



## **Camp Lotsafun - Policies & Procedures**

***- Please read this document carefully-***

**Be advised we maintain a strict 1:4 counselor to camper ratio. Eligibility to attend Camp includes receipt of ALL Required Camp Forms and Information by the Amplify Life Office prior to camp, within the required timeframe. It is the sole responsibility of the camper/family to ensure completion and return of ALL FORMS 30 days before camp. If all forms are not received in our office your camper will not be allowed to attend camp. Your assistance and understanding in adhering to this policy is appreciated.**

### **Required Camp Forms and Information**

***Forms are valid and considered current for one year from date of signature (the only exception being the Photo Liability Form which you may revoke by notifying us).***

#### **Forms:**

Doctor Parent Signature Form

Medication Form (2 copies: one sent to office prior to camp / one brought to camp)

Photo Liability Form

Camp Site Liability Form

Medical Insurance Card (copy front & back)

Amplify Life Policies & Procedures: **Last page (pg. 4) of this document signed and dated**

**Please be advised that all registrations will be reviewed by the Program Director. New campers will be called by Amplify Life Staff to ensure that campers meet all the eligibility requirements for camp.**

### **Required Timeframe**

Unless otherwise requested by the Executive Director or Camp Nurse, ALL required Camp Forms and Information must be "up to date" and/or received by Amplify Life at least one month prior to camp session. **Forms can be mailed to Amplify Life, P.O. Box 7178, Reno, NV 89510.**

**Faxed to: (775) 827-0334 or Scanned and Emailed to: Gayla@amplifylife.org**

### **Medication Instructions**

***Required Medication Form completion is essential for your Camper's care***

Please list all medications, including over the counter medications that your Camper will be taking at Camp. Send one copy to our office prior to camp and place the other completed Medication Form in a one gallon size zip lock bag along with your camper's medication in their original pharmacy containers. Information on the Medication Form must match the information on the pharmacy containers.

### **\*Physical Eligibility to Attend Camp**

***Camper must be able to perform the following “without assistance”***

- Get in and out of chair, wheelchair, bed, bus, shower
- Get on and off toilet

***\*Amplify Life does not have equipment or staff trained in lifting individuals. This eligibility requirement protects your Camper.***

### **Other Eligibility Requirements and Information**

We maintain a strict 1:4 counselor to camper ratio. To qualify for camp all campers 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 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 for an extended period of time
- Able to be in close proximity to others
- Must not be prone to elopement, wandering, or hiding
- Refrain from inappropriate sexual behavior (no masturbating) and discussions

### **Scholarship Requests**

You must complete this form if you are applying for a scholarship. You must provide proof of your income or a copy of your most recent Tax Forms. You should mail, fax or email this information to our office as soon as possible. You will receive a phone call from the Program Director to assess the need and the amount available for your request. **PLEASE NOTE: You should review our policies and guidelines for scholarships as they have changed recently.** Incomplete scholarship applications without all required back up will not be considered.

### **Private Payments**

You can make credit card payments online or by phone at 775-827-3866. You can also mail your payment to our office at, P.O. Box 7178, Reno, NV 89510. You have the option of selecting a payment plan or paying in full. You must have a payment plan in place at the time of registration or make payment in full one month prior to your camper's arrival to camp. Balances must be paid in a timely manner.

### **Regional Center Payments**

You need to request an Authorization of Service Form from your caseworker. Amplify Life will provide an invoice **once requested from the regional center.** However, it is **your responsibility** to follow up with your caseworker to determine if you will be required to pay a portion of the fees.

### **Cancellation Policy**

If for any reason you need to cancel, you **MUST cancel 30 days in advance** for a refund. Otherwise, you will be held accountable for the total cost of camp.

## **Refund Policy**

If for any reason your Camper is sent home, you are responsible for the transportation and all costs associated with picking up your Camper. Amplify Life does not refund any portion of camp registration once your camper attends the program. It is important that you tell Amplify Life Staff everything necessary for your camper's experience to be the best possible.

## **Directions**

For directions to the camp facility, bus locations, and drop off times, please refer to our website at [www.amplifylife.org](http://www.amplifylife.org)

## **Terms and Conditions**

I acknowledge that my camper's participation at summer camp and related camping activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my Camper. I also acknowledge that being in the outdoors makes emergencies and medical care much more difficult.

In consideration of this camper being permitted by Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) to participate in its activities and to use its equipment and facilities, I agree to:

1. Indemnify and hold harmless Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun), its employees, volunteers, and agents from any and all claims, demands, or causes of action which are brought by myself, and/or the camper and/or on behalf of the camper against Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) and which are in any way connected with such use or participation by the camper.
2. Not make any claim, file suit, or demand anything for any injury, death, or loss that arises in any way from my camper's participation. I agree to pay the costs or legal expenses incurred by Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) for any claim or suit filed by me or filed by anyone else as a result of my conduct. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that the camper is in good health, that there are no special problems associated with the care of the camper, and that I have adequately informed Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) personnel of any special instructions regarding the camper. I further authorize Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) personnel to contact the physician, listed on the camper application, regarding the treatment and behavior of the camper. I certify that I have adequate insurance to cover any injury or damage the camper may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) personnel to call for medical care for the camper or to transport the camper to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the camper. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the camper, in their

professional opinion. I agree that once the camper is in the care of medical personnel or medical facility, Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) shall have no further responsibility for the camper and I agree to pay all costs associated with providing medical care and transportation.

I authorize Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) the right to use for publicity, marketing, and/or advertising purposes, any photographs and/or video of the camper taken at camp.

I understand that if the camper cannot adjust to camp, Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) has the right to send the camper home without reimbursement of fees. I further understand that I am responsible for picking the camper up if sent home early. I agree to pay for any costs involved in an early return home.

I understand that it is my responsibility to become familiar with the policies and procedures of Amplify Life.

I understand that I am financially responsible for any damages cause by my Camper while attending camp. Including, but not limited to destruction of camp property and /or destruction of personal property.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Special Recreation Services, Inc. (DBA Amplify Life / Camp Lotsafun) or its agents is a party shall be in Washoe County, Nevada.

By signing this agreement I acknowledge that I have read it carefully. I am aware that I am giving up important legal rights. I sign on my own free will. Do not sign this release if you do not understand and agree with it.

Please return this portion of the page to our office and keep the rest for your records and review.

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Parent/Guardian Signature

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Date

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Print Camper Name

**The signed page of this document can be returned to Amplify life by mail:**

Amplify Life  
P.O. Box 7178 |Reno, NV 89510

**By E-Mail:**

gayla@amplifylife.org

**Or by Fax:**

(775) 827-0334