

For Office Use Only:
_____ CM Approval
_____ Confirmation Sent
_____ App. Processed



FAMILY CAMP APPLICATION

APPLICATION PACKET INCLUDES:

DUE BY JUNE 5TH

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RETURN COMPLETED APPLICATION PACKET AND FEES TO:

**CLEVELAND SIGHT CENTER
ATTN: Highbrook Lodge
1909 E. 101ST STREET
CLEVELAND, OHIO 44106**

APPLICATIONS WILL NOT BE PROCESSED UNTIL A COMPLETED APPLICATION PACKET AND APPLICABLE FEES (OR THIRD PARTY PAYMENT LETTERS) ARE RECEIVED BY CSC.

Questions? Call 216-791-8118



FAMILY INFORMATION

MEDICAL CARE/EMERGENCY INFORMATION

For family camps the parent/guardian(s) are responsible for the medical care of their family, including first aid. This includes safe storage and administration of first aid supplies and medications, including over-the-counter medications. For emergency situations Highbrook Lodge has adult staff on-site that is certified in age-appropriate CPR and AED from a nationally recognized provider. Typically a Registered Nurse is available at camp, however this is not guaranteed.

In the case of an emergency these individuals may be contacted and/or minor child(ren) released to them.

EMERGENCY CONTACT 1 _____ HOME PHONE _____

CELL PHONE _____ RELATIONSHIP TO FAMILY _____

EMERGENCY CONTACT 2 _____ HOME PHONE _____

CELL PHONE _____ RELATIONSHIP TO FAMILY _____

ADDITIONAL NOTES AND INFORMATION

THE FOLLOWING EQUIPMENT IS THE ONLY EQUIPMENT PROVIDED BY HIGHBROOK LODGE. PLEASE INDICATE YOUR FAMILY'S NEEDS: [] BEDRAILS # _____ [] HIGH CHAIRS # _____ [] BOOSTER SEATS # _____

PLEASE LET US KNOW ANY INFORMATION ABOUT YOUR FAMILY, PARTICULARLY YOUR MINOR CHILDREN. STAFF WILL BE PAIRED WITH THEM DURING THE WEEKEND PROVIDING GENERAL SUPERVISION AND ACTIVITIES: _____

Multiple horizontal lines provided for handwritten notes.

LEGAL BACKGROUND

Because we serve campers who are vulnerable due to their low vision, blindness and other disabilities, we have a responsibility to ask about participants' criminal background. We value your honesty and candor when responding to these questions, as we strive to best protect the safety of all of our campers, staff and visitors. These questions must be completed for all adults (18 years+) planning to attend camp.

PARENT/GUARDIAN 1: NAME: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OTHER "VIOLENT CRIME"? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT IS SEXUAL IN NATURE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING A MINOR? YES NO

ARE YOU LISTED ON THE NATIONAL SEX OFFENDER REGISTRY (NSOPW.GOV)? YES NO

PARENT/GUARDIAN 2: NAME: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OTHER "VIOLENT CRIME"? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT IS SEXUAL IN NATURE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING A MINOR? YES NO

ARE YOU LISTED ON THE NATIONAL SEX OFFENDER REGISTRY (NSOPW.GOV)? YES NO



AUTHORIZATION TO ATTEND

Must be signed by all adults planning to attend



Highbrook Lodge is a rural and natural environment. Camp includes physical activities (sports, swimming, canoeing, archery, horseback riding, etc...) and travel, and the risks and hazards that accompany such activities. I have been informed and understand that, while effort is made to minimize hazards and risks, participants attending Highbrook Lodge may be exposed to serious bodily injury or illness.

I understand that my participation in activities at Highbrook Lodge is voluntary and at my own risk. I understand and assume the risks and hazards associated with such activities. I agree to release, forever discharge, and hold harmless the Cleveland Sight Center, Highbrook Lodge, their employees, agents, volunteers, administrators, and trustees from any and all claims or causes of action that may be brought by me or by any other person, including all liability for personal injury, damage to personal property, or loss arising out of or related to my participation in activities at Highbrook Lodge to the fullest extent permitted by law.

I certify I am **legally authorized to register individual(s)** named on these forms for Cleveland Sight Center's Highbrook Lodge.

Parent/Legal Guardian Signature

_____/_____/_____
Date

Parent/Legal Guardian Signature

_____/_____/_____
Date



**CONSENT FOR PHOTOGRAPHS, INTERVIEWS,
AND/OR AUDIO/VIDEO TAPING**

Please complete and sign either Section I or Section II below.

Section I. For good and valuable consideration which I hereby acknowledge, I hereby consent to allow my minor child(ren) and/or myself to be photographed, interviewed, and/or recorded on film and/or audio/video tape for the purposes of distribution, sale, replay, and/or broadcast in any and all media, including without limitation print, radio, TV, cable, satellite, and/or internet, for the reason(s) stated below, by the Cleveland Sight Center (CSC) and/or the news media.

The use of my visual image and/or the visual image of my minor child(ren), or information obtained from either of us in an interview or interviews is hereby permitted, provided that any news media presence and/or queries are approved by CSC’s spokesperson. I hereby release CSC and its officers, directors, employees, successors, and assigns from any and all liability for any damages or injury which might arise from the foregoing gathering and/or use of images of or information from me and/or my minor child(ren).

Please indicate your consent for each area:

- _____ Health education purposes_
- _____ Release to news media for print or broadcast
- _____ Cleveland Sight Center publications, brochures, videos, and training materials
- _____ Other uses which may arise from time to time and deemed to be in the best interest of the mission of the Cleveland Sight Center

Date: ___/___/___ Camper Name(s): _____

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Signature: _____

----- **OR** -----

Section II. I do not consent to the gathering or use of images of or information from me and/or my minor child(ren). Notwithstanding the foregoing, I understand that images of me and/or my minor child(ren) may be included in group photos of activities, but will never be identified.

Date: ___/___/___ Camper Name(s): _____

Parent/Guardian 1 Signature: _____

Parent/Guardian 2 Signature: _____

This consent form will expire in one year

PAYMENT & BILLING INFORMATION

PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT _____

IMPORTANT, PLEASE READ AND INITIAL:

- All fees for camp, including the application, session and/or transportation fees are the responsibility of the camper/parent/guardian unless paid for by a third party.
- If a third party is paying for camp, a letter of intent-to-pay must be forward to CSC by June 5. Without this proof the camper/parent/guardian is responsible for all costs.
- All fees being paid by the camper/parent/guardian will be invoiced and are due by June 5 unless otherwise stated.
- Applications will not be processed until the full application fee is received by CSC (or letter from third party).
- Cancellations must be communicated to CSC. Those made more than 10 business days prior to the camper's intended session are eligible for a full refund. Less than 10 business days: full refund minus the application fee for overnight sessions; no refund for day sessions. Only campers leaving early from camp for a medical reason will receive a pro-rated refund.


I HAVE READ AND AGREE TO THE ABOVE (PLEASE INITIAL): _____

FEES	TO BE PAID BY (at least one must be checked ✓ ; check all that apply):		
APPLICATION FEE	<input type="checkbox"/> PARENT/GUARDIAN	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> N/A (DAY TRIP)
SESSION FEE	<input type="checkbox"/> PARENT/GUARDIAN	<input type="checkbox"/> THIRD PARTY	

THIRD PARTY FUNDING (check ✓ all that apply): It is the campers' responsibility to contact all third party payers.

- FAMILY SUPPORT SERVICE
 EXTENDED SCHOOL YEAR (ESY)
 OOD SUMMER YOUTH WORK EXP.
 OUTSIDE AGENCY FUNDING
 OTHER _____

FUNDING AGENCY NAME _____

FUNDING CONTACT NAME _____

FUNDING CONTACT # _____ CONTACT EMAIL _____

Payment Methods

By Mail: Cleveland Sight Center • ATTN: Highbrook Lodge • 1909 E. 101st St. • Cleveland, OH • 44106
In Person: Cash, check or credit card payments accepted in person at CSC's Eyedea Shop.
By Credit Card: Call CSC's Eyedea Shop. Multiple cards may be used. Eyedea Shop: 216-658-4666
Include camper name and applicable session #'s in subject line of all checks

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Application Fee Due: \$ _____	CSC Financial Aid Rec'd: \$ _____	Transport.Fee Due: \$ _____
Application Fee Rec'd: ___/___/___	Third Party To Pay: \$ _____	Other Fee(s) Due: \$ _____
Session Fee Due: \$ _____	TOTAL TO BILL PRIVATE PAY: \$ _____	NOTES: _____
Total Amount Due: \$ _____	TOTAL TO BILL THIRD PARTY: \$ _____	_____

FINANCIAL AID REQUEST FORM

Financial aid from Cleveland Sight Center for attendance at Highbrook Lodge is awarded based on income and need. Financial aid cannot be determined unless this form is filled out completely and accurately. You will be informed if financial aid has been awarded.

HOUSEHOLD DEMOGRAPHICS

NUMBER OF ADULTS (18 AND OLDER) LIVING IN HOUSEHOLD _____

NUMBER OF DEPENDENTS (18 AND UNDER) LIVING IN HOUSEHOLD + _____

TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD = _____

CHECK ALL THAT APPLY – CAMPER(S) IS/ARE: IN FOSTER CARE WARD(S) OF THE COURT/STATE

INCOME - Proof of income may be required.

TOTAL ANNUAL HOUSEHOLD INCOME (BEFORE TAXES) \$ _____

AVERAGE MONTHLY HOUSEHOLD INCOME (BEFORE TAXES) \$ _____

<u>INCOME SOURCE</u>	MOTHER	FATHER	CAMPER
SALARY/WAGES	\$ _____	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____	\$ _____
PENSION/SOCIAL SECURITY	\$ _____	\$ _____	\$ _____
ADC/SSI/SSDI	\$ _____	\$ _____	\$ _____
SELF-EMPLOYMENT	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____

ADDITIONAL COMMENTS – please indicate if there are any additional circumstances that warrant need for financial aid.

I/we are requesting financial aid from Cleveland Sight Center to attend Highbrook Lodge. I/we understand:

- A. There is no guarantee that financial aid will be awarded;
- B. We are still required to pay the application fee (at a minimum);
- C. Only one financial aid request per year/per family may be granted; and,
- D. We are responsible for all fees not covered by financial aid or third party payers.

I/we also certify that the information provided is, to the best of my/our knowledge, true and correct.

Parent/Legal Guardian 1 Signature _____ Date _____

Parent/Legal Guardian 2 Signature _____ Date _____

PLEASE TEAR THIS PAGE OFF AND KEEP FOR YOUR REFERENCE

****LABEL ALL ITEMS BROUGHT TO CAMP, INCLUDING THE OUTSIDE OF LUGGAGE****

Medication

- All prescription medications necessary for your family.
- Any over-the-counter medications you anticipate needing for your family.

Clothing (*bring enough clean clothing to last the length of the session*)

- Underclothing and socks
- Slacks/shorts for warm/cool weather
- Bathing suits
- Comfortable walking shoes or tennis shoes; we discourage flip-flops
- Warm jacket/sweatshirt; raincoat/umbrella
- Warm pajamas
- Laundry bag for dirty clothes (can be heavy plastic trash bag)

Toiletries & Hygiene

- Soap, deodorant, toothbrush & toothpaste, shampoo/conditioner, hairbrush, razor
- Sunscreen, bug spray
- Bath towel and washcloths; beach towel for pool – WE DO NOT PROVIDE TOWELS

Other Items

- Water bottles
- Flashlights
- Camera
- Lifejackets, goggles, etc...
- Any supplies needed for young children, including bottles, diapers, pack-n-play, etc.
- Pillows, sleeping bags and/or twin size bed linens (we provide these if requested at check-in)
- \$10 to \$20 spending money for camp store (suggested; not required)

HIGHBROOK LODGE IS NOT RESPONSIBLE FOR THE LOSS OR DAMAGE TO ANY PROPERTY

DO NOT BRING: items of excessive value; alcohol or illegal drugs; electronic equipment like fans, stereos, televisions, or handheld video games; weapons of any kind; personal sports equipment; non-service animals. If driving to camp, personal vehicles may be parked in our lower parking lot (unless a handicap accessible spot is needed).