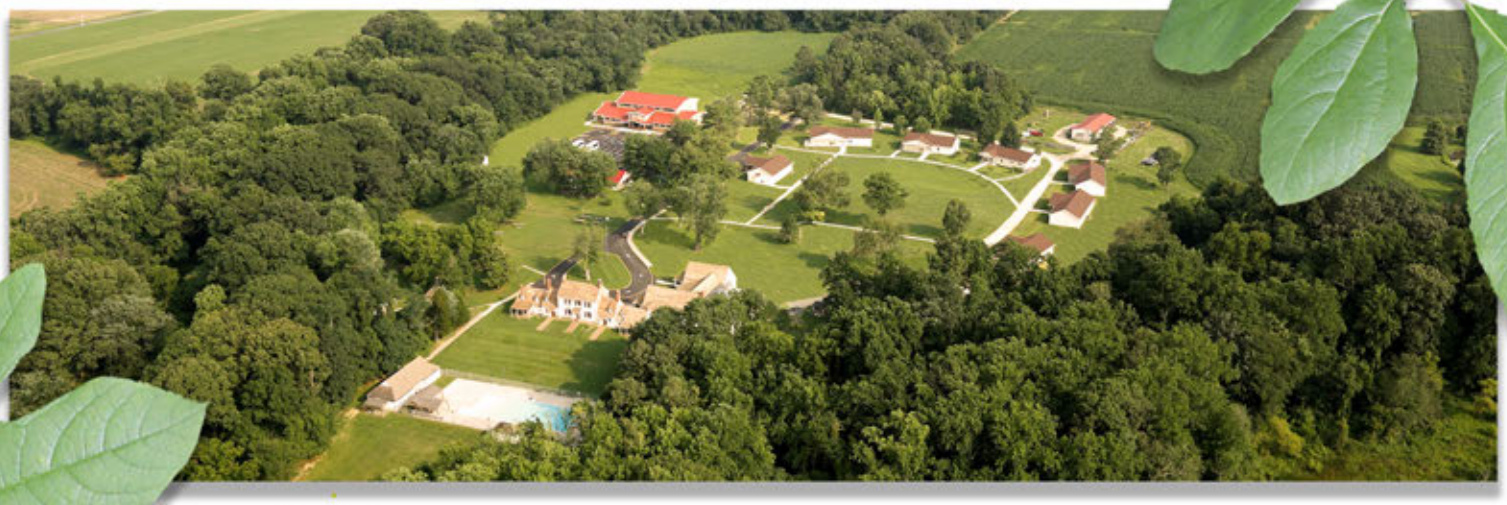


easterseals
Camp Fairlee

2025 - 2026 Respite Application

Easterseals Camp Fairlee is a residential respite program filled with fun, tradition, friendship, and individual growth. Easterseals mission is to provide exceptional services, education, outreach, and advocacy so that people with disabilities and seniors can live, learn, work and play in our communities. We help campers with disabilities experience safe, healthy, and success-oriented recreational opportunities. The philosophy at Camp Fairlee is to provide a nurturing environment with a choice of age-appropriate activities that best fit the interests and abilities of our campers. Camp Fairlee staff help support campers to reach their full potential and foster their independence and personal growth.

The respite weekend program includes accessible, adaptive & age-appropriate outdoor recreation. Campers can find fun and friendship during community-inclusive activities. The weekend allows parents and caregivers a short interval of rest and relief from the 24-hour responsibility of direct care.

The program takes place at Camp Fairlee, a 250-acre facility located on Maryland's Eastern Shore near historic Chestertown. Camp Fairlee is owned and operated by Easterseals Delaware & Maryland's Eastern Shore. It has been providing recreational opportunities for individuals with disabilities for over 70 years. Campers reside in climate-controlled sleeping quarters. Meals are prepared and served on-site in the Louisa d'Andelot Carpenter Dining Hall.

A Camp Fairlee staff member supervises each respite weekend program. Additional staff may include college students or individuals with an interest in working with persons with disabilities.

Respite Weekend Schedule

October 24-26
"Halloween Respite"
(2:1 and 3:1 Weekend)

November 21-23
"Thanksgiving Respite"
(2:1 and 3:1 Weekend)

December 12-14
"Holiday Respite"
(2:1 and 3:1 Weekend)

February 13-15
"Valentines Respite"
(2:1 and 3:1 Weekend)

March 13-15
"Spring Respite"
(2:1 and 3:1 Weekend)

Check-in: Friday 6:00 pm - 7:00pm
(Camp Fairlee cannot accept responsibility for campers before scheduled check-in time.)

Check-out: Sunday 2:00 pm - 3:00 pm

Respite Program Eligibility

WE ARE ABLE TO SERVE CAMPERS WHO...

- Follow the direction of the camp staff
- Participate in camp activities on a regular basis
- Sleep through the night in an open bunk room with other campers, without being disruptive to others
- Communicate their needs through words, signs or pictures

WE ARE **NOT** ABLE TO SERVE CAMPERS WHO...

- Require health services which cannot effectively be delivered in a camp setting
- Have medical conditions associated with a high risk for complication, or require a high acuity of care
- Require assistance to be turned in bed throughout the night
- Have a recent history of self-injuries or aggression toward others
- Require tube feedings

Inappropriate behaviors, such as refusal of medication, running away/elopement, hitting, spitting, biting, kicking, hair-pulling, setting fire and swearing directed at other campers and/or staff, are not acceptable. If such behavior occurs, the caregiver will be contacted. If the behavior continues, the caregiver will be contacted for an immediate pick up. Immediate pick up will be required at first occurrences for medication refusals, inappropriate sexual behaviors, inability to sleep during the night or aggressive behaviors that cannot be redirected. Individuals with behavior plans must submit such plans to Camp Fairlee at the time of registration. Every effort will be made to accommodate all applicants. A conditional acceptance may be made for those individuals whose eligibility is questionable.

Camp Fairlee reserves the right to accept or deny any application prior to attendance or arrival on-site. Availability is also based on staffing availability. All new campers are required to have a pre-camp interview in person. (Other arrangements can be made by calling the camp if unable to interview in person.)

Suggested Items to Bring for a Weekend at Camp

- Linens (twin size), sheets and blanket
- Pillow
- Towel
- Soap/Deodorant
- Pajamas
- Pants
- Socks
- Jacket/Coat (weather appropriate)
- Winter hats/gloves (as necessary)
- Shoes (2 pair)
- Washcloth
- Toothbrush/toothpaste
- Comb/Brush
- Underwear
- Shirts
- Raincoat
- Glasses (as necessary)
- Diapers or adult undergarments (as necessary)
- Medication/medical supplies and equipment (as necessary)
- Specialized eating utensils (as necessary)
- Feminine hygiene products (as necessary)

Respite Weekend Program Fee

Program fees vary by the level of supervision required. The fee covers accommodation, meals, programming costs, staff supervision and administrative costs.

Payment is due to Easterseals Camp Fairlee two weeks prior to the respite weekend. If a referring agency is paying the fee, payment may be received after the service has been provided. However, it is the responsibility of the camper to provide Camp Fairlee with written confirmation of the agency's intent to pay the fee. Campers cancelling within 72 hours of the start of the program will be charged a $100 administration fee. Exception may be made for full refund if such cancellation is due to a medical reason, death in the family or inclement weather. A written document to verify the reason for cancellation such as doctor's note or record of hospitalization will be required.

Campers not picked up by 3:00 PM on check-out day will be charged $30 per half hour of additional supervision required.

Health Forms & Medication Information

A completed health form is required at all times and must be turned in two weeks prior to attendance date. **A physical exam must be completed by a licensed medical professional to be accepted.** This form must be current (within 24 months of attending program). All prescribed medications must be in their original bottle or blister pack from pharmacy, with the original script from the prescribing physician. All over-the-counter medications must be brought to camp in their original bottles. Any altered prescription label will not be accepted. The dosage and schedule on the pharmacy label must match the information on the health form signed by the physician. Camp Fairlee staff will not accept pre-poured medication or anything that does not match with the physician's order.

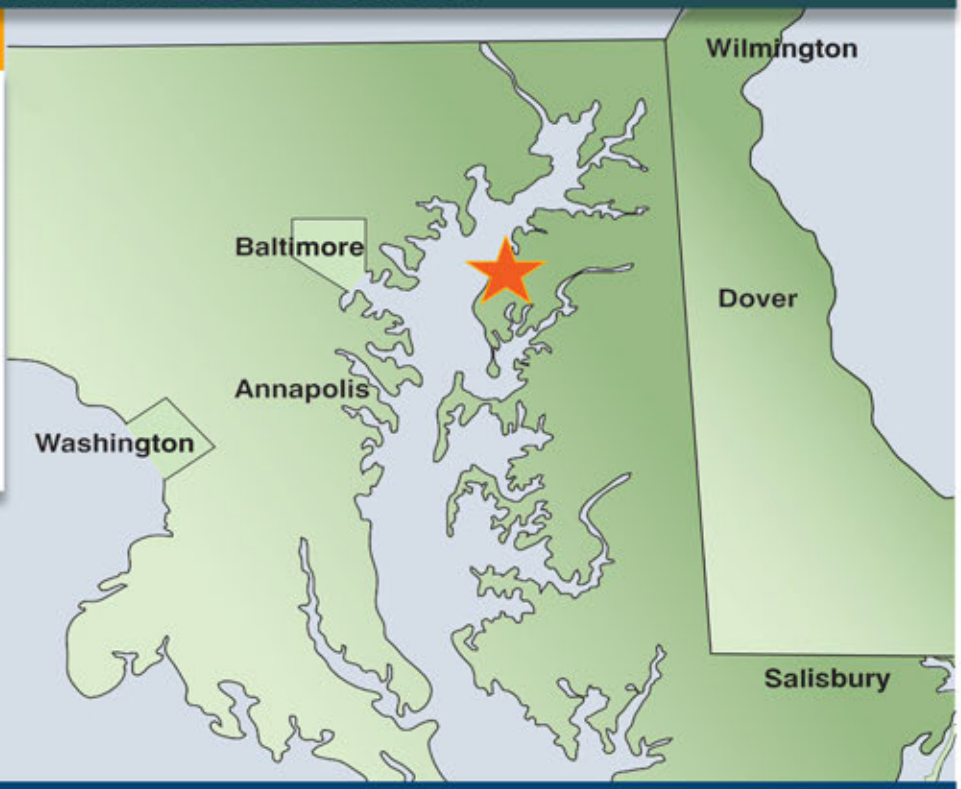
If any changes are made to the camper's medication (e.g. dosage, time, route, etc.) after the health form has been submitted to Camp Fairlee, a new, signed physician's order must be presented at the time of check-in.

Camp Fairlee will not accept a camper at check-in if any of the procedures listed above are not followed. Camper will also not be accepted if they have an elevated temperature of 100.5 F or higher and/or an untreated or unstable illness or condition.

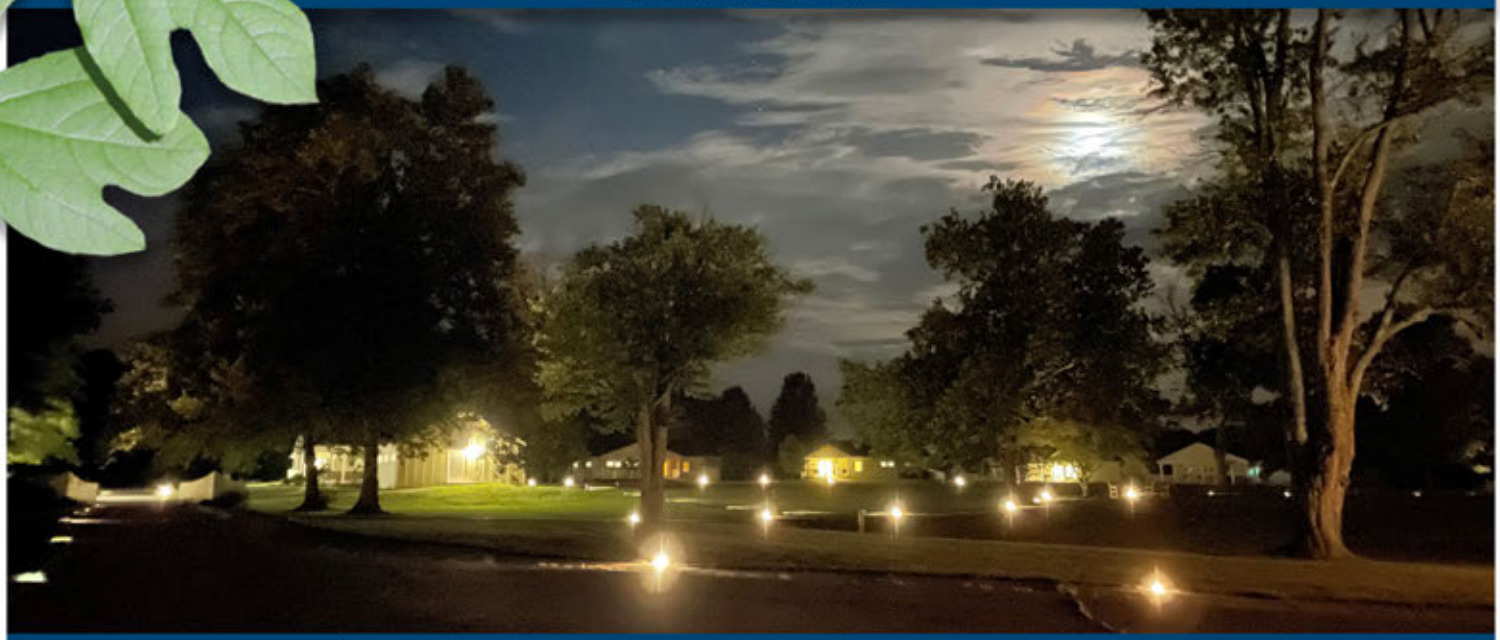
CAMP FAIRLEE LOCATION

Drive Time to Camp Fairlee

Dover 1 hr
Salisbury 2 hrs
Baltimore 2 hrs
Annapolis 1.25 hrs
Wilmington 1.5 hrs
Washington DC 2 hrs



CONTACT US



Scan to visit Camp Fairlee website

For questions about the application contact

Rebecca Blizzard
Administrative Coordinator
410-778-0566
rblizzard@esdel.org

Sallie Price
Camp Director
443-666-2040
sprice@esdel.org

22242 Bay Shore Rd, Chestertown, MD 21620
www.campfairlee.com
Email: fairlee@esdel.org
Phone: (410)778-0566
Fax: (410)778-0567

Camper Name:_____

APPLICATION CHECK LIST INSTRUCTIONS

To ensure a successful application process please make sure you have completed all sections. Please remember that once your application is recieved, it must be processed and approved before your camper is accepted.

- ☐ Camper Information
- ☐ Primary, Emergency and Referral Contacts
- ☐ Current Health Information
- ☐ Medications and Past Medical History
- ☐ Current Level of Function and Support Needs
- ☐ General Information
- ☐ Respite Weekend Session Selection
- ☐ Activity Restrictions
- ☐ Fee Payment
- ☐ Waiver, Acknowledgements and Release forms
- ☐ Letter of Intent (If an agency is paying for the camp session)

Camper Information (Please print clearly or type)

First Name:	Last Name:		☐New Camper ☐Returning Camper
Nickname:			
Physical Address:			
City:	State:	Zip:	Country:
Mailing Address for Correspondence: *(if different than above)*			
City:	State:	Zip:	Country:
Email Address:			
Date of Birth:	Age:		
Gender: ☐ Male ☐ Female	Gender Expression:	Height:	Weight:
Ethnic Origin: (optional) ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other_____			

Camper Name:_____

Primary Contact
Please Check One: ☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manager Information

Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Best form of contact: ☐ Phone ☐ E-mail	Are you in or have served in the military? ☐ Yes ☐ No	
How did you hear about us? ☐ Print ad ☐ Internet ☐ Resource Fair ☐ Social Media ☐ Friend ☐ Past Camper		

Secondary Contact
Please Check One: ☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manager Information

Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Best form of contact: ☐ Phone ☐ E-mail	Are you in or have served in the military? ☐ Yes ☐ No	
How did you hear about us? ☐ Print ad ☐ Internet ☐ Resource Fair ☐ Social Media ☐ Friend ☐ Past Camper		

Emergency Contacts (Three contacts are required)

1.	Name:		Relationship:
	Home Phone:	Cell Phone:	Work Phone:
2.	Name:		Relationship:
	Home Phone:	Cell Phone:	Work Phone:
3.	Name:		Relationship:
	Home Phone:	Cell Phone:	Work Phone:

Reference Information (Required for all NEW campers)

Name of Teacher/Caseworker/Coordinator:	
Agency:	
Address:	
Phone:	Email Address:

Camper Name:_____

Current Health Information (To be completed by Parent/Gaurdian)

As part of the application process, an additional form will be sent for completion by the camper's primary care physician. All forms must be returned 15 days prior to the start of the camper's session.

Medical Insurance Information: (This information is required in case of an emergency health situation)

Primary Medical Insurance Carrier:
Policy or Identification Number:
Group Number:
Policy Holder's Name:
Secondary Medical Insurance Carrier:
Policy or Identification Number:
Group Number:
Policy Holder's Name:

Medical Care Team:

Primary Care Physician's Name:	Phone Number:
Dentist's Name:	Phone Number:
Podiatrist's Name:	Phone Number:

Diagnosis & Disability Information: (check all that apply)

- ☐ Intellectual & Developmental Disabilities/ Learning Disabilities:
  - ☐ Mild ☐ Moderate ☐ Severe/Profound
- ☐ Autism
- ☐ Down Syndrome
- ☐ Cerebral Palsy
- ☐ Epilepsy
- ☐ Spina Bifida
- ☐ Head Injury/Traumatic Brain Injury
- ☐ Fragile X Syndrome
- ☐ PICA
- ☐ Spinal Cord Injury
- ☐ Muscular Dystrophy
- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Speech-language Impairment
- ☐ Feeding Disorder
- ☐ Asthma
- ☐ Attention Deficit Disorder
- ☐ Other conditions or concerns (including psychiatric): _____

_____

_____

Camper Name:_____

Allergies:

Medication:

Food:

Environment or Animals:

Allergy Reactions:

Does the camper take emergency medications for allergic symptoms? ☐ Yes ☐ No

Please identify protocol and medications:

Seizure Disorders:

☐ Does Not Apply ☐ Tonic-Clonic (Grand Mal) ☐ Non-Convulsive (Petit Mal)

☐ Psychomotor ☐ Nocturnal (while sleeping)

☐ Mixed Please describe: _____

Typical Seizure Frequency: Typical Length of Seizure:

Any Known Triggers:

Does camper take emergency medications for seizure disorder? Please identify protocol and medications.

Medications: List all medications including OTC (over the counter medications)

Medication Name	Purpose or Reason taken	Dose	Time of Day

Camper Name:_____

Past Medical History: This information is necessary in case of an emergency health situation.

Does the Camper have a history of:

	Yes	No		Yes	No
Asthma			Skin Problems (rashes, itching)		
Frequent Colds			Abnormal Menstrual Cycles		
Heart Disorder or Disease			Problems with Joints		
Episodes of Passing Out			Chronic or Recurrent Illness		
Bleeding Disorders			Past or Recent Surgeries		
Blood Disorders			Past or Recent Hospitalizations		
Breathing Treatment			History of Bed Wetting		
Diabetes			Frequent Headaches		
Constipation			Frequent Ear Infections		
Skin Breakdown/Openings			Stomach Disorders		
Foot/Toenail issues			Diarrhea		
Head Injury			Hepatitis A, B or C		

Any other conditions: _____

Has the camper been hospitalized in the past 6 months? If so, please explain: _____

Has the camper traveled outside the USA within the last 9 months? ☐ Yes ☐ No

Permission to Treat Participant/Parent/Guardian Authorization

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I hereby give permission to the medical personnel selected by Easterseals to order x-rays, routine tests and treatment related to the health of the participant for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the medical personnel selected by Easterseals to hospitalize, secure and administer treatment for, and order injection, anesthesia or surgery for the participant. In the event your camper becomes admitted as a patient, Camp Fairlee is no longer responsible for their supervision. I give permission to Easterseals staff to provide or arrange any necessary related transportation for the participant. I give permission for the release of any records necessary for insurance purposes. I understand that the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the participant's health record from providers who treat them. These providers may talk with the program's staff about the participant's health status.

Signature of participant (if over 18 years of age):_____Date:_____

Signature of parent/guardian:_____Date:_____

Camper Name:_____

CURRENT LEVEL OF FUNCTION AND SUPPORT NEEDS

Mobility: Check all that apply

- ☐ Walks/ Runs Independently
- ☐ Walking ability affected but walks independently
- ☐ Walks with assistance of hand hold
- ☐ Uses Assistive Device (walker, crutches, cane, etc) If so, please identify: _____
- ☐ Uses braces and/or prosthetic limb. If so, please identify: _____
- ☐ Is able to walk the length of a football field multiple times throughout the day. ☐ Yes ☐ No
- ☐ Uses a wheelchair*:
  - ☐ Manual wheelchair
  - ☐ Power wheelchair
- ☐ When is the wheelchair used?*
  - ☐ At all times
  - ☐ For long distances
- ☐ How is the wheelchair operated?*
  - ☐ Camper is independent in use of the wheelchair
  - ☐ Must be pushed/ operated by others

* Camper must bring their own wheelchair.

Mobility comments: _____

_____

Transfer Ability for Campers who use a Wheelchair: Check all that apply

- ☐ Transfers Independently
- ☐ Standby Assistance/Supervision
- ☐ Standing Pivot w/ 1 person
- ☐ Two person lift/ total assistance
- ☐ Mechanical lift needed

Transfer comments: _____

Camper Name:_____

Communication Ability: Check all that apply

- ☐ Speaks Clearly
- ☐ Uses Sign Language
- ☐ Uses Pictures
- ☐ Uses Communication Board or iPad*
- ☐ Uses gestures, points
- ☐ Is not able to follow directions or understand spoken language.*
- ☐ Understands complete sentences/ directions
- ☐ Understands Sign Language
- ☐ Uses Word Cards
- ☐ Speaks, but is difficult to understand
- ☐ Uses pictures

* Please provide Camper communication device if needed.

Communication comments: _____

Vision Acuity: Check all that apply

- ☐ Normal vision
- ☐ Mild/Moderate vision limitations
- ☐ Severe/total loss of vision
- ☐ Wears corrective lenses/glasses

Vision comments: _____

Hearing Ability: Check all that apply

- ☐ Normal Hearing
- ☐ Mild/ moderate hearing loss
- ☐ Severe/ total loss of hearing
- ☐ Wears hearing aids

Hearing comments: _____

Mealtime:

Food Allergies: _____

Food Likes: _____

Camper Name:_____

Mealtime (continued):

Food Dislikes: _____

Typical appetite is: ☐ Robust ☐ Typical ☐ Light

Camper will bring their own food: ☐ Yes ☐ No Provide more information:_____

Dietary Needs: ☐ Standard ☐ Serves themselves ☐ Needs Food Cut Up ☐ Drinks from a Cup
☐ Uses a straw ☐ Chopped ☐ Blended/Pureed ☐ Thickened Liquids
☐ Low Salt ☐ Gluten Intolerant ☐ Low/No Sugar ☐ Vegetarian
☐ Uses Thickener ☐ Other _____

Camper has a feeding tube: ☐ Yes ☐ No

Camper can use: ☐ Fork ☐ Spoon ☐ Knife ☐ Uses Special Utensils (please label and bring to camp)

Personal Care (Toileting, showering, dental care):

Plan to bring all supplies and/or equipment needed for the session (e.g. bedpan, briefs, wipes, etc.)

Toileting

☐ Uses toilet independently ☐ Needs to be reminded for toileting

☐ Needs assistance with toileting; please describe:_____

☐ Has a bowel/bladder schedule; please describe:_____

☐ Needs catheterization, enemas or suppositories; please describe including schedule:_____

☐ Is independent in menstrual care (if applicable). If not, please describe supports needed:_____

Showering

☐ Can shower independently

☐ Needs verbal cues for showering

☐ Needs complete assistance in the shower

Assistance needed to: ☐ adjust water temp ☐ soaping ☐ shampooing hair ☐ shaving

Camper Name:_____

Dental Care

☐ Independent with brushing teeth

☐ Needs assistance with brushing teeth; describe:_____

☐ Camper has dentures ☐ Yes ☐ No

Dressing

☐ Independent with dressing

☐ Can choose own clothes

Can put on: ☐ underwear ☐ socks ☐ shirt ☐ pants ☐ shoes

Can: ☐ button ☐ snap ☐ zip ☐ tie shoes

☐ Can partially undress ☐ Can undress independently ☐ Needs assistance to undress

Please describe what assistance is needed:_____

Bedtime Routine

Does the camper need bed rails? ☐ Yes ☐ No

Camper's typical bedtime: _____ Awakens at: _____ Sleeps: _____ hours per night

Does the camper need a hospital bed? ☐ Yes ☐ No

Can your camper sleep in a bunk-room setting? ☐ Yes ☐ No

Does your camper require special turning during the night? ☐ Yes ☐ No If yes, please describe:_____

Please describe any specific bedtime routine:_____

Does your camper take any medications specifically for sleeping? ☐ Yes ☐ No

Does your camper use a CPAP machine? ☐ Yes ☐ No If yes, camper must provide.

Please list any medications for sleeping:_____

Does your camper use a Bipap machine? ☐ Yes ☐ No

Does your camper use a nebulizer? ☐ Yes ☐ No

Camper Name:_____

Behavior Supports: Please indicate how often, if ever, the following behavior occurs and how staff should respond.				
	Never	Seldom	Often	Explain/ Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away, darts or wanders				
Uses inappropriate words				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abusive behaviors				

Please provide accurate and detailed information so that we can best support your camper in a way that is consistent and familiar. Please attach established behavior plans and feel free to add comments on an additional piece of paper. Easterseals prohibits most restrictive behavior intervention techniques. Acceptance will be based on our ability to follow the behavior plan with the agency policies.

Please describe in detail any challenging behaviors that we should know about:_____

What activities, sights, sounds, or events trigger challenging behaviors?_____

What are the key actions, words or phrases to stop behavior and redirect? (Indicate if more than one staff needs to be present when camper is agitated): _____

What are two or three effective rewards to help mitigate challenging behaviors:_____

Is a behavior management plan currently being used with the camper? ☐ Yes ☐ No

Provide detail regarding the behavior plan, if one exists:_____

Camper Name:_____

General Information

Camper T-shirt size: _____

Is this camper's first time attending our camp? ☐ Yes ☐ No

Has the camper ever been to any other camp before? ☐ Yes ☐ No

Camp name(s) & when: _____

Was it a positive experience? ☐ Yes ☐ No

Has the camper ever been separated from their family before? ☐ Yes ☐ No

If yes, reaction: _____

Are problems with homesickness anticipated? ☐ No ☐ Yes, provide suggestions to ease the transition:

Does the camper attend school? ☐ No ☐ Yes, name of School: _____

Does the camper work? ☐ No ☐ Yes, name of employer and type of work:_____

What are the camper's favorite things to do or learn about?_____

What are any activities the camper dislikes?_____

Please list any strong fear(s) the camper may have:_____

Please use this space for any other information that you feel would be helpful in providing the best experience possible for the camper: _____

Camper Name:_____

Respite Weekend 2024-2025

During respite weekends, campers are paired with a counselor in two different ratios (3:1 and 2:1). Many factors are taken into consideration when ratios are being determined. Some criteria is listed below, but ultimately, the camp director will assess the camper and make the final decision.

If you are unsure which ratio would best suit your needs, or have any other questions, please contact us at 410-778-0566 or email fairlee@esdel.org.

3:1 or 2:1?

The ratio will ultimately be determined by the level of assistance needed with:

- Verbal prompts (including reminders or gestures during their daily camp schedule)
- Mealtime and activities
- Walking and/or wheelchair use
- Personal care
- Medical care
- Sleep routines
- Behavior

Camper Name:_____

Respite Weekend Sessions

Please Note:

- Only 2:1 and 3:1 ratios available for all sessions
- Please rank the sessions in order of preference
- If the session(s) that you applied for are full, your name will be placed on a waiting list, and you will be informed by email. If openings do not occur, than any additional session fees which have been paid will be refunded. This does not include the $100 application deposit, which is non-refundable.

Indicate if the camper would like to be considered for 1 or 2 sessions:

☐ 1 session ☐ 2 sessions

2024 - 2025 Weekend Respite Sessions

Session Name	Session Dates	Fee for 2:1 Ratio	Fee for 3:1 Ratio	Rank your Choices
Halloween Respite	October 24 - 26	$1000	$800	
Thanksgiving Respite	November 21 - 23	$1000	$800	
Holiday Respite	December 12 - 14	$1000	$800	
Valentine's Respite	February 13 - 15	$1000	$800	
Spring Respite	March 13-15	$1000	$800	

Easterseals reserves the right to limit the number of sessions a camper attends. Thank you for your understanding as we try to accomodate as many campers as possible.

Camper Name:_____

Program Information

☐ $100 non-refundable deposit must accompany the application in order to be processed
- Deposit is required for all applicants regardless of future payment method.
- Make checks payable to "Easterseals Camp Fairlee"
- Paying by credit card (Please call with card information so that the application can be processed)

Additional payments:

☐ Full Payment enclosed

☐ Paying balance with monthly installments

Amount Enclosed: $ _____(including deposits) **Balance left to be paid:** $_____

Name of Individual responsible for payments/balance: _____

E-Mail of Individual responsible for payments/balance:_____

Signature of individual responsible for payments/balance: _____

ALTERNATE PAYER/FUNDING SOURCE:
Please note the following and complete the information below if an alternate payer is selected, such as a state agency, rotary, or other charitable organization).

Note: Easterseals no longer accepts Maryland Autism Waiver funding.

Agency/Organization Name: _____

Address:_____

City:_____ State: _____ Zip: _____ Phone: _____

Contact Name:_____Contacts E-Mail: _____

A **LETTER OF INTENT** must be completed and on file before application will be processed. See Appendix A for Letter of Intent information.

☐ Balance to be paid by an agency or organization. $_____

Fee Payment, Cancellations and Refunds:
- The $100 processing fee which accompanies the application is non-refundable.
- Camp sessions must be paid in full two weeks prior to the start of the respite weekend. Because of the demand for services, incomplete fee payment will result in loss of the reservation to attend camp.

Applicant will receive a partial refund as described below:
- Cancellations made more than 30 days from the start of the camp session will be fully refunded.
- Cancellations made less than 30 days but more than two weeks from the start of the camp will be refunded at 50%.
- Cancellations made less than two weeks' notice from the start of the session, campers who withdraw (leave early) or campers who we are unable to serve for the full camp session due to inaccurate representation of supports needed, are not eligible for a refund.
- Any exception to the above is at the discretion of the Camp Director.

Camper Name:_____

Acknowledgements, Waiver and Release

This document must be signed by the Camper and/or the parent or legal guardian, as applicable.

All references to the Camper include the parent and/or legal guardian.

As a condition of participation in the summer camp program, the Camper agrees to the following:

Camper/Guardian acknowledges that a wide variety of activities will be conducted, including swimming, challenge course, and waterfront activities. Camper acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Camper assumes all the risks incident to the nature of the activities to be conducted and agrees that neither Easterseals Delaware Maryland's Eastern Shore, Inc., nor any of its representatives shall be held responsible for any damages or injuries resulting to the Camper in the program. In the event the program staff determines that the Camper cannot meet the program eligibility requirements, the camper may be dismissed early from the session. Supervision and transportation resulting from dismissal of such Camper are the responsibility of the Camper. Camper desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program.

Camper/Guardian understands that Easterseals and its representatives are not responsible for loss or damage to the personal property and possessions of the Camper.

Camper/Guardian is liable for any damage to the property of Easterseals resulting from the acts of the Camper.

Camper/Guardian consents to the use of any film/photographs/video taken during the program, whether for advertising, social media, promotion,and/or publicity purposes by Easterseals unless otherwise indicated in writing prior to the program. The Camper waives all claims of compensation for such use.

Permission is granted for Camper to attend all program field trips. Camper acknowledges that transportation may be provided for program- related purposes in a vehicle provided by Easterseals and its representatives. It is the Camper's responsibility to adhere to all safety requirements (using seat belts and remaining seated).

Easterseals reserves the right to deny or suspend services to campers due to the camper, parent or guardian's behavior.

Camper/Guardian represents that all of the information provided in this application, including the health forms, is true and correct and that Easterseals and its representatives have full right and authority to rely on the information contained therein. Camper further recognizes that Easterseals and its representatives reserve the right to reject any Camper in the event of the failure or refusal of the Camper to accurately complete and sign all of the required documents.

This program, including the rules for registration and participation, do not discriminate on the basis of age, gender, religion, creed, race, sexual orientation, nation of origin, marital status, or other protected status.

CELL PHONE POLICY

Due to privacy issues, Campers are not allowed to have their cell phone in the cabin or during programming. Camper may bring their cell phone and leave it safely in the Camp Director's office. The phone will be made available upon request. The Camper can call home at any time. Initial:_____ Date: _____

I have read and fully understand the program details, waiver, and release.

Signature of Parent/Guardian_____

Date:_____

Signature of Camper (if over 18 years of age):_____

Date:_____

Camper Name:_____ Federal ID: 51-0066728

LETTER OF INTENT FOR FUNDING

INSTRUCTIONS FOR FAMILIES AND CARE PROVIDERS

If you are requesting funding from an agency or organization, this form must be completed and returned to the administrative coordinator at Easterseals Camp Fairlee as soon as possible, to secure a place and official enrollment at camp.

Complete **Section One** and contact your community agency/organization/community navigator providing funding towards your fee, before sending this form to the appropriate contact person, who will complete **Section Two.**

SECTION ONE (to be completed by family/ care provider)

Name of participant requesting funding:	
Address:	
Camp session dates:	Funding requested: $

PLEASE NOTE: THE DEPOSIT OR ANY REMAINING BALANCE OF THE OVERALL FEE, WHICH WILL NOT BE COVERED BY THEAGENCY/ORGANIZATION, MUST BE PAID NO LATER THAN JUNE 1ST. FAILURE TO PAY THE REMAINING BALANCE (IF ANY) WILL RESULT IN THE LOSS OF YOUR PLACE AT CAMP.

INSTRUCTIONS FOR AGENCIES AND ORGANIZATIONS

For the participant to secure a place and official enrollment at camp, this form must be completed. By doing so, your agency or organization is agreeing to provide funding for the participant named above, who is scheduled to attend Easterseals Camp Fairlee during the time frame listed.

Complete **Section Two**. Your agency/organization may return the form to you or send it directly to the camp. If it is returned to you, please ensure you send the form back to the administrative coordinator at Easterseals Camp Fairlee. rblizzard@esdel.org

SECTION TWO (to be completed by agency/organization authorizing payment)

Agency/Organization:	Funding authorized: $
Address:	
Contact Person:	Phone
E-mail:	
Signature:	Date:

PLEASE NOTE: PAYMENT FROM THE AGENCY/ORGANIZATION MAY BE RECEIVED AFTER THE SERVICE, PROVIDED THAT THE LETTER OF INTENT FOR FUNDING IS ON FILE. THIS MUST BE COMPLETED AND SIGNED AS AN AUTHORIZATION OF PAYMENT.

☐ Payment is enclosed ☐ Please send invoice before session ☐ Please send invoice after session

Checks can be made payable to :
Easterseals of Delaware and Maryland's Eastern Shore

AGENCIES AND ORGANIZATIONS SUCH AS YOURS ARE VITAL IN HELPING PEOPLE WITH DISABILITIES ENJOY THE INDEPENDENCE THAT SUMMER CAMP EXPERIENCES PROVIDE. ON BEHALF OF THOSE WE SERVE, EASTERSEALS CAMP FAIRLEE THANKS YOU FOR YOUR SUPPORT.

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