



Dear Applicant,

Thank you for your interest in participating in a Sunshine Nevada Organization Summer Camp Program! Sunshine Nevada was founded on the belief that every individual deserves to experience the simple joys of life. Sunshine Nevada Organization is committed to providing life changing experiences and education-based programs to individuals with special needs.

CAMP SHINE is our newest program dedicated to young adults with special needs ages 18-25. During this 2-day program, participants can expect to try new things, meet new people, and experience all the joy that Sunshine Nevada brings to each of its summer camp programs!

This is your **Application Packet**. Please read all materials carefully. All of this information is important and will help you to understand the application. All incomplete applications will be returned which could slow the processing of your application. **PLEASE READ EVERYTHING AND SIGN EVERYTHING!**

Application Forms

All application forms need to be printed, filled out completely, signed and returned to Sunshine Nevada Organization. Completed applications can be either scanned and emailed to alison@sunshinenevada.org, or they can be mailed to Sunshine Nevada Organization, 2915 Lake East Drive, Las Vegas, NV 89117.

The deadline to return completed applications is Friday, April 20th, 2018. Camp Shine will be filled on a first-come-first-served basis.

All applicants will be required to attend the **Camp Shine Meet & Greet** on Saturday April 21st, 2018 at Sport-Social from 6:00 – 8:00 pm. This event will allow Sunshine Nevada staff to get to know all applicants in order to confirm acceptance to Camp Shine.

Please feel free to email alison@sunshinenevada.org with any questions you may have.

We are excited to launch this brand new program and look forward to the possibility of meeting you at CAMP SHINE!!

CAMP SHINE: May 5th-6th at WHY Ranch

Our 2018 Summer Residential Camp Season features only one summer camp for young adults ages 18 – 25. Due to this, early registration will be limited to young adults who have attended a Sunshine Nevada camp in previous years. We will then open registration up to all others. When the maximum capacity of 50 participants is reached, we will begin to add applicants to a wait-list and will notify applicant via phone or email.

Cost of Registration/Processing fee: \$40.00

Incomplete applications will not be considered - no exceptions.

All forms are required to be updated annually. Applicants without ALL forms current will not be approved for camp.

Who is Eligible to Attend Camp Shine?

- Participant must be able to perform the following without assistance:
 - Get in and out of chair, wheelchair, bed, bus, shower
 - Get on and off toilet (Camp Shine does not have equipment or staff trained in lifting individuals. This eligibility requirement protects all participants).
- We maintain a strict 1:3 counselor to participant ratio. To qualify for camp all participants must meet the following requirements:
 - Seizure free or seizures controlled by medication for at least six months
 - Easily redirected
 - Free of hostile behaviors (we have a zero tolerance for aggressive/violent behavior and inappropriate language)
 - Independent in all matters concerning personal hygiene – toileting, showering, changing sanitary napkins
 - Have a real desire to be at camp
 - Able to be away from home overnight, sleep in a tent, and be in close proximity to others
 - Must not be prone to elopement, wandering, or hiding
 - Refrain from inappropriate sexual behaviors (including masturbation, inappropriate touching and/or conversations)

Please be advised that you must make payment in full at time of registration. You can make payment on our website <http://sunshinenevada.org/donations/>

COMPLETED FORMS REQUIRED:

Camp Shine Participant Application

Health Information

Acceptance of Conditions

Voluntary Release Assumption of Risk

2018 Camp Shine - Application Check List

This is for your personal use DO NOT return with your application

In order to complete this application, please **READ**

- Cover letter to Applicants
- Application Instructions

PLEASE COMPLETE, SIGN AND RETURN

- Sunshine Nevada Camp Shine Participant Application
- Health Information
- Sunshine Nevada Organization's Acceptance Conditions
- Voluntary Release, Assumption of Risk / Agreement Not to Sue Form

**PLEASE TAKE THE TIME TO READ AND COMPLETE EACH FORM THOROUGHLY.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Camp Shine dates: May 5-6, 2018

Drop off time: May 5th at 10:00am

Pick up time: May 6th at 5:00pm

CAMPER APPLICATION DEADLINE: Please return completed application by April 20th, 2018

Email completed applications to: camper@sunshinenevada.org

Or mail completed applications to: Sunshine Nevada Organization, 2915 Lake East Drive, Las Vegas, NV 89117.

APPLICATION INSTRUCTIONS

Please take the time to read and complete each form thoroughly. Completed applications must be returned as soon as possible.

Camp forms included Which must be <u>completed</u> and <u>returned</u> include:	1. PARTICIPANT APPLICATION
	2. HEALTH INFORMATION
	3. ACCEPTANCE CONDITIONS
	4. VOLUNTARY RELEASE, ASSUMPTION OF RISK/ AGREEMENT NOT TO SUE

FORM INSTRUCTIONS

1. CAMPER APPLICATION FORM

We request that detailed instructions be included regarding personal care information. This will enable us to provide the best possible care for each camper.

2. HEALTH INFORMATION

Camp carries liability insurance only. All Participants must have their own insurance coverage in order to attend camp.

**Please be as thorough as possible when describing health conditions and personal care instructions. Be advised that if Camp Shine staff is not be able to meet the specific needs of applicant, acceptance may not be granted to Camp Shine.

3. ACCEPTANCE CONDITIONS Date and signature of **participant**, is required on signature page. Also, be sure to fill in YOUR name at the bottom of each page and elsewhere as indicated.

4. VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE FORM: Must be signed and dated by PARTICIPANT OR parent or legal guardian/conservator. Please be sure to initial and fill in names/dates where indicated.

IF YOU NEED ASSISTANCE WITH COMPLETING THE CAMPER APPLICATION,
PLEASE EMAIL: alison@sunshinenevada.org

Sunshine Nevada Camp Shine
2018 PARTICIPANT APPLICATION

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Age: _____ Birth Date: ____ / ____ / ____ Circle One: Male Female

Phone Number: (____) _____ E-Mail: _____

Primary Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

PRIMARY DIAGNOSIS/MEDICAL CONDITION: _____

T-SHIRTS:

All Participants are provided with a Camp T-shirt. Please circle one of the following to indicate your T-Shirt size.

Adult Size: Small Medium Large X-Large XX-Large XXX-Large

TWO EMERGENCY CONTACTS ARE REQUIRED FOR ALL PARTICIPANTS

Primary Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (____) _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (____) _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Applicant's Name: _____ **Initials of Acceptance:** _____ **PAGE 1**

How did you hear about Camp Shine? _____

How do you think Camp Shine will benefit you? _____

Describe your personality and how you approach meeting new people and making new friends:

What special interests and hobbies do you have?

At Camp Shine we will be engaging with animals in a structured environment. Do you have any specific fears or worries about animals? Please explain.

At Camp Shine we will be sleeping in tents outdoors. Do you have any specific fears or worries about this? Please explain.

HEALTH INFORMATION

Please notify us if you have been exposed to any communicable disease during the three weeks prior to camp attendance.

INSURANCE INFORMATION: IMPORTANT – PLEASE NOTE: Camp carries liability insurance only. All Participants must have their own insurance coverage in order to attend camp.

1. Are you covered by Medicaid? _____ NO _____ YES Medicaid No. _____

2. Are you covered by private medical Insurance? _____ NO _____ YES

Please attach a copy of the Insurance Identification/Benefits card.

Policy Holder Name: _____

Name and Address of Insurance Company: _____

Phone number of Insurance Claims office: _____

Provider # _____ Group # _____ ID # _____

Name of person carrying Insurance: _____

Do you have any significant medical issues/concerns? _____ Yes _____ No

If yes, please describe: _____

ALLERGIES	REACTION: describe reaction and management of reaction	Life Threatening?	
		YES	NO
Medication Allergies:			
Food Allergies:			
Other Allergies:			

DIETARY RESTRICTIONS & PREFERENCES

To better accommodate your preferences at camp, please list any diet restrictions you have:

- Vegetarian Vegan Gluten-Free Dairy Free Diabetic
 Other _____

Do you have an specific food aversions? Please explain: _____

GENERAL HEALTH (Explain "Yes" answers in space provided below)

Has/Does applicant:	YES	NO	Has/Does applicant:	YES	NO
Had a recent injury:			Had psychiatric/psychological counseling?		
Had a recent illness/infectious disease?			Ever had psychiatric hospitalization?		
Have a chronic/recurring illness/condition?			Have a history of Migraine headaches?		
Been hospitalized in the past year?			Have asthma?		
Had altitude sickness in the past?			Have diabetes?		
Have a chronic skin condition?			Have back problems?		
Have high blood pressure?			Other?		

Please explain all "Yes" answers:

TETANUS Date of last Tetanus shot: _____

List Immunization History in the last 5 years:

**You are not required to get a tetanus shot. If you have had one in the last 10 years, please provide the date.

PARTICIPANT CARE INFORMATION

Do You use any of the following special equipment?		
<input type="checkbox"/> Walker <input type="checkbox"/> Canes <input type="checkbox"/> Prosthetics <input type="checkbox"/> Leg/Body Braces <input type="checkbox"/> Other Orthopedic Equipment	<input type="checkbox"/> Respiratory Equipment <input type="checkbox"/> Catheter Equipment <input type="checkbox"/> Ostomy Equipment <input type="checkbox"/> Other	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Hearing Aid w/extra batteries <input type="checkbox"/> Shower/Toilet Chair <input type="checkbox"/> Helmet <input type="checkbox"/> Special Eating Utensils

Please comment on any special care requirements or instructions for above listed equipment:

SLEEPING

Please Note: All participants will be sleeping in tents overnight at Camp Shine

Do you have a specific physical limitation that will prevent you from sleeping on the ground in a sleeping bag? Please explain:

PERSONAL HYGIENE

Hygiene (Brushing Hair, Teeth, Washing Hands, etc.)	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with prompting	<input type="checkbox"/> Requires assistance
	If assistance needed, please explain:		
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with prompting	<input type="checkbox"/> Requires assistance
	If assistance needed, please explain:		
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with prompting	<input type="checkbox"/> Requires assistance
	If assistance needed, please explain:		

SUNSHINE NEVADA ORGANIZATION'S ACCEPTANCE CONDITIONS

____ **Initials/Photo Release:** I hereby authorize SNO and all SNO Community Affiliates to use pictures of me or my child/ward taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release SNO, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings and causes for which the aforesaid photographs, digital images, videotape, motion picture, or testimonial may be used. It is also my understanding that I will receive no compensation for my likeness or testimonial. We may use photographs taken during camps on all SNO publications and respectfully request you do not attend camp if you cannot initial this release.

____ **Initials/Consent:** I approve this application, and certify that I/my child/ward is capable of such an experience. I agree to notify the camp Nurse if any member of my family attending camp is exposed to any communicable diseases during the three weeks prior to camp. I consent to the administration of first aid and routine care for my child or me by camp staff, and that camp staff seek appropriate emergency room treatment if necessary. I give my approval for the camp nurse to contact my physician if necessary.

Parents and/or care providers or Emergency contacts will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral issue. SNO reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided adequate support by SNO. These decisions are made on an individual basis by camp administration staff.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

I agree to the Acceptance Conditions above. Should it become necessary for PARTICIPANT to leave CAMP for any reason, I will make provisions to pick up PARTICIPANT in a timely manner. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete.

I hereby authorize the release of all pertinent information regarding this PARTICIPANT to SNO. I agree to notify SNO of any changes that need to be made in this application before camp.

Participant Signature: _____ Date: _____

Printed Name: _____

VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE
Individual, Parent, Guardian or Conservator: Please sign and initial
ONE RELEASE PER APPLICANT

I, _____
(Please print name: Parent/Guardian or Participant)

Agree and authorize my child/self _____
(Please print name: Child/Camper or Self, if Volunteer)

to participate in a SUNSHINE NEVADA ORGANIZATION overnight camp program at WHY RANCH, Las Vegas, NV, dates of MAY 5 – 6, 2018 where I may participate in various activities such as but not limited to; adaptive sports, animal therapy, recreational games, swimming, challenge courses, etc.

I understand that my participation in the above-described activities (the “Activities”) will be voluntary and that these Activities may involve certain risks and dangers. Certain aspects of the Activities, and camping in general, are physical and may be dangerous. In addition, the hazards and risks of the Activities may include, but are not limited to, the following: traffic or other accidents while being transported to or from the Camp program and/or Activities; latent or apparent defects or problems in equipment provided by Sunshine Nevada, other sponsors or outside service providers; acts of other participants in the Activities (including from the failure of other participants to follow instructions or obey safety regulations); weather conditions (including unforeseen, inclement or intemperate weather); consumption of food and drink; fire; first aid; emergency treatment or other services rendered. In consideration of being allowed to participate at Sunshine Nevada and in these Activities, I hereby voluntarily on behalf of myself /my child and my/our respective heirs, executors, guardians, legal representatives, administrators and assigns (collectively, “Releasers”):

PLEASE INITIAL NEXT TO EACH NUMBERED ITEM

___ 1. Certify that I am fully capable of participating in the Activities as authorized by me on the Consent and Agreement Form. I know of no reason, health-related or otherwise, why I am not capable of participating in the Activities. I accept full responsibility for any injuries or illnesses that I may suffer during the Activities, including but not limited to, those resulting from any pre-existing medical condition. In the event I am under the care of a healthcare practitioner, I have consulted with that practitioner and obtained his or her consent to my participation in the Activities and hereby confirm to Sunshine Nevada that my practitioner approved my participation in the Activities.

___ 2. Release, discharge, covenant not to sue, and waive any and all causes of action against SUNSHINE NEVADA ORGANIZATION, and their respective community affiliates, directors, officers, staff, insurers, volunteers, agents and assigns (such organizations and their representatives are hereinafter collectively referred to as the “Released Parties”) from any and all liability or expense (including but not limited to attorneys fees) to the Releasers for any and all harm, loss, personal injury, property damage, or death, and any and all claims, actions, causes of action or demands therefore, that may arise during, or develop in the future as a result of my child’s/my participation in or attendance at the Activities, whether caused by the negligence of the Released Parties or otherwise. I agree that this release and waiver shall apply to any incident, injury, accident or death associated with the Activities.

___3. Agree that under no circumstances will the Releasers prosecute, present or otherwise pursue any claim against or sue for personal injury, property damage, theft of property or wrongful death against any of the Released Parties arising from or relating to my travel to any/or participation in the Activities and released in Section 2 hereof. Furthermore, I accept full responsibility to drive myself to and from camp program in a reliable vehicle and in an alert and responsible manner.

___4. Understand that my participation in the Activities is entirely voluntary. I have been given the opportunity to talk to Directors/staff/volunteers about the Activities. With knowledge of the risks and dangers, which may include property damage, serious injury or death, I hereby agree to accept any and all such risks and dangers. Any injuries or other harm that my I incur during or as a result of the Activities are my responsibility to be claimed through my health plan or paid by me in the absence of a plan or plan coverage.

___5. Agree that if any claim for my child's/my personal injury, property damage or wrongful death shall be prosecuted against any of the Released Parties resulting from or related to the Activities, I shall indemnify and hold harmless the Released Parties, and each of them, from any and all claims, actions, causes of action, loss, liability or expense (including but not limited to attorney fees) by whomever and wherever made or presented in connection with my personal injuries, property damage or wrongful death.

___6. I am not an agent of the Released Parties and no oral representations or promises have been made to me to sign this document. Nevada law governs this document; if any portion of this document is held invalid, it is agreed that the balance of it shall continue in full force. This agreement has no expiration.

I HAVE CAREFULLY READ AND FULLY UNDERTAND ALL PARTS OF THIS DOCUMENT. I UNDERSTAND IT IS A LEGALLY BINDING CONTRACT AND IT IS A RELEASE AND WAIVER OF CLAIMS OR RIGHTS TO FILE A LAWSUIT OR OTHERWISE RECOVER FROM THE RELEASED PARTIES, INCLUDING CLAIMS OF ANY SORT FOR BODILY INJURY, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I ASSUME ALL THE RISKS INHERENT IN THE ACTIVITIES MY CHILD/I WILL PARTICIPATE IN; INCLUDING THE TRANSPORTATION RELATED TO THE CAMP PROGRAM/RANCH AND ACTIVITIES AND ANY ACTIVITIES AS AN ADJUNCT THERETO. I HAVE VOLUNTARILY SIGNED MY NAME EVIDENCING MY ACCEPTANACE OF ALL THE TERMS CONTAINED IN THIS VOLUNTARY RELEASE, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE ON BEHALF OF MYSELF AND ALL RELEASORS.

Participant Signature: _____ Date: _____

Printed Name: _____