- [] Does the Camper Wear Glasses? Yes [] No [] Sometimes []
- [] Does the Camper Wear Contact Lenses? Yes [] No []
- [] Date of last TETANUS BOOSTER_____
- [] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)_____
- [] Any other current or chronic health related issues?_____
- [] Up to date on all vaccinations required for school entry? Yes [] No []
- If not, which are not up to date _____

Please note: For overnight camps, all medications that accompany the camper will be the camper's responsibility. Medication should be in its original container labeled by the pharmacist. Only include enough medication for the time the child will be attending the camp.

- [] Allergy to Medicines (including penicillin, tetanus)_____

[] Medication that needs refrigeration_____

[] Medicines currently taken by camper, including non-prescription or over-the-counter medications (list names, doses, times)_____

[] Under on-going care of a Physician (NAME AND PHONE #) for chronic or recurring problem _____

Family Doctor's Name:_____ **Clinic/Hospital:**_____

City:_____ **Phone:** ()_____

Health Insurance Provider Name _____ **Policy Number:**_____

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if I cannot be reached, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand if my child becomes ill or injured, my health insurance is primary coverage for those expenses. The University of South Alabama carries accident insurance that is secondary coverage in the event of an injury.

SIGNED _____ DATE: _____
(Parent or Guardian)

 **University of South Alabama**
Release from Liability for Camps Sponsored by USA

To be completed by the participant's parent or guardian. The parent or guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter, _____ has the opportunity to
(Name)
participate in _____ to be held _____ at the University
(Camp/program) (Dates)
of South Alabama.

I understand that travel to and from the Camp is my responsibility over which the University has no responsibility or control. In the event of inclement weather, camp staff may transport my child to an enclosed facility either on or off the University of South Alabama campus. Further, I understand that participation in the Camp is voluntary, and I am aware of, and agree to abide by, the rules and regulations of the Camp. I acknowledge that I have had the opportunity to ask questions to my satisfaction regarding this Camp and associated risks prior to signing this Release from Liability.

In consideration of the University of South Alabama permitting my child the opportunity to participate in this Camp, I, in full recognition and appreciation of any and all risks, hazards, and dangers inherent in participating in this Camp to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in this Camp, including transportation to, from and while at the Camp. Further, I do for myself, my heirs and personal representatives, agree to hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in this Camp. I further understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

I attest and verify that my child has no physical limitations that would prevent safe participation in this Camp and that my child is up to date on all immunizations required for school entry.

IN WITNESS WHEREOF, I have caused this Release to be executed on this ____ day of _____,
20____.

Parent/Guardian Signature

Witness

Date

Date

PHOTOGRAPHIC RELEASE

I authorize the University of South Alabama to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama.

I **do not** authorize the University of South Alabama to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama.

Signature of Parent/Guardian: _____ Date: _____

These forms must be completed and signed along with documentation of an intellectual disability to complete a camper's registration and to be allowed to check in and participate in camp activities

Applicant Current Skills and Abilities:

Please rate the camper's level of independence in the following areas with the following scale: 3— independent, 2—student requires some/moderate support, 1—student requires complete support, NA—have not observed.

Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	NA Not applicable to student
Eating				

Hygiene				
Toileting				
Organizational Skills				
Follows Daily Routines				
Navigate Familiar Environments				
Time Management Skills				
Building/Maintaining Peer Relationships				
Social Skills (Greet, shakes hands, says "thank you")				
Money Handling Skills				
Functional Writing				
Functional Reading				
Functional Math				

Thank you for your time to complete this form!

Signature: _____

Date: _____