

# CAMP CARLEY



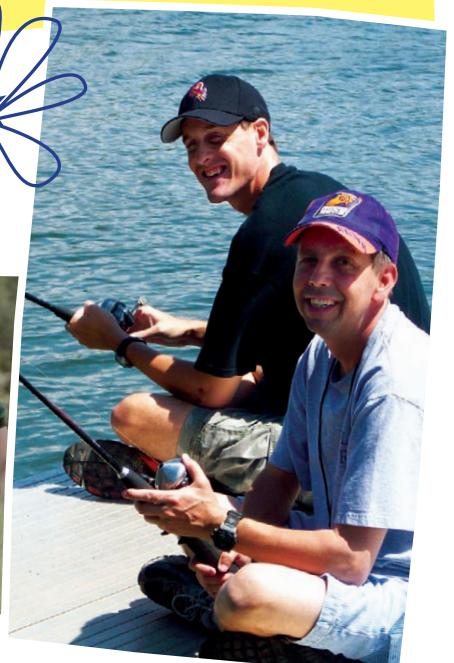
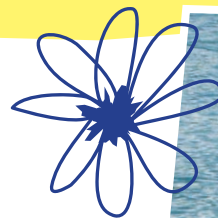
## CAMP TATIYEE CABINS • SHOW LOW, AZ • AUGUST 19-21, 2010

This program is designed for teens, ages 18 and older with developmental disabilities. The purpose is to explore Arizona's high country and escape the heat of the summer, gain an appreciation for nature and all of its beauty, learn how to fish, take a hike, or just skip rocks beside a cool mountain lake. Join the fun as Mesa, Chandler, and Tempe go Off to the Mountains!



We will be exploring the high country as we learn about nature, sleep in cabins, do some hiking, go kayaking, and much more. Arizona Game and Fish Department will also provide a fishing clinic for us.

- Registration fee: \$140 per person
- Camper Rally Night: Tuesday, August 10 at 6:30 p.m. at the Mesa Rendezvous Center, 120 N. Center Street Mesa AZ 85201. Attendance at rally night is mandatory for the participant as well as a family/staff member.
- Departure: Thursday, August 19, at 10 a.m. Meet at the Mesa Rendezvous Center.
- Please bring a sack lunch for our stop in Payson.
- Return: Saturday, August 21 at 5 p.m.
- Meals provided: From dinner on Thurs. to lunch on Sat.
- Space is limited for each city so sign up early! Mesa (25), Chandler (25), Tempe (12)



Registration is due by August 10!

Make check or money order payable to "City of Chandler" and return payment with registration form to:

City of Chandler  
Attn: Camp Carley  
MS 501, PO Box 4008  
Chandler, AZ 85286



For more info, please contact your respective city:

Tempe Arc – Sam Mason  
480-966-8536

Chandler – Collette Prather  
480-782-2709

Mesa – Jacquie Gallo  
480-644-4948

# CAMP CARLEY 2010

## AUGUST 19-21



Chandler Participant

Mesa Participant

Tempe Arc Participant

Participant: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Parent's e-mail: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Alternate person to contact in an emergency: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone number: \_\_\_\_\_

If for any reason, we should return back early:

First contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**PLEASE TAKE THE TIME TO FILL OUT THIS SECTION THOROUGHLY**

### GENERAL PARTICIPANT INFORMATION

#### Behaviors:

Does the participant have any unusual behaviors that staff needs to be aware of during the trip?  No  Yes

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the participant have a tendency to wander away from groups?  No  Yes

Can you give us any tips for managing those behaviors? \_\_\_\_\_

\_\_\_\_\_

#### Bedtime/Sleep Patterns:

Will the participant have difficulty going to bed?  No  Yes

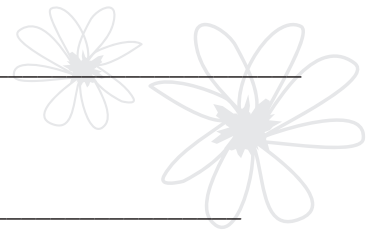
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does participant have a history of wetting the bed?  No  Yes

**Please continue to next page.**

Participant: \_\_\_\_\_



**Diet:**

Are there any foods the participant is not allowed to eat?  No  Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Should the participant be limited in the amount he/she eats?  No  Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Fears/Dislikes:**

Are there any fears or dislikes the participant has?  No  Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Swimming:**

Please indicate participant's swimming level:  0  1  2  3

0 = Unable to swim or afraid of water

2 = Intermediate

1 = Beginner

3 = Advanced (no fear of rescue)

**Female only:**

Will the female participant be on her menstrual cycle?  No  Yes

How much assistance will she require?  None  Reminders  Some assistance  Full changing assistance

**Self Help Skills:**

Please mark any assistance participant may need (if any):

\_\_\_\_\_ Eating

\_\_\_\_\_ Hair washing

\_\_\_\_\_ Shaving

\_\_\_\_\_ Dressing

\_\_\_\_\_ Brushing teeth

\_\_\_\_\_ Restroom use

\_\_\_\_\_ Showering

\_\_\_\_\_ Combing hair

\_\_\_\_\_ Other: \_\_\_\_\_

Can participant identify their own belongings?  No  Yes

**Special Interest/Hobbies:**

Are there any special interests, hobbies, recreational activities this participant enjoys? Please describe: \_\_\_\_\_

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

**Miscellaneous:**

Is there any other information that would be helpful to know about the participant? \_\_\_\_\_

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



Participant: \_\_\_\_\_

# CAMP CARLEY 2010

## AUGUST 19-21



### Over-the-Counter Medication Release Form

I give permission to administer the following over-the-counter medications as prescribed on the bottle.

**Please check each one that applies:**

- Tylenol tablets or generic
- Tylenol liquid (Adult Extra Strength)
- Ibuprofen / Motrin
- Midol (Female Only)
- Aspirin
- Advil
- Pepto Bismol – dosage on bottle varies for problem
- Tums
- Cough Drops
- Calamine lotion
- Antibiotic ointment for abrasions
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- All of the above as listed on the label**

Medication allergies: \_\_\_\_\_

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

Additional Comments: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Legal Guardian's Signature or Participant (if over 18)

\_\_\_\_\_  
Date

Participant: \_\_\_\_\_

# CAMP CARLEY 2010

## AUGUST 19-21



### HOLD HARMLESS AGREEMENT

This is my permission for \_\_\_\_\_  
to participate in the City of Chandler Therapeutic Recreation – “Off to the Mountains” Camp Carley Program. I understand that the programs are held at a variety of locations. I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for injuries and release the City of Chandler, City of Mesa and the Arc of Tempe and their agents or assigns, from any and all injuries suffered by said person which may arise of or in connection with participation in these recreation programs. I authorize the City of Chandler, City of Mesa and The Arc of Tempe staff to secure medical treatment, if necessary in the event of an emergency, and to dispense medication if required.

\_\_\_\_\_  
Parent/Legal Guardian’s Signature or Participant (if over 18)

\_\_\_\_\_  
Date

I also grant permission to the Recreation Division of Chandler, The Arc of Tempe or Recreation Division of Mesa to use the likeness, voice, words of the above in TV, newspaper, film/video, or other media, for the purpose of promoting the City of Chandler, The Arc of Tempe or City of Mesa Therapeutic Recreation Programs

\_\_\_\_\_  
Parent/Legal Guardian’s Signature or Participant (if over 18)

\_\_\_\_\_  
Date

I hereby, for myself, my heirs, executors, administrators, and assigns, assume all risk and waive any and all claims for damages caused to my personal electronic devices and release the City of Chandler, City of Mesa or The Arc of Tempe, their agents or assigns, from responsibility for any and all damages caused to personal electronic devices carried on the “Off to the Mountains-Camp Carley” Trip.

\_\_\_\_\_  
Parent/Legal Guardian’s Signature or Participant (if over 18)

\_\_\_\_\_  
Date

***Please return the registration forms and the hold harmless agreement by  
Tuesday, August 10, 2010  
Thank you!***

**Please make checks payable to: “City of Chandler”  
and mail all registration material and money to:  
City of Chandler  
Attn: Camp Carley  
MS 501, PO Box 4008  
Chandler, AZ 85286**