



Evergreen Park & Recreation District

## INSPIRE Program

Welcome to Camp!

The INSPIRE Camp is designed for youth (ages 5-17) and adults with support needs related to *intellectual and developmental disabilities*. Participants enjoy daily adventures which include hiking, swimming, field trips throughout the greater Denver area and social and living skills. They must enjoy group activities at a fast pace, and be willing to work on socialization skills.

The INSPIRE Camp is NOT a match for those whose primary diagnosis is an *emotional, behavioral, or psychiatric disorder*.

Our staffing allows for individualized relationships with our participants! Staff will be provided for one-on-one support services for an additional fee. No personal aides or behavioral therapists are permitted during camp hours.

Please review this discipline policy in your packet. Parents/Guardians: please check your phone/email during camp hours in the event camp staff needs to contact you.

Please be sure all paperwork and payments are turned in on time! An interview with the Special Populations Coordinator is required, as is an annual \$30 fee to attend camp.

We're looking forward to a great summer!

Sincerely,

Maren Schreiber  
Special Populations Coordinator  
Evergreen Park & Recreation District



# EVERGREEN PARK & RECREATION DISTRICT INSPIRE PROGRAM APPLICATION 2021-2022

One participant per application. All sides of this form must be **COMPLETED AND SIGNED** before the participant may attend.

Enrollment Date \_\_\_\_\_

PERSONAL INFORMATION					
Participant's Full Name (first, middle, last)	Grade attending in fall:	<input type="checkbox"/> Female	<input type="checkbox"/> Child (5-17)	Age:	Birth Date:
		<input type="checkbox"/> Male	<input type="checkbox"/> Adult (18+)		
School Participant is Attending:			Program Attending:		

PRIMARY EMERGENCY CONTACT INFORMATION These individuals are considered authorized adults and can pick up the above participant from the program.					
Mother's/Guardian Information <u>Participant lives at this address Y/N</u>			Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5		
Name:					
Address:			City:	State:	Zip:
Home Phone:	Cell Phone:		Work Phone:		
Employer:	Work Address:		City/State:	Zip	
Email:					

Father's/Guardian Information <u>Participant lives at this address Y/N</u>			Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5		
Name:					
Address:			City:	State:	Zip:
Home Phone:	Cell Phone:		Work Phone:		
Employer:	Work Address:		City/State:	Zip	
Email:					

ALTERNATE EMERGENCY CONTACT PERSONS - You MUST complete this section. The participant may also be picked up by the following authorized adults other than his/her parents.					
Name:		Relationship:		Order of Contact (Circle One):	
				1 - 2 - 3 - 4 - 5	
Home Number:		Work Number:		Cell/Pager:	
Address:			City/State:		Zip:
Name:		Relationship:		Order of Contact (Circle One):	
				1 - 2 - 3 - 4 - 5	
Home Number:		Work Number:		Cell/Pager:	
Address:			City/State:		Zip:
Name:		Relationship:		Order of Contact (Circle One):	
				1 - 2 - 3 - 4 - 5	
Home Number:		Work Number:		Cell/Pager:	
Address:			City/State:		Zip:



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### MEDICAL HISTORY AND INFORMATION

Participant: \_\_\_\_\_

<p><b>Please check any illnesses that your Participant has had:</b></p> <p>Rubella _____</p> <p>Hay Fever _____</p> <p>Diabetes _____</p> <p>Asthma _____</p> <p>Epilepsy _____</p> <p>Mumps _____</p> <p>Poliomyelitis _____</p> <p>Whooping Cough _____</p> <p>Rheumatic Fever _____</p>	<p>Surgery / Accidents / Chronic Health Problems:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe any physical condition requiring special attention by our staff:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of most recent examination:</p> <p>_____</p>	<p>Check those allergies staff should be aware of:</p> <p>Food (type) _____</p> <p>If allergic to any foods is it</p> <p>Ingested _____</p> <p>Topical _____</p> <p>Airborne _____</p> <p>All _____</p> <p>Insect Bites / Stings _____</p> <p>_____</p> <p>Penicillin _____</p> <p>Other Drugs _____</p> <p>_____</p>
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### MEDICAL RELEASE

<p>I do hereby authorize officials of Evergreen Park &amp; Recreation District to contact directly the persons named on this application, and do authorize the named physician or their associate to render such treatment as may be deemed necessary in an emergency for the health of the said participant. In the event that parent/guardian, or alternate persons named on this application cannot be reached, Evergreen Park &amp; Recreation District officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid participant. I agree I am solely responsible for payment of all costs resulting from the tendering of medical and ambulance services</p>	<p>I understand the Medical Release policy.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Parent/Guardian Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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### PHYSICIAN / DENTIST / INSURANCE INFORMATION

YOU MUST MAINTAIN AND UPDATE ANNUALLY AN IMMUNIZATION HISTORY FOR YOUR PARTICIPANT, INCLUDE A COPY OF PARTICIPANT'S IMMUNIZATION CARD WITH THIS APPLICATION.

Physician / Health Care Professional:	Telephone:	Address/City/Zip:	<b>Does Not Have</b> <input type="checkbox"/>
Dentist:	Telephone:	Address/City/Zip:	<b>Does Not Have</b> <input type="checkbox"/>
Hospital of Choice:	Telephone:	Address/City/Zip:	<b>Does Not Have</b> <input type="checkbox"/>
Medical Insurance Co:	Telephone:		<b>Does Not Have</b> <input type="checkbox"/>
Group Number:	Policy Number:		
Any intolerance to drugs, medication, sunscreen or food? If so, please explain: _____			



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### RELEASES

**WAIVER OF LIABILITY** I as parent or legal guardian approve and give my permission for \_\_\_\_\_ to participate in any class or program offered by Evergreen Park & Recreation District, which is deemed age appropriate. By registering for the INSPIRE Program through Evergreen Park & Recreation District, registrant acknowledges that the activities carried on in the program carry certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant agrees to and hereby releases and forever discharges Evergreen Park & Recreation District, and their officers, employees, agents and volunteers from any and all liability for damages, loss or personal injury arising out of or related to his/her participation in recreational programs.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>ON SITE SPECIAL EVENT PERMISSION</b> Participant has my permission to attend any on site special events with the program including swimming, challenge courses, and various enrichment activities. I understand that advance notice of each special event will be given in a weekly or bi-weekly schedule including any fee required.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>FIELD TRIP PERMISSION</b> I understand that my participant will be allowed to attend all of the field trips indicated on the camp calendar. With all field trips, if my participant arrives late for a field trip and the group has departed, I assume full responsibility for my participant. Transportation will be provided by district vans, contracted bus service, public transportation, or via foot.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>SUNSCREEN/BUG SPRAY RELEASE</b> I hereby request and give permission to INSPIRE to allow my participant to utilize sunscreen, lotion and or bug spray, which I have provided.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>PHOTO RELEASE</b> I hereby give full consent to Evergreen Park & Recreation District to copyright or publish any photographs or videos taken by them in which my participant appears. I agree they may use these photographs or videos for public display and/or publication.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>IMMUNIZATION RELEASE</b> I give permission to the Evergreen Park & Recreation District to access my participant's immunization records from the CHS website.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>PROGRAM PERMISSION RELEASE</b> In accordance with my/our decision to register our participant for the INSPIRE Program, I hereby acknowledge that I have read a copy of the parent's handbook. I am also aware that the complete Policy and Procedure Manual is available upon request. I agree to abide by the policies outlined in both, the parent handbook and the Policy and Procedure Manual. I further acknowledge that they are subject to change at the discretion of Recreation Administrators. I also acknowledge that I have read and signed all required sections of this application including the Discipline page.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>PAYMENT AGREEMENT</b> I hereby agree to make camp payments in accordance with the payment schedule. Healthcare plans are due April 1 prior to registering. Payments are due one month in advance of camp. Scholarships are due May 1 for the entire summer. I understand that a late fee will be assessed if payment is made after 6 PM on the session due date. I understand that failure to make payments prior to the beginning of camp may result in the withdrawal of my participant from the program until all programs fees are paid in full.	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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**Parent/Guardian Signature for all releases listed above:** \_\_\_\_\_ **Date** \_\_\_\_\_

### GENERAL INFORMATION

I understand the Drop Off/Pick-up procedure.  _____ Parent/Guardian Signature	<p style="text-align: center; margin: 0;"><b>DROP OFF / PICK-UP PROCEDURE</b></p> I understand that Evergreen Park & Recreation District is not responsible for participants that walk to and from the recreation program site until they are signed in/out either by himself or herself or by a parent, guardian, or authorized alternate. As a parent and/or guardian of the participant, I am responsible for my participant before they sign in for the program and after they sign out.
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<b>I authorize my participant to walk home from the recreation program by themselves. (Youth 11 years and up only.)</b>	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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<b>My participant should always be dropped off &amp; picked up by a parent/guardian or authorized adult.</b>	<b>YES</b> _____ (Initial)	<b>NO</b> _____ (Initial)
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### LATE PICK-UP PROCEDURE

It is important that you pick up your participant by closing time of the program. It will be necessary for Evergreen Park & Recreation District to charge a **late fee of \$10.00 per 1-15 minutes late, and another \$10.00 for the next 1-15 minutes.** **You will have to pay the late fee that day at the front desk.** If your participant is not picked up on time, EPRD staff will call **all** contact numbers on the emergency phone number list that you provided during registration. Calls will be made at 5, 15, and 30 minutes after program dismissal. **30 minutes after the program has been dismissed, EPRD staff will notify the proper authority to pick up your participant. The participant will be transported to the nearest Jefferson County Sheriffs office, where continued attempts to contact the family will occur.** Evergreen Park & Recreation District will make every effort to contact someone at the emergency numbers you have provided. **Please remember to notify staff of any and all emergency phone number changes!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### LATE REGISTRATION

Evergreen Park & Recreation District asks that you register your participant one month in advance for INSPIRE Camp. Please select days carefully! We do not allow refunds. If your participant is registered for a certain date, and do not show up, they are taking a spot that could otherwise have been filled. Staffing would also have been determined. We do not allow exchanging days. If you cannot attend that day, EPRD cannot exchange for another.

Evergreen Park & Recreation District INSPIRE requires payment a month in advance to better plan and staff our program to ensure that EPRD provides a safe and fun environment for your participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### ANY ADDITIONAL INFORMATION ABOUT MY PARTICIPANT

Notations about my participant (interests, behavioral, etc.)

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## DISCIPLINE POLICY & PROCEDURE

In order to make the INSPIRE Programs at Evergreen Park & Recreation District positive experiences for all participants, we ask that these basic rules be observed:

1. Keep yourself safe.
2. Keep others safe.
3. Keep supplies and materials safe.

When a participant does not observe the expected guidelines, the staff will engage in the following preventative steps:

1. **Verbal Prompting:** to inquire about the participant's emotional state, offer support and diffuse the participant's anxiety (i.e., "Are you okay, you seem restless, can I help?").

If this step is unsuccessful in diffusing a participant's anxiety and their behavior continues, a request will be made by the instructor for the behavior to cease (i.e., "I would appreciate it if you would be quiet while I give instructions.").

2. **Set Limits and Consequences:** to give the participant a choice and put the responsibility on the participant for his/her own behavior (i.e., "We would like for you to stay with the group if you can remain quiet while I give instructions.").

If the participant chooses to test the limits at this level then the instructor will follow through with the consequences. The consequences offered in step two may consist of either removal from the group and/or activity, completion of a written or oral assignment, or other appropriate consequences. At this point the behavior and consequence will be logged and direct or written parent communication will occur.

3. **Communication:** prior to re-entry, this step will allow the participant an opportunity to "regain control" after a period of extreme anxiety and build rapport with staff. At this point, staff will discuss the behavior and consequence with the participant and seek out an outcome that will be beneficial to participant, staff, and program (i.e., "Do you understand the consequences for your behavior and how can we keep that from happening again?").

If the process is not successful, the participant may revert to the first stage the steps may recur. If this is the case, the steps must be followed and parent communication must occur in the form of a DISCIPLINE/INCIDENT FORM (that must be signed by a parent/guardian).

If the participant does not respond to the preventative measures, the following progressive discipline steps outline the actions that will be taken:

1. At the time of the **first DISCIPLINE/INCIDENT FORM**, telephone or direct communication with the parent/guardian will occur. At this time a meeting will be scheduled with the participant, parents and/or guardians, and staff to inform them of the participant's behavior and involve them in a problem-solving strategy that is appropriate for their participant.
2. At the time of the **second DISCIPLINE/INCIDENT FORM**, a loss of privileges will occur such as suspension or expulsion from the program. A phone call or direct communication with parents/guardians will again occur, to ensure that they have knowledge of the imposed consequence.
3. If at any time, a significant or major issue occurs, which endangers the participant, other participants, or staff, immediate withdrawal from the program will ensue.

Additionally, if at any time a participant leaves the immediate program area in anger or for any other reason, a reasonable attempt will be made to stop him/her. If they continue to flee, 911 will be called and the participant will be reported as a runaway. Parents /Guardians will be contacted.

**I understand that this policy will be reviewed at the site with my participant.**

**I myself have read and understand the Discipline Policy and Contract.**

**EPRD has the right to dismiss a participant from camp at any time for safety and behavior issues.**

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date



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## Evergreen Park & Recreation District

Program Information:  
Attn: INSPIRE Programs  
1521 Bergen Parkway  
Evergreen, CO 80439  
720-880-1219  
Fax: 720-880-1280

### Statement of Physical Condition

Participant's Name: \_\_\_\_\_ was given a physical

Examination within the last 12 months on: \_\_\_\_\_

Immunization records are up-to-date (Please attach record) Yes \_\_\_\_\_ No \_\_\_\_\_

Official Diagnosis \_\_\_\_\_

Chronic Medical Conditions: (List) \_\_\_\_\_

Restrictions: (List) \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_ Cleared for age appropriate activities

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone





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## EPD INSPiRE (SPECIAL NEEDS) CAMP PROGRAM GENERAL INFORMATION OF APPLICANT'S SPECIAL NEEDS

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Date: \_\_\_\_\_

This information will be used to determine whether the applicant's needs can be met adequately at Evergreen Park & Recreation District, and will be used by camp personnel in best meeting the applicant's needs while at camp. So, please be as open and complete in answering as you can. All information is kept confidential. Attach extra paper for answering if necessary. Thank You.

### CONDITION:

1. Applicant's primary disability (be specific, i.e., cerebral palsy, stroke, down syndrome): \_\_\_\_\_

Is there an accompanying cognitive delay? Yes \_\_\_\_\_ No \_\_\_\_\_

Level of delay: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Profound \_\_\_\_\_

2. List any secondary disabilities: \_\_\_\_\_

3. List equipment or appliances used by the applicant (e.g. electric wheelchair, crutches): \_\_\_\_\_

4. Ratio of care needed: (circle)                      1x1                      2x1                      3x1                      4x1

### SPEECH AND LANGUAGE:

1. Does the applicant understand what is said to him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please describe: \_\_\_\_\_

2. Does the applicant express his/her needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe how the applicant makes these needs known (e.g. sounds, one word, phrases, or gestures):

\_\_\_\_\_

3. Is there an augmentative communication system your child uses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind and why: \_\_\_\_\_

### BEHAVIOR:

1. Has the applicant ever had a consistent behavior problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
At home or at school \_\_\_\_\_

If yes, please describe and explain the best techniques for handling the problem: \_\_\_\_\_

What are some strategies that are used at home/at school that reinforce positive behavior? \_\_\_\_\_

What are the current consequences that are used at home/at school? \_\_\_\_\_

2. Does the applicant get along well with others? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please describe the problem and any remedies that work: \_\_\_\_\_

Is the applicant on a behavior plan? \_\_\_\_\_ Is the applicant prone to running or wandering away? \_\_\_\_\_

\_\_\_\_\_ If yes to behavior plan, please provide a copy to staff by April 1.





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## EPDR INSPIRE (SPECIAL NEEDS) CAMP PROGRAM GENERAL INFORMATION OF APPLICANT'S SPECIAL NEEDS

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Date: \_\_\_\_\_

### TOILETING:

1. Is the applicant **completely** toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If not**, please answer the following questions:  
 Is there a physical condition causing the inability to toilet train? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe the condition: \_\_\_\_\_  
 Please check the applicable response:  
 Diapers day and night \_\_\_\_\_ Use of pullups \_\_\_\_\_ Self-catheterization \_\_\_\_\_  
 \_\_\_\_\_ Other (please explain): \_\_\_\_\_  
 Does applicant need assistance with wiping, pulling up pants, buttons/snaps? \_\_\_\_\_
2. Does the applicant have any behavior-related or disruptive toilet habits? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
3. Can applicant go to the bathroom by him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, what assistance is required: \_\_\_\_\_

### EATING:

1. Can the applicant feed him/herself? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What steps need to be taken at mealtime and/or during food preparation: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the applicant on a special diet? \_\_\_\_\_
2. Please list any dietary restrictions or food allergies: \_\_\_\_\_  
 \_\_\_\_\_

### GROOMING AND BATHING:

1. Check any personal areas where the applicant needs assistance:  
 Dressing \_\_\_\_\_ Showering \_\_\_\_\_ Toileting \_\_\_\_\_ Eyewear \_\_\_\_\_  
 Gait Belt \_\_\_\_\_ AFO Braces \_\_\_\_\_ Cochlear Implants \_\_\_\_\_ Hearing Aids \_\_\_\_\_  
 Mobility Devices \_\_\_\_\_ Life Jacket \_\_\_\_\_ Water Wings \_\_\_\_\_ Swim Diapers \_\_\_\_\_  
 \_\_\_\_\_ Other (please explain): \_\_\_\_\_
2. Describe what steps need to be taken when assisting the applicant in these areas: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## EPRD INSPIRE (SPECIAL NEEDS) CAMP PROGRAM GENERAL INFORMATION OF APPLICANT'S SPECIAL NEEDS

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Date: \_\_\_\_\_

### PAST EXPERIENCES:

1. Is the applicant prone to wandering or running away? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where: \_\_\_\_\_ How many years: \_\_\_\_\_
2. Has the applicant attended camp before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the applicant ever sent home early or denied admission to camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
3. Please add any information, either positive or negative, that camp personnel should be aware of concerning the applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL SECTION:

1. Has there been any recent exposure to a contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
2. How would you assess the applicant's current health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
3. Is the applicant a carrier of Hepatitis B or has he/she been exposed to Hepatitis B? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, was a lab test conducted to determine the presence of antibodies? Yes \_\_\_\_\_ No \_\_\_\_\_  
Were antibodies present? \_\_\_\_\_
4. Is the applicant a carrier of any other infectious or contagious condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
5. Does your child have a "Do Not Resuscitate" (DNR) paper? Yes \_\_\_\_\_ No \_\_\_\_\_  
(The DNR paper must be carried with the person at all times.)

### SEIZURES:

1. Does the applicant have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_ Current status (active, controlled, etc.): \_\_\_\_\_  
Type of seizure: \_\_\_\_\_ How often: \_\_\_\_\_  
Duration: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
Describe reactions before, during, and after seizure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## EPRD INSPIRE (SPECIAL NEEDS) CAMP PROGRAM GENERAL INFORMATION OF APPLICANT'S SPECIAL NEEDS

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Date: \_\_\_\_\_

### SKILLS:

What are the skills that the applicant uses at home (i.e., tie shoes, use microwave, make bed, cooking, etc.)?  
\_\_\_\_\_

What is the current "favorite thing" that the applicant enjoys doing/playing?  
\_\_\_\_\_

What are the positive reinforcements that are used at home? At school?  
\_\_\_\_\_

What are the consequences for negative behavior that are used at home? At school?  
\_\_\_\_\_

What incentives can camp staff use to motivate the applicant (i.e., to transition to an activity or to the bus that if not followed the parent/caregiver can take away or enforce)?  
\_\_\_\_\_

**Please include a current immunization form. It must be on the Colorado Department of Public Health and Environment to be approved by licensing.**

### For Office Use Only

\_\_\_\_\_ INSPIRE Application

\_\_\_\_\_ Statement of Physical Condition (signed by Physician)

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Behavior Plan

\_\_\_\_\_ Signed Handbook

\_\_\_\_\_ Interview with Coordinator