

easterseals

Camp Fairlee

Summer 2027 Application





SUMMER 2027 CAMP APPLICATION

Easterseals Camp Fairlee is an overnight summer camp 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 recreation program includes accessible & adaptive activities such as: arts & crafts, music, games, swimming, nature trails, canoeing, archery, challenge course with zipline, horseback riding, fishing, gardening, pottery, photography, hayrides, campfires and so much more!

Camp Fairlee is located on a beautiful 250-acre rural site on Maryland's Eastern Shore along the Fairlee Creek. The camp ground has an activity center with a full-size gymnasium, art studio, an outdoor pavilion, a health center, eight climate-controlled cabins, a dining hall, a new pool and aquatic area, outdoor amphitheater, and flower & butterfly gardens.

The camp staff is comprised of professionals and college students recruited from around the world. Each staff member is carefully selected based on skills and experience. An extensive pre-camp training encourages the enthusiasm, creativity, and sense of commitment that is our tradition.



SUMMER RESIDENTIAL PROGRAM

Food Services

Camp Fairlee is committed to delivering quality food service and has a successful partnership with a professional food service company. Mindful of the cultural and dietary preferences of a diverse camp community, our food service team creates menus exclusively for the summer camp program. They review the menus and provide their culinary and dietary expertise. Camp Fairlee provides a well-balanced menu that supports food allergy concerns, diabetic, gluten-free, casein-free, dairy-free, and vegetarian requests. Camp Fairlee is also nut-aware. Campers, parents, and caregivers have the opportunity to discuss dietary requests with the Executive Chef before attending camp.

Together, Camp Fairlee and the food service company promise a team of experts trained in dietary requirements providing safe, healthy offerings that stay current in a food-aware culture.

Health Services

At least one registered nurse is available on-site at all times. Health services are limited to supports that can safely and effectively be delivered at camp, such as medication and breathing treatments. A current health history must be completed by the caregiver. Camp Fairlee's physical exam form must be completed by a Physician/ Nurse Practitioner. All prescription medications must be in their original bottle with the original prescription label on it or blister packs prepared by a pharmacy. Please do not bring over-the-counter medications. All vitamins and supplements should be in original bottles. All medications are kept in the health center and managed by the on-site nurse.

At check-in, campers should be free of fever and any symptoms of an untreated or unstable illness or condition to help protect their own health and the well-being of the camp community. For everyone's safety, campers and staff who show symptoms of illness will be tested as part of our routine health procedures. Campers who test positive will be sent home to recover.



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

APPLICATION PROCESS

There are **2** ways to apply:

Online: visit www.campfairlee.com, look for the online application link under "Summer Programs". Deposit paid on-line.

By Mail: Paper application with mail-in deposit



- 1 Caregiver or guardian completes the Summer Camp application, including the health history, and submits the \$100 application fee.
- 2 The completed application is reviewed by camp leadership and an interview for all new campers will be scheduled.
- 3 A physical exam form will be mailed. This form is to be completed by a licensed medical professional. All campers are required to have a physical exam form on file; this form is valid for 24 months from the date of completion. (Acceptance for any camp session is contingent upon receiving the physical exam form).
- 4 If accepted, you will receive a confirmation packet. The packet will include the camper's check-in time for opening day, a horseback riding application, packing list, theme flyer outlining the session's activities, and more.

This process allows staff to familiarize themselves with the camper, assess their needs, and be sure they have applied for the appropriate camper-to-counselor ratio. We make every effort to accommodate all applicants. However, Camp Fairlee reserves the right to accept or deny any application prior to attendance. Camp interviews may need to be in person.

APPLICATION INFORMATION

To ensure your application is processed promptly, please submit the application fee or confirm a funding source (i.e. clubs, community organizations, and/or churches) has agreed to pay the entire cost. In this case, a "Letter of Intent to Fund" must be received and on file. A copy of this form is enclosed and must be submitted to the agency or organization that will provide the funding and then faxed, emailed, or mailed to the camp. An acceptance packet will be sent when the application process is complete, including the "Letter of Intent".

Full payment is due by June 1st. If an agency is paying, then a completed "Letter of Intent to Fund" must be on file.

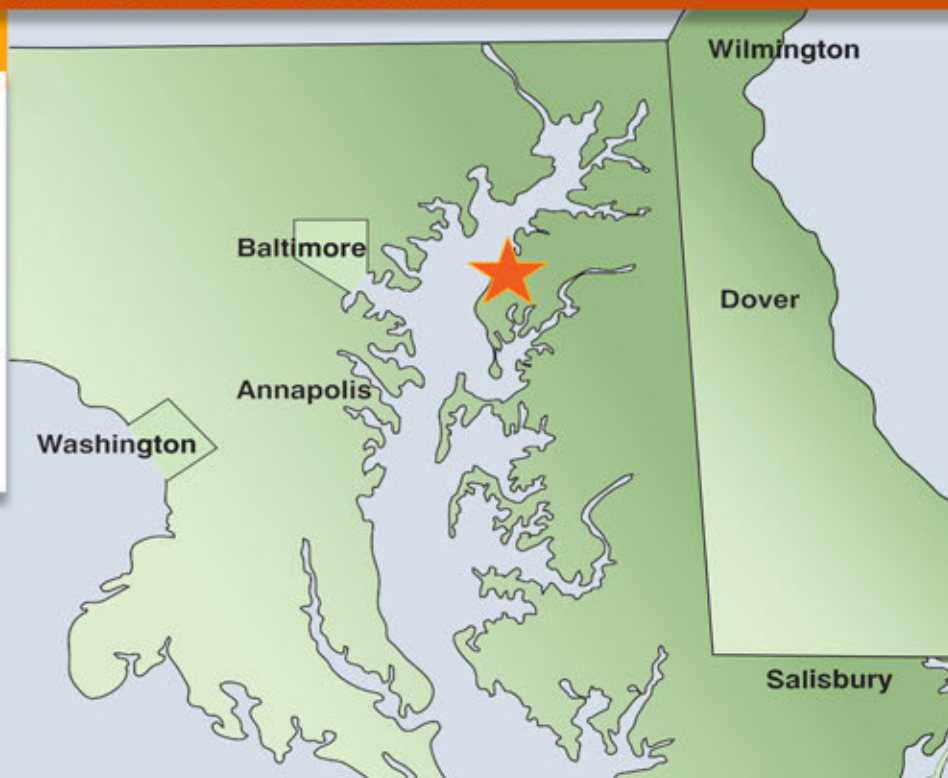
All applications are processed for acceptance on a first come first served basis. Camp acceptance is based on the appropriate session. Once sessions are filled, applicants will be placed on a waiting list in the order that they are received.



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

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

Rebecca Blizzard
Administrative Coordinator
410-778-0566
rblizzard@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

Please remember that once your application is recieved, it must be processed and approved before your camper is accepted.

To ensure a successful application process please make sure you have completed all sections.

Accurate information helps us safely support each camper. If needs cannot be safely met, early departure may be necessary.

- ☐ Camper Information
- ☐ Primary, Emergency and Referral Contacts
- ☐ Current Health Information
- ☐ Medications and Past Medical History
- ☐ Current Level of Function and Support Needs
- ☐ General Information
- ☐ Camp 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:	County:
Mailing Address for Correspondence: <i>(if different than above)</i>			
City:	State:	Zip:	County:
Email Address:			
Date of Birth:		Age:	
Gender:	☐ Male ☐ Female	Height:	Weight:
Race: (optional) ☐ African American ☐ Asian ☐ White (non-hispanic) ☐ Hispanic			
☐ Native Hawaiian/Pacific Islander ☐ Native Indian/Alaskan ☐ Multi-Racial ☐ Other _____			

Camper Name: _____

Primary Contact

Please Check One: ☐ Parent ☐ Guardian ☐ Care Provider ☐ Case Manager

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

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 who are available if above are not.)

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 30 days prior to the start of the camper's session.

Physical exam must be received before acceptance is finalized.

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 Spectrum Disorder

☐ Down Syndrome

☐ Cerebral Palsy

☐ Epilepsy

☐ Spina Bifida

☐ Head Injury/Traumatic Brain Injury

☐ Fragile X Syndrome

☐ PICA

☐ Other conditions or concerns (including psychiatric): _____

☐ Spinal Cord Injury

☐ Muscular Dystrophy

☐ Visual Impairment

☐ Hearing Impairment

☐ Speech-language Impairment

☐ Feeding Disorder

☐ Asthma

☐ Attention Deficit Disorder

☐ Diabetes Type 1

☐ Diabetes Type 2

☐ Diabetes Pump

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) | ☐ Focal |
| ☐ 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

Add a page for more space.

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/Fainting			Chronic or Recurrent Illness		
Bleeding Disorders			Past or Recent Surgeries		
Blood Disorders			Past or Recent Hospitalizations		
Hepatitis A, B or C			History of Bed Wetting		
Diabetes			Frequent Headaches		
Constipation			Frequent Ear Infections		
Skin Breakdown/Openings			Stomach Disorders		
Foot/Toenail issues			Diarrhea		
Frequent UTI/Bladder			Breathing Treatment		

If yes, explain: _____

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 Camper: Parent/Guardian Authorization

This health history is correct and accurately reflects the health status of the camper 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 camper 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 camper. I give permission to Easterseals staff to provide or arrange any necessary related transportation for the camper. 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 camper's health record from providers who treat them. These providers may talk with the program's staff about the camper's health status.

Signature of camper (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 holding
- ☐ 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 | ☐ Understands complete sentences/directions |
| ☐ Uses sign language | ☐ Understands sign language |
| ☐ Uses pictures | ☐ Uses word cards |
| ☐ Uses communication board | ☐ Speaks, but is difficult to understand |
| ☐ Uses gestures, points | ☐ Uses pictures |
| ☐ Is not able to follow directions or understand spoken language.* | |
| ☐ Uses communication device (i.e. iPad) Type: _____ | |

*Plan to bring the camper's communication device.

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 _____

G-tube: ☐ Yes ☐ No Schedule: _____

Camp is unable to support a continuous feeding schedule.

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 (i.e. bedpan, briefs, wipes, etc.)

Toileting

☐ Uses toilet independently ☐ Needs to be reminded for toileting

☐ Needs assistance with toileting or physical support to sit; describe: _____

☐ Has a bowel/bladder schedule; describe: _____

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

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

Showering

☐ Can shower independently

☐ Needs partial assistance for showering

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

☐ Needs complete assistance in the shower

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

Please list any medications for sleeping: _____

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

Bipap? ☐ Yes ☐ No If yes, camper must provide.

Does your camper snore? ☐ Yes ☐ No

Nebulizer ☐ Yes ☐ No Type: _____

Camper Name: _____

Behavior Supports: Please indicate how often, if ever, the following behavior occurs and how staff should respond.

	Never	Seldom	Often	Explain/ Details
Interacts well with others				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away, darts or wanders				
Uses inappropriate words				
Sensitive to loud noises				
Grabs, scratches, pinches hits others				
Bites others				
Has self abusive behaviors				

Accurate information helps us safely support each camper. If needs cannot be safely met, early departure may be necessary. 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: _____

2027 Summer Camp

What **RATIO** applies to the camper?

At Camp Fairlee, campers are paired with a counselor in three different ratios (3 campers to 1 staff, 2 campers to 1 staff, 1 camper to 1 staff). 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.

3:1, 2:1 or 1:1?

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: _____

Camp Sessions

Please Note:

- Not all sessions are available for 1:1 ratio support
- 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, 2 or 3 or more sessions:

☐ 1 session

☐ 2 sessions

☐ 3 or more sessions

Which staff ratio would best support your camper safely (final decision made by camp director):

☐ 3 campers to 1 staff

☐ 2 campers to 1 staff

☐ 1 camper to 1 staff

2027 Summer Camp Sessions

Session Name	Session Dates	# of days	3:1 Ratio Fee	2:1 Ratio Fee	1:1 Ratio Fee	Rank your Choices
Fairlee Goes Tropical	June 20 - 25	6	\$2275	\$2900	\$3400	
Red, White and Camp	June 27 - July 8	12	\$4550	\$5800	\$6800	
Fairlee Super Heros	July 11 - 16	6	\$2275	\$2900	\$3400	
Champions Week	July 18 - 29	12	\$4550	\$5800		
Fairlee Space Odyssey	August 1 - 6	6	\$2275	\$2900	\$3400	
Let the Music Play	August 8 - 13	6	\$2275	\$2900	\$3400	
A Night at the Oscars	August 15 - 20	6	\$2275	\$2900	\$3400	
Many Cultures, One World	August 22 - 29	8	\$3050	\$3900		

While the Camper selects a ratio on the application, Easterseals Camp Fairlee reserves the right to modify this based on the interview process or previous camp experience in order to best support the camper.

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

Camper Name: _____

Program Information

Horseback Riding: The program is held at Worthmore Farms, a KART riding center accredited by the Professional Association of Therapeutic Horsemanship (PATH). Instruction is provided under the direction of a PATH certified therapeutic riding instructor. All riders use a leader and side walkers. PATH imposed limits: Rider must weigh less than 200 pounds and must have head and trunk control. Space is limited each session and riders are selected on a first come, first served basis.

Swimming: Swimming is a lifeguard supervised activity. All lifeguards are American Red Cross certified on a yearly basis that covers, CPR, First Aid & AED, and Lifeguard certification. Campers who are unable to swim, must wear life jackets and all campers must pass a swim test to be able to swim in the deep end.

Challenge Course: A Challenge Course program is accredited through American Camp Association and Association of Challenge Course Technology. Inspections are conducted annually on all equipment and the climbing tower. Staff participates in annual training. Campers are required to have upper body and head control to participate. Our challenge course is based on freedom of choice and is a program for all abilities.

Canoeing/Kayaking: Canoeing is a certified lifeguard activity. All lifeguards are CPR, First Aid certified, as well as trained canoeing instructors. Campers must have upper body and head control to participate.

Transportation: Camp Fairlee transports all campers by bus to waterfront and horseback riding activities. All buses are inspected on a routine basis.

Hiking: The trails at Camp Fairlee are flat and not strenuous: It is a 1-mile hike and appropriate shoes are required. All hiking activities are supervised.

Archery: Camp archery program features an Archery Stand Assist, Wheelchair Assist, and left and right bows for youth and adults. Available with a trained staff member.

Hayrides and Campfires are weekly program activities. All participants have the option of participating.

ACTIVITY RESTRICTIONS: A wide variety of programs are offered at Camp Fairlee, including those listed below. Please indicate which activities the camper should or should not engage in.

Activity	OK To Participate	CANNOT Participate	Comments
Horseback Riding			
Swimming			
Challenge Course			
Canoeing/Kayaking			
Transportation			
Hayrides			
Hiking			
Campfire			
Archery			

Does your camper need to wear a life jacket to swim? ☐ Yes ☐ No

Please list any other activities which you feel the camper should "not" engage in or "can" engage in:

Camper Name: _____

Program Information

- ☐ \$100 non-refundable application fee must accompany the application in order to be processed.
- Application fee is required for all applicants regardless of future payment method.
 - Make checks payable to "Easterseals Delaware & Maryland's Eastern Shore".
 - 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, by June 1st

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, Medicaid, insurance, Agency With Choice, or other charitable organization).

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 by June 1st. 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 2 weeks from the start of the camp will be refunded at 50%.
- Cancellations made less than 2 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.

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:

The **Camper/Guardian** acknowledges that a wide variety of activities will be conducted, including swimming, challenge course, and waterfront activities. The Camper acknowledges that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. The 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 a Camper are the responsibility of the Camper. The Camper desires and consents to take part in all such activities unless otherwise indicated in writing prior to the summer camp program.

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

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

The **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 to the Camp Director, prior to the program. The Camper waives all claims of compensation for such use.

Permission is granted for the Camper to attend all program field trips. The 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).

The staff caring for your camper are someone's family, too. Please be kind and respectful. Easterseals reserves the right to deny or suspend services to campers due to the Camper, Parent or Guardian's behavior.

The **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. The 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 or other recording device 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 THE AGENCY/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. rbizzard@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 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.