

2018 PROGRAM APPLICATION

Information provided is used by Woodlands staff for the purpose of summer and weekend retreat programming. All information is considered confidential. Please print in INK or type clearly. Complete the information in each section carefully and completely.

Check here if you are a NEW Woodlands applicant.

Is applicant their own legal guardian? Yes No **If no, attach documentation establishing who is their legal guardian.**

Applicant's Last Name: _____ First Name: _____ Middle: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

**If Down syndrome, please indicate if this person has Atlanto- Axial Instability Yes _____ No _____ Date of X-Ray _____*

Date of Birth: ____/____/____ Age: ____ Gender: _____ Height: _____ Weight: _____

Ethnicity: _____ School District: _____

Home Address (Street # or P.O. Box): _____

City, State, Zip: _____ County: _____

Group home: Yes No Name of Group Home _____ Name of Home Supervisor _____

Home Phone Number: _____

Adult Applicant's Email: _____ Adult Applicant's Cell Phone: _____

Primary Care Physician: _____ Phone: _____

Secondary Physician: _____ Phone: _____

Primary Health Insurance/Carrier: _____

Phone: _____ Policy Number: _____

Secondary Health Insurance/Carrier: _____ Phone Number: () _____ Policy #: _____

****Attach a photocopy of insurance cards****

List the name of the person who should receive all communications regarding scheduling the Intake Assessment, as well as Program Registration and attendance:

Name _____ Relationship _____ Phone Number _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN		PARENT/GUARDIAN	
Name: _____ (Last)	(First)	(Last)	Name: _____ (First)
Address: _____ (Street)		Address: _____ (Street)	
Address: _____ (City,State,Zip)		Address: _____ (City,State,Zip)	
Home Phone: _____		Home Phone: _____	
Cell Phone: _____		Cell Phone: _____	
Employer: _____		Employer: _____	
Work Phone: _____		Work Phone: _____	
Email: _____		Email: _____	
Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent			

ADDITIONAL EMERGENCY CONTACT *(must be an additional contact OTHER than parent/guardian)*

Please list a person who can be contacted if there is an emergency and neither parent can be reached.

Name: _____ Relationship to Applicant _____

Day Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

*****Emergency contact MUST also be listed under Home Transportation Release (Page 14)*****

MEDICAL CONDITIONS

Please check any medical conditions the applicant has and indicate the date of the problem and course of treatment.

Not applicable

- Asthma _____ Arthritis _____ Heart Problems _____
 High Blood Pressure _____ Vision or Hearing Limitations _____ Hepatitis _____
 Tubes in Ears _____ Diabetes _____ Other: _____
 Frequent Falls _____

ALLERGIES

Does the applicant have a nut/peanut allergy? Yes No

If yes, is it by consumption, contact, or airborne? _____

Not applicable

Please specify all other allergies below. (Example: food, specific medicine, insects/bees, latex, animals, plants, materials, etc.)

Specific Allergy	Reaction	Treatment

DIETARY NEEDS

Tube Feeds Yes No Formula Type: _____ Times of Day: _____

Equipment used: _____

Please explain any special diet needs or restrictions while at camp (ex. low sodium, caffeine-free, gluten free, etc.). Include food product transfusions, special handling, and pre-medications: _____

Please list any assistance which the applicant requires at mealtimes (i.e. cutting food, portioning food): _____

Does the applicant have trouble with chewing, swallowing or gagging? Yes No

If yes, please describe: _____

NEUROLOGICAL HISTORY**Spinal Cord**

History of neurological impairment of the spinal cord? Yes No

If yes, please indicate: Cervical area (neck) Thoracic area (chest) Lumbar area (waist) Sacral area (below waist)

Please indicate level of injury: _____ (for example: C7, T8, L5, S2)

Brain

History of Brain injury? Yes No

Indicate lobe of the brain where damage occurred: Frontal Parietal Temporal Occipital

Does the applicant have a shunt? Yes No

Where does the shunt start? Left side of head Right side of head Other _____

Where does the shunt end? Abdomen Heart Lung Other _____

Seizures

Does the applicant have a history of seizures? Yes No If yes, warning signs/triggers: _____

Type of seizure/describe seizure activity: _____

How often do seizures occur? _____ Typical length of seizure: _____

Date of last seizure (as of current time of application): _____

Instructions for first aid procedures following seizures: _____

MEDICATIONS

(Bb = Before Breakfast; B = Breakfast; BL= Before Lunch; L = Lunch; BD = Before Dinner; D = Dinner; AD = After Dinner; Bed)

Not applicable

Prescription & Non-Prescription	Purpose	Dosage # of pills/ liquids	Form (Solid, liquid, chewable)	Times Taken								Bed	Special Instructions <i>i.e. takes with applesauce</i>
				BB	B	BL	L	BD	D	AD			

Please provide any other pertinent information related to medication/administration:

PLEASE NOTE THE FOLLOWING:

*Pill bags are to be clear, sealable, and have a label to clearly write the first and last name, day, date and time (on each bag for the specific med(s) that is to be administered to the applicant).

*See medication policy on The Woodlands website: www.MyWoodlands.org

IMMUNIZATION HISTORY

	Date of Shot	Date(s) of Booster		Date of Shot	Date(s) of Booster
Measles			Tuberculin/TB		
Mumps			Diphtheria		
Rubella			Pertussis (whooping cough)		
Hepatitis B			Tetanus		
Chicken Pox			Other (specify)		

List and explain any hospitalizations and surgeries in the past year (attach additional sheets if necessary):

BOWEL/URINARY MANAGEMENT

Bowel

How does the applicant empty his/her bowels?

- Sits on toilet
- Uses enema (check below)
 - Cone Enema
 - Fleet Enema
- Empties into briefs
- Uses ostomy bag
- Suppository
- Other details: _____

Describe bowel care on typical day? _____

How frequently does the participant empty their bowels? _____

Does applicant need assistance wiping? Yes No

Bladder

How does the applicant empty his/her bladder?

- Sits on toilet
 - Stands
 - Empties into briefs or pads
 - Catheterization: Size of Catheter: _____
 - Other _____
- [Check One: Indwelling Catheter (Foley) Intermittent Catheter (IC)]

Does applicant need assistance wiping? Yes No

Describe: _____

How often is the bladder emptied? _____

In general, is the applicant wet between the times in which he/she empties his/her bladder? Yes No

Does the applicant consistently remember when to perform his/her bladder routine? Yes No

Additional Parent/Caregiving comments: _____

List the applicant's most common symptoms which indicate a urinary tract infection: _____

PLEASE NOTE THE FOLLOWING: BE SURE TO BRING ENOUGH BOWEL AND/OR BLADDER SUPPLIES FOR THE ENTIRE SESSION.

- **IF APPLICANT USES A NIGHT DRAINAGE BAG, BE SURE TO PACK IT. ENEMAS WILL NOT BE GIVEN ON "WEEKEND" RETREATS. PLEASE ADJUST YOUR BOWEL MANAGEMENT SCHEDULE TO ADDRESS THIS BEFORE ARRIVING AT THE WOODLANDS.**

SLEEPING HABITS: Please check all that apply

- No sleeping concerns
- Sleep walks (where, how long, etc.):

- Wakes often
- Wakes at odd times and/or early morning hours
- Wets bed (how is it handled):

- Talks in sleep/snores
- Other sleeping concerns (explain):

BED TIME NEEDS

Needs special positioning Yes No
If yes, please explain:

Requires hospital bed Yes No

Requires bed rails Yes No

Requires C Pap/B Pap Yes No

List equipment used at bed time:

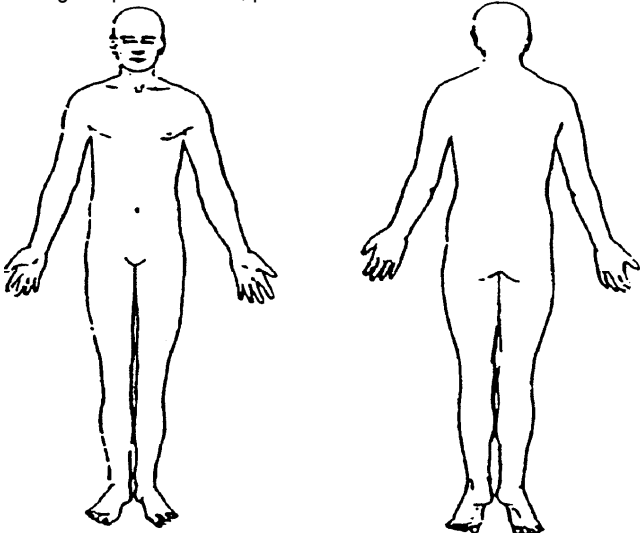
SKIN CARE

Applicant has no skin care needs

PLEASE BRING ENOUGH DRESSING SUPPLIES FOR THE DURATION OF THE SESSION.

***Any applicant with a skin breakdown above a stage two is not permitted to attend camp while the breakdown is above a stage two.**

Using the picture below, please circle areas that are sensitive or at risk for skin breakdown.



If applicant uses a wheelchair, does applicant require timed pressure reliefs? Yes No

If yes, please indicate:
 How often: _____
 For how long: _____
 In what manner: _____
 (e.g., uses arms to lift up from chair, leans left/right/forward, tilts power chair back)

Describe below the areas circled or marked with an "x" (i.e. inner thigh)

Describe Breakdown Area	Type of Dressing Typically Used	How Often is Dressing Changed

TRANSFERS / ADLs (activities of daily living)

Applicant is independent in performing all their own personal care.

Check each activity where the applicant needs assistance to perform the task. Indicate the level of assistance needed. Describe the type of assistance.

ADLs / SELF CARE	ASSISTANCE NEEDED: Independent (0%); MIN (25%), MOD (50%); MAX (75%) TOTAL (100%)	DESCRIBE TYPE OF ASSISTANCE NEEDED
<input type="checkbox"/> Showering		
<input type="checkbox"/> Washing hair		
<input type="checkbox"/> Combing hair		
<input type="checkbox"/> Shaving		
<input type="checkbox"/> Brushing teeth		
<input type="checkbox"/> Putting on clothes		
<input type="checkbox"/> Putting on shoes		
<input type="checkbox"/> Menstrual Needs		
<input type="checkbox"/> Organizing belongings		
<input type="checkbox"/> Making bed		

TYPE OF TRANSFER: (check all that apply)

No Assistance
 Assisted walking

Stand pivot
 Squat pivot
 Hoyer lift
 Other: _____

**NUMBER OF PEOPLE IN TRANSFER:
NEEDED TO ASSIST**

One person
 Two person

Supervision
 Other: _____

MOBILITY *For safety reasons, please bring all personal mobility equipment to camp. Please be sure all mobility equipment is in working order before arrival at camp. Wheelchairs should have working seat belt, brakes, anti-tippers, and adequate tread on the tires. Please contact your supplier if any items are not in working order to have such repaired prior to arriving at The Woodlands.*

Indicate device(s) applicant uses for mobility:

<input type="checkbox"/> Independent, no device used <input type="checkbox"/> Assisted Walking Please describe:	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision	<input type="checkbox"/> Cane <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision	<input type="checkbox"/> Walker: _____ <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision
	<input type="checkbox"/> Power Wheelchair <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision	<input type="checkbox"/> Crutches <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision	<input type="checkbox"/> Other: specify: _____ <input type="checkbox"/> can operate independently <input type="checkbox"/> requires verbal prompting <input type="checkbox"/> requires physical assistance <input type="checkbox"/> requires close supervision

BRACES

Does the applicant wear a brace? Yes No
 Circle and describe the type of bracing used:



Describe the assistance needed putting on or taking off his/her braces: _____

Can the applicant instruct staff to assist with putting on and taking off his/her bracing? Yes No

How many hours should braces be worn? _____

LANGUAGE AND COMMUNICATION:

Please describe special words and phrases used at home that would be helpful for communication: _____

Please use the lines below to describe how the participant:

- learns best _____
- the participants level of understanding _____
- how the participant receives directions the best _____

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Is nonverbal | <input type="checkbox"/> Picture exchange | <input type="checkbox"/> Understands verbal instructions |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Has difficulty speaking | <input type="checkbox"/> Has no communication needs |
| <input type="checkbox"/> Uses Communication Device (Indicate): _____ | <input type="checkbox"/> Has difficulty being understood | |

*If applicant uses communication device, please bring to programs.

EDUCATION

Is the applicant currently enrolled in any of the following?: Vocational Program Transitional Program Higher Education High School
 Middle School Elementary School Other _____
Name of the school where the applicant currently attends: _____
Current Grade Level: _____
County of School District: _____
Does the applicant qualify for Extended School Year (ESY)? _____

COMMUNITY SUPPORT AGENCIES / WAIVERS

Does the applicant have an open case with the **Office of Mental Health / Mental Retardation (MHMR)** or other third party agency?
 Yes No
Any other third party support agency? Yes No
If yes to either of the above, provide Caseworker's Name: _____
Agency : _____ Phone: _____
On behalf of the applicant, may Woodlands request program funding from these community agencies to support the cost of program?
 Yes No

SENSORY NEEDS

Please check all that apply. List and describe using space below

Tactile/Touch _____

Auditory/Sound _____

Visual _____

Balance (Vestibular) _____

Body/spatial awareness (Proprioception) _____

None/No sensory concerns _____

Please list behavior triggers:

Please list fears: (large crowds, clowns, etc.)

Explain sensory integration interventions and strategies used:

BEHAVIORS: Using check boxes below, please indicate if applicant has ever displayed any of the behaviors listed below. If yes, please use the lines below to explain.

- | | | | |
|-------------|--|----------------------|--|
| Hitting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-compliance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pinching | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mood Swings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Biting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Verbal Threats | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kicking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Throwing Objects | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scratching | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Banging | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bullying | <input type="checkbox"/> Yes <input type="checkbox"/> No | Inflicts self injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stealing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disrobing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lying | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anxiety/depression | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Swearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual urges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wandering | <input type="checkbox"/> Yes <input type="checkbox"/> No | Genital stimulation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Withdrawal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suicidal Ideation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Impulsivity | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Is the applicant currently receiving any form of counseling? Yes No

If yes, for what issues?

Describe any other issues that staff need to be aware of in order for the applicant to enjoy and safely participate in the program.

Do you currently have 1:1 outside support? (TSS/Wrap-around) Yes No

If yes, how many hours per week? _____

****If you currently utilize a 1:1 it may be required that you provide one during program participation.**

Recreation & Leisure

Check all leisure activities that applicant currently enjoys:

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Camp Fires | <input type="checkbox"/> Hockey | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Art | <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Nature Walks | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Frisbee (Disc) Golf | <input type="checkbox"/> Picnics | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Football | <input type="checkbox"/> Reading | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Board Games/Puzzles | <input type="checkbox"/> Gardening | <input type="checkbox"/> Scavenger Hunts | |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Golf | <input type="checkbox"/> Singing | |

Please list any other activities the applicant enjoys: _____

Please list leisure activities applicant has enjoyed in the past: _____

Please list leisure activities applicant would like to try: _____

List any and all activity restrictions: _____

Comments/concerns related to recreation and leisure participation at camp: _____

List interests and special skills: _____

Does the applicant play a musical instrument? Yes No List instruments played: _____

Recreation & Leisure—Swimming:

Will the participant be swimming at The Woodlands?

No

Does not get in water
Because (check all that apply)

- Fearful of water
- Does not enjoy swimming
- Not medically stable (diagnosis)

Yes (please continue to chart)

PLEASE NOTE:

Arm floaties do not qualify as a sufficient floatation device.

Some assistance needed for swimming

- Supervision for safety (can be watched from a distance)
- Staff within arms reach

Requires full assistance because

- did not learn to swim
- fearful of water
- Diagnosis _____
- Other: _____

Swims 100% independently—no assistance required

- Swims in deep end
- Puts face in water

Additional notes: _____

Criteria prohibiting use of the pool

- Do not use the pool if you have experienced any form of incontinence or are recovering from diarrhea or if you have had any signs or symptoms of stomach disease in the previous 72 hours/3 days
- Participants who are incontinent of bowel or bladder MUST wear rubber swim pants that fit snugly at the waist and legs, with their bathing suit
- Swimmers with open sores, wounds, sore or inflamed eyes, rashes, blisters, cuts, nasal or ear discharge, may not use the pool
- If you have a urinary tract infection you must be on medication therapy for 24 hours before entering the pool
- If you are menstruating you must wear internal protection.

I have read and agree to follow the criteria for use of the pool at The Woodlands.

Signature _____

Date _____

How did you hear about us? (May check more than one) Woodlands Participant Referral Woodlands Staff Referral

- Friend Referral Woodlands Website Physician Referral Facebook Twitter Email Post Mail Flyer/Brochure
- Fair Radio School Supports Group Family Links Case/Social Worker Other

Please check shirt size: S M L XL XXL 3XL 4XL

Woodlands Medication Policy

All participant medications checked in to The Woodlands for programming must be pre-dosed, using the guidelines indicated below. Several of our participants take medications. This policy is in place to increase safety, protect participants, and prevent medication errors.

When preparing for camp, please remember:

- You must bring all medication bottles with you **each time** to “Check-In.”
- Be sure the bottles brought for verification also have pills inside. This allows the Healthcare staff to verify the drug type, name, dosage, shape, color, and markings on the each pill.
- All medication (even over the counter) must be accompanied by its original container.
- We will only accept and check-in the amount of medication needed for the duration of their participation in each Retreat, Camp, or Club program.
- Medications prescribed **as needed** for behavior or spasticity are not accepted during check-in. Exceptions may be made if approved in advance by The Woodlands medical director.
- Perform a skin check on your participant the morning of checking in, and report in detail any and all marks, bruises, breakdowns and sensitive areas to the healthcare staff and to their assigned counselor.

***** If medication is not accompanied with the original bottle and label, we cannot accept or administer them.**

On the day of check in (e.g., Friday nights or Sunday nights):

- **Only bed time medications are accepted. Please be sure to label your medication bags accordingly.**
- If you/your child require a medication be given before bed time please be sure to administer this medication before checking in with Healthcare.
- If medication is not packaged properly you will be asked to step out of line, to complete, before we can check you in.

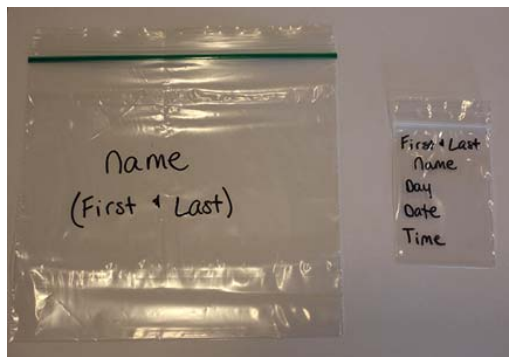
Dosing requirements:

When dosing medications, be sure to use a permanent marker or a printed label to mark the medication bags. We try to give meds at common times (e.g., breakfast, lunch, dinner), so if you require a specific time, please indicate on the bag what time the medication needs to be taken

Pill form/tablet medications:

We require all medications be put into small medication bags that are available at Walgreen’s Drug Store, Wal-Mart or Jo-Ann Fabrics. On each small medication bag you must write the participant’s **Name, Date, Day and Time of Day** that the medication is to be distributed. If the participant is to take more than one medication at the same time of day, put all medications into the same small labeled medication bag. Put all small labeled medication bags into one large clear zip-loc bag with the participant’s **first and last name** written clearly on the front.

Example: Pills

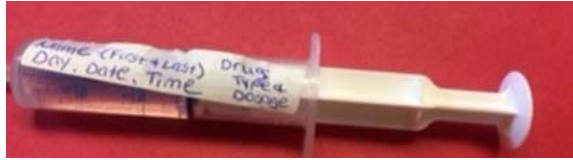


Revised 8/2016 (JS)

Liquid Medications:

We require all liquid medication (prescription or over the counter) be pre-dosed into catheter tip syringes, with a cap. We will not accept bottles of liquid medication. You can obtain these from the pharmacy free of charge. The pharmacy will pre-dose the syringe for you for free. You must have the pharmacy **put a label on the syringe identifying drug type, name and dosage**, as well as the **participants first and last name, day, date, and time** the liquid medication is to be given. Put all syringes in their own zip-loc bag, separate from other medications (with the participants first and last name written on the bag).

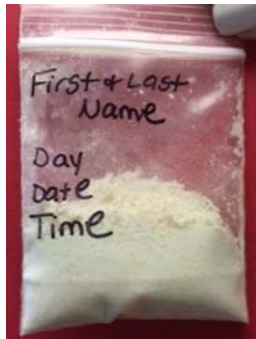
Example: Liquid medication in a catheter tip syringe



Powder Medications:

We require powder medications (prescription or over the counter) be pre-dosed into a small medication bag. The bag must be labeled with the **participants first and last name, day, date, and time** the medication is needed. In addition the small zip-loc bag must be labeled to **identify the drug type, name, and dosage**.

Example: Powder medication (pre-dosed)



Safety Needles: To ensure the safety of all staff and participants, we require that all needles checked in for the use of insulin injection be approved safety needles. Just ask your pharmacist for the “safety” needles when picking up your prescription of insulin.

Tube Feedings: If your child receives tube feedings you may be required to provide your own nurse or qualified professional to administer the feedings.

Repositioning at night: If your child requires scheduled repositioning throughout the night, you are required to provide your own nurse or qualified professional to perform this duty. The Woodlands does not provide overnight staff.

Safety is our priority and we appreciate your ongoing cooperation and support!

I have read and agree to comply with The Woodlands Medication Policy

Print name of Participant/Parent/Guardian

Date

Signature of Participant/Parent/Guardian

Date

RELEASE & WAIVER

Parent or guardian should complete all sections if participant is a minor.

Release and Waiver

In consideration for allowing _____, (Participant Name) participation in programming activities at The Woodlands, I hereby consent to my/my child's participation in programming at The Woodlands throughout the Program Year as defined herein. I recognize that most recreational activities are held in a camping environment and inherent in these activities, occurring in outdoor and indoor environments alike, there are risks of injury. I hereby assume all risk associated with my/my child's participation in such recreational activities and use of The Woodlands facilities. I hereby waive, release, remise and discharge The Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, for damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of the facilities. This agreement shall be binding upon me/my child's, successors, representatives, heirs, executors, assigns, and transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

This Release and Waiver is valid for my/my child's participation in Woodlands activities beginning January 1, 2018 through and including December 31, 2018 (the "Program Year"). I understand that this Release and Waiver will apply to all programs, sessions and activities in which I /my child voluntarily agrees to participate during this Program Year unless specifically indicated otherwise above.

I, as the participant/parent/legal guardian, have read the above Release and Waiver and understand and agree to its terms.

Signature: Participant/Parent/Legal Guardian

Date

WOODLANDS FOUNDATION

Permission to use Photo and Likeness

The Woodlands is an accredited American Camp Association® member.



I give permission and consent for _____ (*insert participant's name*) to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by The Woodlands and the American Camp Association® and its agents, to illustrate and promote

the camp experience, _____ (*insert participant's name*) and its camp programs, or the American Camp Association.

While participating in The Woodlands' programs I hereby give my/my child's consent for allowing photographs, videotapes, voice recording, or likenesses to be recorded, saved, and used by The Woodlands at a later time for educational, instructional or promotional purposes. I waive the right to inspect publications or media of any kind which include me/my child's photographs, videotape, voice recording, or likeness prior to their release for educational or promotional purposes. This includes but is not limited to use in email, direct mailing and social media such as Facebook®, YouTube®, Instagram®, and Twitter®. I understand that if I decline this consent I/my child will be excluded from participating in some programs at The Woodlands that by their nature involve recording, photographing, or videotaping the activity and sharing it at a later date for educational, instructional, or promotional purposes and selectively excluding any one participant is impossible.

Signature: Participant/Parent/Legal Guardian

Date

WOODLANDS FOUNDATION

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Consent for Emergency Medical Treatment

I hereby give consent for me/my child to attend daily or residential camping programs of The Woodlands Foundation, Inc. I understand that I am responsible for providing any and all medical information to the staff of The Woodlands that will permit them to respond appropriately to any emergency situation. I permit staff of The Woodlands Foundation, Inc. to consent to my/my child's emergency treatment at the appropriate medical or emergency facility if necessary and/or provide emergency medical treatment, administer medications, and treat minor illness/injury for me/my child while attending daily or residential camping programs. In the event of a medical emergency, I permit staff of The Woodlands to contact the local Emergency Medical System (EMS) at their sole discretion and judgment, at which point the local EMS will provide treatment and provide transportation to the nearest hospital, UPMC Passavant in Cranberry Twp., Pa. or other hospital or emergency treatment facility which they deem to be appropriate. I understand that any cost associated with treatment by any receiving hospital or emergency facility and/or transportation by EMS personnel is my responsibility. Furthermore, in the event of a medical emergency, the staff of The Woodlands will contact one or more individuals listed as parent(s), guardian(s), or emergency contacts on this form, and I understand that the contacted individual will be required to go to the hospital or emergency treatment facility and assume responsibility for me/my child. I understand that I/my child will need medical clearance from a licensed medical professional before being permitted to return to The Woodlands or any of its facilities or programming activities.

I understand that the staff of The Woodlands will not provide transportation in the event of a medical emergency or physical support or treatment beyond the extent of their program training by The Woodlands Foundation, Inc.

Considering all of the above, I waive and release all rights and claims of any nature against The Woodlands Foundation, Inc., its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in recreational activities and use of The Woodlands facilities or my/my child's care in the case of all injuries or damages of any nature, which may result while participating in the programs of The Woodlands Foundation, Inc. I further recognize that The Woodlands Foundation Inc. cannot be held responsible for the loss of clothing or personal property while I am/my child is at The Woodlands. I accept and acknowledge the risk of participation in activities of The Woodlands.

Name of Participant.

Print: Parent/Guardian Name (if Participant is a Minor)

Signature of Participant/Parent/Guardian

Date

In case of Emergency, contact:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

WOODLANDS

ADAPTIVE ZIP LINE TOUR

PARTICIPANT AGREEMENT, RELEASE, WAIVER, AND ACKNOWLEDGEMENT OF RISK

In consideration of _____ (Participant) being permitted to voluntarily participate in the activities of The Woodlands Adaptive Zip Line Tour (hereinafter referred to as the "Zip Line Tour"), I/my child hereby agree to release and discharge The Woodlands, its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my/my child's participation in the Zip Line Tour. This agreement shall be binding upon me/my child, our successors, representatives, heirs, executors, assigns, and transferees. On behalf of myself/my child, I fully understand the following:

I acknowledge that the Zip Line Tour involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself/my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Collision with other participants, injuries on take-off and landing towers, collision with walls or other fixed objects, falling down from heights of up to 20 feet, my own equipment failure or the failure of others' equipment, my own or others' negligence; objects or conditions on the landing surface that may cause me to fall, broken bones, sprains, head, neck and back injuries; abrasions; and bruises. Furthermore, the Zip Line Tour is an activity that is highly physical and it is suggested that participants check with their doctor before attempting this activity.

I expressly agree to accept and assume all of the risks associated with participation in this activity.

My participation in this activity is purely voluntary, and I elect to participate in it in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The Woodlands Foundation from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of The Woodlands Zip Line Tour's equipment or facilities, including such claims which allege negligent acts or omissions of employees operating the Zip Line Tour or anyone associated with The Woodlands, its agents, officers, principals, employees and volunteers .

Should the Woodlands or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, or defend against claims made related to my/my child's participation in the Zip Line Tour, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage **I/my child** may cause or suffer while participating, and I agree to bear the costs of such injury or damage to myself/my child or others. I further certify that I have no known medical or physical conditions which could interfere with my safety in participating in this activity, and I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition as well as by any condition that is unknown to me at the time of my participation.

I agree that all claims, interpretation, or application of law arising out of this agreement, release and waiver will be interpreted under the laws of the Commonwealth of Pennsylvania.

8. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against The Woodlands, the Zip Line Tour, or anyone responsible for its operation.

I have had sufficient opportunity to read this entire document, understand its contents, and agree to be bound by its terms.

WOODLANDS ADAPTIVE ZIP LINE TOUR (cont.)

PARENTS' OR GUARDIANS' ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) ("Minor") being permitted by The Woodlands to participate in the activities of the Zip Line Tour and to use its equipment and facilities, I agree to be bound by the terms of this Agreement, Release and Waiver.

- My child does have (/I do have) consent for participation on The Woodlands zip line.**
- My child does NOT have (/I do NOT have) consent for participation on The Woodlands zip line.**

Parent or Guardian _____ Print Name _____

Date _____



ANTI-BULLYING CONTRACT
PARTICIPANT AND PARENT/GUARDIAN AGREEMENT

Bullying will not be tolerated at The Woodlands. Everyone has the right to feel physically and emotionally safe at The Woodlands. Participants are expected to do everything they can personally, as a Woodlands participant, to create and preserve a physically and emotionally safe environment. As a member of the disability community, participants should strive to treat everyone with respect regardless of any differences.

Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself (e.g. calling names, leaving a person out of a group, pushing, hitting, spreading rumors, or cyber-bullying). There is no acceptable form of bullying.

If bullying occurs, the participant will be pulled from camp activities and be counseled by a Woodlands staff member and parents will be notified. If necessary, the participant's parents will be called and asked to pick up their child from camp immediately and the participant will not be permitted to participate in activities until their parent/guardian arrives.

As a Woodlands participant, I pledge to...

- Never demean, humiliate, be disrespectful toward, or physically hurt or bully anyone.
- Be a strong, upstanding camper. When I see bullying, I will tell a Woodlands staff member _____ immediately.
- Accept and celebrate that all people are unique and different.
- Defend and support others when they need it.
- Never cyber-bully for any reason.
- Not judge others.

Participant's Pledge:

I have read the pledges above and agree to follow them. I commit that I will not bully my peers. If I see bullying, I will report it to a Woodlands staff member. If I bully, I understand that I could be sent home from camp or program immediately.

Participant

Date

Parent/Guardian's Pledge:

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the authorities. I understand that if my child bullies another participant, I may be called and it will be my responsibility to come to the campsite to take my child home immediately.

Parent/Guardian

Date

PROGRAM RULES, REGULATIONS AND BEHAVIOR GUIDELINES
VIOLATION OF WOODLANDS PROGRAM RULES MAY INCUR PENALTIES UP TO AND INCLUDING EXPULSION
Please keep a copy of this page & review again before attending programs

The following rules, regulations and behavior guidelines have been developed to provide all participants, staff, families and the facility, the safest environment possible. As a condition of acceptance, participants must agree to follow The Woodlands program rules and behavior guidelines, and submit a signed copy with application. All parties understand that failure to abide by the program rules may result in dismissal from programs and suspension to attend Woodlands programs for any specified period of time.

1. There is NO supervision before the camp or program opens. Participants may not be dropped off before check-in or the start of a program. All participants must be picked up during the designated check-out time, or at the end of a program. The Local police department will be called, and abandonment will be reported, for any participant not picked-up with-in 30 minutes of the end of the program or check-out time.
2. Treat others in a respectful manner. This includes respect for another's personal space, feelings, and belongings. Participants are expected to speak and act in a non-threatening and non-vulgar manner with staff and other participants. Acts of violence or aggressive behavior will not be tolerated at any time. Any incident that jeopardizes the health, safety, or welfare of another participant or staff member will not be tolerated. Such incidents should be reported immediately to the Program Coordinator.
3. A parent/caregiver who is called for a safety concern or behavior problem resulting in dismissal, must make sure their participant is picked up within one hour of being called, or the alternate contacts on the application will be called.
4. All emergency contacts must be notified of the participant's attendance while at camp or programming, and be available, in the event they need to pick up the participant. Parents must ensure all current work numbers and emergency contacts are updated.
5. Parents/caregivers and visitors are not allowed to visit during any programming. We maintain a "closed campus" policy. While we welcome and encourage parents to meet our staff and view the facility, we monitor guests carefully. This is for the protection and safety of our participants. Parents are welcome to ask the staff any questions they have during check-in before or after the program, or to call or email with any questions. However, parents are not allowed to observe, visit or participate in any activities during the camp/program—those are for participants only. If you would like a tour of the facility, please make an appointment with management through the Retreat Office.
6. Take administered medications as prescribed. The Programs healthcare staff must dispense all medication to be taken by a participant. Medications may NOT be kept in the participant's possession at any time. Participants who fail to present correctly dosed and labeled medications upon check-in may be dismissed from the program.
7. Listen to and follow the requests and directions of staff. Compliance to direction should not exceed four verbal cues or physical prompts from Woodlands staff.
8. Abide by facility safety guidelines as defined by The Woodlands Foundation, Inc. Equipment must be used in a safe manner. Willful destruction of equipment will result in a damage fee. Report any broken or unsafe items/equipment to appropriate staff.
9. Do not bring personal items or property of significant value (laptops, video cameras, digital cameras, iPods, video games, cell phones, money, etc.). If participants bring any of these items, they must be checked in with their counselor and must be kept in the unit at all times. The Woodlands and its staff will not be responsible for loss or damage to such property.

Continued on next page.

9a: Participants will not be permitted the use of personal cell phones during programming. Parent/Guardians are welcome to contact the Program Coordinator on duty with questions or concerns during programming

10. Boys' units are off limits to girls and girls' units are off limits to boys. The hallway is supervised by program staff for co-ed socializing in the Lodge.

11. All participants are required to sleep through the night and to not disturb other participants. Participants are required to observe a curfew of 10:00 pm. Parents/Guardians may be asked to pick up their participant should they continue to disturb other participants following the 10:00 pm curfew. If a participant requires overnight awake staff, such as for personal or medical care, they will be required by to provide their own support.

12. Participants must arrive with all necessary items for self-care, including toiletries, clothing, and bedding if necessary, as these will not be provided by Woodlands staff. Participants who fail to provide all necessary items may be dismissed from the program. Participants are required to follow self-care routines as prescribed and ensure personal hygiene is attended to daily with assistance of staff when necessary. Participants must maintain a neat and clean personal area during your stay. Perform assigned duties as requested and scheduled (ex. ADLs).

13. Fasten wheelchair seatbelts at all times, with the exception of the Aquatic Center.

14. The kitchen, prep areas, cleaning areas, cooking areas, serving areas, storage areas and refrigerators are off limits except to paid Programs staff and designated volunteers.

15. We are only able to hold lost and found items for 14 days. If you notice an item missing after attending a Woodlands weekend retreat, summer camp, or club program please contact the Retreat Office immediately. Unless claimed, all lost and found items will be discarded after 14 days.

16. The following actions are strictly prohibited at all times:
- Possession of illegal drugs, alcohol, and/or tobacco
 - Possession of firearms or any recognized weapon
 - Possession of fireworks or explosives
 - Behaviors or comments suggesting discrimination
 - Fighting or bullying
 - Making threats or instigating conflict
 - Stealing
 - Inappropriate behavior, language or comments of a sexual nature
 - Attempting to leave or leaving the program without the supervision of Woodlands staff member, assigned 1:1 staff, or parent/guardian

Criteria Requiring Additional (1:1) Support (determined by program management):

- Prescribed the drug Nitro (Nitroglycerin) to combat heart problems
- Requires more than four verbal cues or physical prompts to comply with directions from Woodlands staff
- Utilizes a trachea or ventilator for breathing support
- Receives tube feedings
- Participant is not able to follow the Program Rules, Regulations and Behavior Guidelines
- Has a seizure disorder wherein the participants life is in danger while seizing (e.g., seizures at night with vomiting, choking)
- Requires medical supports or interventions outside the scope of Woodlands staff training. Wherein the participant meets a certain level of medical fragility, as determined by The Woodlands program management

Print Participant/Parent/Guardian name

Date

Print Participant/Parent/Guardian Signature

Date