



2024 CherishAbility Adaptive Youth Camp | Registration Questions

SNEAK PREVIEW: We recognize this is a long application form, so we want to be helpful and let you preview the questions. :))

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CherishAbility Adaptive Youth Camp at CedarS Camps—we're so glad you're joining us this summer!

Session 1.1 | June 11 – 17

Session 1.1 | June 9 – 21

Thank you for taking the time to complete this registration form. It will take approximately 30 minutes and needs to be completed in one session.

To assist you, a complete list of the registration questions can be downloaded by clicking [here](#).

Camper Information

We're delighted your child will be joining us! Please complete this section on behalf of them. Following the "Camper Information" section, there is a "Household Information" section for the parent/caregiver.

- Camper's name
- Address
- Camper's DOB
- Camper's grade next September
- Camper's gender
- What is the current living situation of the camper (i.e. lives in family home, residential facility, group home, etc...)

Personal information

We would love to know your child better so we can make the camp experience as fulfilling as possible for him/her. Please feel free to share as much detail as you'd like so we can better meet your family's needs.

- Please share your child's likes, dislikes, interests, talents, hobbies etc. in the box below. Is there anything in particular your child is looking forward to? (The more info the better!)
- What goals do you have for your child's experience in this program?
- Would you be willing to share how your child engages with Christian Science and what their favorite ways to do so are, i.e. work with a practitioner, listen to and sing hymns, listen to or read the weekly Bible Lesson, attend Sunday School, attend church services, etc.?
- Please tell us about the school or the program your child is in (if applicable).
- How does your child respond to large- and small-group situations?
- How does your child like to receive information about new activities? (i.e. the use of visual schedules, visual demonstration, list of rules, Picture Communication Symbol, etc.)
- When does your child like to receive information about new activities? (i.e. before they arrive, when they arrive, etc.)
- Are there activities or situations that frustrate, agitate, or excite your child? If so, please share what they are and different ways to handle them so we can best support your family.
- How can staff best support your child in situations or environments that may be new, stressful, or unpredictable? Are there any behaviors your child demonstrates that would help staff to recognize if an adjustment is needed?
- What strategies would you recommend to help calm your child?
- If applicable, please share any behavior plans implemented at home, school, or work.

CedarS Camp Activity Offerings

CedarS offers a wide variety of indoor and outdoor activities that are grounded in metaphysics and led by a staff of active Christian Scientists. Below are questions about your child's preferred activity choices. We will work closely with our families and our CedarS counselors to create a schedule that is flexible, fun, and adapted to meet the needs of our group. For a full list of activity descriptions see the CedarS website link below.

[Main camp program \(2nd – 7th graders\)](#)

[Compound Idea Program \(CIP\) \(rising 7th – 9th graders\)](#)

Water activities are available throughout the camp session. Please indicate how comfortable your child is in the water, so that we are prepared in our very first water activity with him/her.

- Inexperience or uncomfortable in water
- Comfortable around water
- Comfortable playing in water

- Comfortable swimming in water
- Proficient swimmer
- Lifeguard

Please indicate which activities your child is interested in. Check all that apply. We will do our best to schedule the activities that are of high interest.

- Aerial arts
- Archery
- Arts and crafts
- Big Surf Water Park (offsite activity)
- Cable water sports (i.e. water ski , knee board, wake board)
- Camp crafts and nature (i.e. rope making, craw fish catching, hiking, bird watching, and fire building)
- Canoeing and boating
- Evening activities (i.e. cookout, capture-the-flag, Square and Rock Dance, Talent Show, Hymn Sing, Testimony Meetings, Luau, Campfire, and Field Night)
- High ropes course
- Horseback riding
- Log rolling
- Low ropes course
- Nature and fishing
- Sports
- Swimming
- Trampoline
- Water activities (i.e. water slide, rope swing)
- Zipline

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- We invite you to share any additional information related to your child and the activities that would be helpful for us to know.
- Are there any activities from which your child should be exempt?
- If you answered "yes" to the above question, please list the activities your child should be exempt from, and if you would like, a brief explanation.

Everyday Living Skills

- How would you describe your child's level of communication? (Please check all that apply.)
 - Speaks clearly
 - Speaks with some articulation difficulty
 - Understands conversations

- American Sign Language (ASL)
 - Deaf
 - Signed English
 - Nonverbal
 - Hard of hearing
 - Uses assistive technology for communication
 - Blind or difficulty with vision
- Does your child use mobility aids? (Please check all that apply.)
 - Cane
 - Manual wheelchair
 - Electric wheelchair
 - Crutches
 - Walker
 - Use of ramps
 - N/A
- In the evening around bedtime parents have the opportunity to gather with other adults in the lodge. Counselors are available to stay with your child during this time. Is there any information that would be helpful for the counselor to know? (I.e. information about bedtime snacks or activities, toileting, etc.)
 - Is there any further information related to "Everyday Living Skills" that would help us support you or your child? (I.e. personal care and hygiene needs, meals and feeding, bathing, adaptive equipment, supplies, etc.)
 - Is there any information related to housing you'd like us to consider (i.e. light sleeper needs to be in a quiet area, wakes up during the night to eat/drink/toilet/play/etc., may have outbursts, would like a fan, may sleepwalk or wander, etc.)

Care and Emergency Contact Information

This program welcomes all students of Christian Science, without judgment, wherever they are in their journey toward reliance on prayer-based healing. CedarS is a place of healing and growth at which prayer is the first and primary means of care for the campers and staff. The on-site Christian Science Care Facility is staffed full-time by a Christian Science practitioner and Christian Science nurse.

- Does your child have any dietary restrictions or preferences (i.e. vegetarian, vegan, etc.) that we should know about?
- Does your child have any health conditions or needs we should be aware of?
- If you answered "yes" to any of the questions above, please explain anything you would like us to know to better prepare and help care for your child.

Medications: The Christian Science care providers at CedarS Camps do not dispense medicine, and per ACA requirements, prescription and over-the-counter medicines must be kept under lock, except when under the control of a parent/caregiver managing this.

- My child will not bring any medications to camp.
- I will complete the Medication Authorization form on behalf of my child (to be sent in a follow-up email) so that you can be notified of all American Camp Association drug policies.
- I'd like to have a conversation about this.

ACA requires camps to collect information regarding immunizations. Please indicate which statement below is true for your child.

- A. My child has completed all immunizations required by the state and/or school.
- B. My child is not immunized due to a religious or personal exemption.

If you answered "A" above, please note the date of the last Tetanus shot. (ACA requirement)

Permission to Treat:

A. I authorize and request The CedarS Camps in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, admitting my child into the camp's Christian Science care facility, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my child into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission for the participant to receive such emergency care.

B. I refuse to authorize any form of medical treatment beyond what is required by state law, and I release CedarS Camps from all liability if I cannot be reached in an emergency.

- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of the participant. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
- Primary contact in the unexpected case of an emergency:
- Primary emergency contact relationship to your child
- Primary emergency contact phone number
- Secondary contact person if primary contact cannot be reached in the unexpected case of emergency:

- Secondary emergency contact relationship to your child
- Secondary emergency contact phone number
- Is there any other information you would like us to know about your child in order to prepare for a harmonious experience?
- In the case of minors: I grant permission for my child to participate in all activities at The CedarS Camps, except as noted in the "Activity" section. Parent or Guardian Name:
- Parent/guardian e-signature

Household Information

Please provide parent/caregiver information below.

- Parent/caregiver name
- Address (if different from your child)
- Email
- Phone number

- Would you be willing to share how your family engages with Christian Science and what your favorite ways to do so are, i.e. work with a practitioner, listen to and sing hymns, listen to/read the weekly Bible lesson, attend church services, etc.?

- Do you have any dietary restrictions or preferences (i.e. vegetarian, vegan, etc.) you would like us to know about?
- Do you have any health conditions or needs you would like us to be aware of?
- Are there any activities you should be exempt from for health reasons?
- If you answered "yes" to any of the questions above, please explain anything we need to know to help better prepare and help care for you.

- Permission to treat (for the parent/caregiver):
 - A. I authorize and request The CedarS Camps in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, admittance into the camp's Christian Science care facility, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admittance into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission to receive such emergency care.
 - B. I refuse to authorize any form of medical treatment beyond what is required by state law, and I release CedarS Camps from all liability.

- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on your behalf. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
- Emergency contact if different from your child's
- Emergency contact phone number if different from your child's
- Is there any other information that we should know in order to make this experience enjoyable for you and your family?

Multimedia Photo Release Agreement

CherishAbility and CedarS reserve the right to use photos, video footage, and/or fruitage of staff, adult participants, and guests from CherishAbility and CedarS funded activities in printed and electronic publications.

This agreement grants CherishAbility and CedarS the right to publish, distribute, and share such images as described above for the following uses:

- Print
- Electronic media, including publications in PDF format, Websites and Social Media
- Audio/Video
- Promotional Uses (without attributions)

Submitted images of youth participants become the property of CherishAbility and CedarS and are not to be shared by the signee with other organizations for commercial use without CherishAbility's or CedarS's explicit written consent.

CherishAbility and CedarS reserve the right to modify such images, at its discretion. This agreement also authorizes CherishAbility and CedarS to store images internally for future reference and reuse.

It is our policy not to credit individuals whose images and/or fruitage have been submitted for use in these publications, unless specifically requested and authorized. All shared images shall be the original work of the signee and are not to violate any copyright, contract, or other property rights of any person or organization.

Such images can be used for personal and professional portfolio purposes. Acceptance of this policy is assumed unless otherwise communicated in writing to CherishAbility and CedarS. It is the responsibility of participants, guests, or their legal guardians/conservators/caregivers to submit, in writing, exclusion from all multimedia/photo publications.

- I have read and agree to the Multimedia and Photo Release Agreement
- Please exclude my family and me from all multimedia/photo publications.

T-shirt size

Please indicate your child's & your t-shirt sizes below. Sizes range from youth small – adult 3xl.

Transportation

Please indicate how your family will arrive at camp.

- Driving
- Flying

Tuition and Payment

TUITION: This program is offered Session 1.1 (June 9 – 21). Please see the tuition rates for this program below.

- ***Tuition/camper:**
 - Main camp:
 - One week: \$2000 + \$30 camp store deposit
 - Two weeks: \$4000 + \$30 camp store deposit
 - Specialty camps:
 - One week: \$2100 + \$30 camp store deposit
 - Two weeks: \$4200 + \$30 camp store deposit
- ***Tuition/parent** (if parental support is needed):
 - One week: \$600 + \$30 camp store deposit
 - Two weeks: \$1200 + \$30 camp store deposit

***Financial assistance is available—up to the full cost of tuition and travel.**

STORE ACCOUNT: There is an additional \$30/person refundable charge for the camp store deposit. The store account allows campers to purchase items from store and covers laundry costs. Items like t-shirts, and snacks can all be deducted from this account. Any balance remaining at the end of camp will be returned.

Payments may be made by check or PayPal.

At this time, I will:

- make an online payment (a separate invoice will be emailed).
- mail a check for the partial or full amount.
- apply for financial assistance.

If you will be making a partial payment, please indicate the amount you are able to contribute below.

Finances should not prohibit your family's participation in this opportunity. As with all of our programs, generous financial assistance is available by completing the CherishAbility's Financial Assistance Application which can be found on the website or by clicking [here](#).

Registration is due by Friday, May 17.

Payments must be received by June 1.

To pay by check, make check payable to:

CherishAbility

Mail payment to:

CherishAbility
555 SE MLK Blvd.

Suite 105, #6508

Portland, OR 97214

Thank You!

More information will be forthcoming.

We can't wait to see you at camp!