

Camp Albrecht Acres 2011-2012
RESPIRE WEEKEND Reservation Form

PLEASE DO NOT DELAY- Staffing is limited for respite weekends and space is very limited.

Your prompt response is required and appreciated

Please complete this form and return it along with your reservation check.

NOTE: There is a \$100.00 deposit for EACH & EVERY reservation

(Iowa MR Waiver recipients will receive refund of deposit after payment is received from the State of Iowa)

Failure to submit deposit may result in the loss of your camper's specified date

Your deposit will be credited to your total camp fee.

The \$100.00 deposit will not be refunded upon cancellation or if camper is sent home for any reason or fails to attend the entire weekend.

ONE RESERVATION FORM PER INDIVIDUAL

Please send me (may select only one)

_____ Camp Albrecht Acres Campership Financial Aid Form

_____ I/my camper is using the IA HCBS MR/I&H Waiver Program. 2011-2012 fee for MR Waiver is \$4.24 per hour

State of Iowa Waiver ID/Case # _____

Camper's Iowa case worker must contact Office Manager to verify Waiver eligibility* Notice of Decision MUST be received before camp session starts

Camper Name _____

Gender of Camper _____ Male _____ Female Race of Camper _____

Age of Camper _____ Date of Birth _____

Person Requesting Application Packet _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ **E Mail** _____

Alternate Contact Phone (____) _____

Is this a Private Residence
or Facility/Group Home(name) _____

Reserve Weekend(s) _____

Camper attending multiple weekends Number of weekends ___ (specify dates above)

Camper/Counselor ratio is 3:1...Is this appropriate for camper? Yes / No (circle)

If no, please explain _____

Does the camper require a (circle one) walker or wheelchair ?

_____ Full time _____ Part Time

Explain mobility equipment & abilities and/or limits _____

Is camper capable of climbing stairs? _____ Yes _____ No

Can camper sleep on the top bunk of bunk beds? _____ Yes _____ No

Sleeping Habits, please describe: _____

DIAGNOSIS

Cerebral Palsy Muscular Dystrophy Downs Syndrome Autism ADHD

Other Disability Explain/comment _____

LEVEL OF ABILITY – check all that apply

Mild Moderate Severe & Profound

Behavioral Disorder Learning Disability Speech Impairment

Visual Blind Some Sight Glasses

Hearing Deaf Some Hearing Aides

Communication Skills

Reads Writes Talks Sign Language Gestures

Communication System (please send)

Behavior (please check any behavior patterns that apply)

Happy-Go-Lucky Withdrawn/Shy Wanders Helpful Cautious

Physically aggressive (explain) _____

Self Abusive (explain) _____

Dietary Needs (please check any dietary needs that apply)

Special Diet Food Allergies Adaptive Equipment Consistencies Other

Please explain any/all concerns: _____

General comments/suggestions: _____

NEW in 2010 - To assist in placement of campers/counselors we are requiring any behavior plan available to accompany this **reservation form**.

If submitting reservation on-line the behavior plan must be mailed or faxed before reservation will be locked in.

PO Box 50 Sherrill IA 52073 Fax # 563-552-2732



RESPIRE WEEKEND-please circle one

October 7-9, 2011

December 9-11, 2011

January 20-22, 2012

February 24-26, 2012

Camper Name: (Last) _____ (First) _____
 Address: _____
 City _____ State _____ Zip _____ Phone: _____
 Sex: Male ___ Female ___ Birth Date _____ Age _____ Race _____
 Name of Caregiver _____ Relationship _____
 Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____ Email _____
24 HOUR EMERGENCY CONTACT _____
Social/Case Worker Name: _____ Phone: _____
 Person/Facility: _____ Relationship _____
 Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Email _____

Weekend(s) registered for: _____

CONSENT OF PARENT/LEGAL GUARDIAN

I hereby give my permission for my child/adult/self to attend Camp Albrecht Acres of the Midwest 14837 Sherrill Road, Sherrill, Iowa 52073. I hereby agree not to send camper to camp if he/she has been exposed to a contagious or communicable disease within three weeks of the date they are to report to camp and I will give notification to the camp regarding the condition immediately.

I hereby give medical personnel at Camp Albrecht Acres of the Midwest permission to dispense medications, both prescription and non-prescription to my camper. I hereby give my permission to the medical personnel or dental personnel selected by Camp Albrecht Acres of the Midwest to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to me/my camper. I understand I will be contacted by phone in the event of a major incident. I also understand I will receive a copy of the incident report for all minor, as well as major incidents upon discharge from Camp In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the camper. This completed form may be copied for trips out of camp. I hereby release Camp Albrecht Acres of the Midwest, it's board, employees, staff and volunteers from any liability for personal injury, property damage, or death resulting from the use of Camp Albrecht Acres of the Midwest, both natural and man made. I further assume full responsibility for any personal injury of any description sustained during said camper's voluntary participation in camp activities. I will not hold Camp Albrecht Acres of the Midwest responsible for any damage to or loss of said camper's personal property. I further understand that Camp Albrecht Acres of the Midwest strives to safeguard the health and safety of all campers and those precautions are taken to ensure their health, safety and well being. I also further understand that camper's medical and/or behavioral instability, as determined by the camp's medical personnel, may result in the camp's inability to serve the camper and may result in the camper being sent home. I hereby give permission to transport camper to activities held outside of campgrounds.

I acknowledge receipt of the Health Insurance Portability and Accountability Act (HIPAA) form from Camp Albrecht Acres of the Midwest. According to Iowa Administrative Code 441 79.9(4) : Recipients must be informed before the service is provided that the recipient will be responsible for the bill if a non-covered service is provided.

I hereby give consent for Camp Albrecht Acres of the Midwest to use photographs of me/my camper for the promotion of the camp.

I also understand that my \$100.00 deposit will not be refunded if cancellation occurs on my part.

Note: If camper is sent home for any reason or fails to attend the entire week the deposit will not be refunded.

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____

**Camp Albrecht Acres of the Midwest
 PO Box 50, Sherrill Iowa 52073
 Telephone (563) 552-1771 Fax (563) 552-2732**



CAMP ALBRECHT ACRES 2011-2012 RESPITE CAMP RESERVATION

PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE AND RETURN COMPLETED RESERVATION FORM
INCLUDING SIGNED CONSENT FORM BACK TO US

Please enter your choice of weekend on the enclosed form

***** No reservation will be processed until deposit is submitted *****

Camp fees are \$250 per weekend. MR/I&H Waiver Fee is \$4.24 / hour

WEEK	WEEKEND	
1-		
2-		
	1- October 7-9, 2011	
3-		
4-		
	2- December 9-11, 2011	
5-		
	3 – January 20-22, 2012	
6-		
7-		
	4- February 24-26, 2012	
8 –		

