



CAMP TWO-CAN 2024

LOCATION / HOURS

Thornebrooke Elementary School

Group 1: 6-12 year old

Group 2: 13-17 year old

Group 3: 18-25 year old

Camp hours are: 9:00am – 3:00pm. **No early drop off or late pickup.**

DATES:

Week 1: June 3- 6, 2024 (4 day week)

Week 2: June 10-13, 2024 (4 day week)

Week 3: June 17-20, 2024 (4 day week)

Week 4: June 24-27, 2024 (4 day week)

Week 5: July 8-11, 2024 (4 day week)

DEPOSITS

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to PALS. A \$50.00 per week, per camper, deposit is due with the Enrollment Application. Deposits are deducted from the total camp costs for each week. Mail deposits and Enrollment Applications to:

PALS

P. O. Box 781458

Orlando, FL 32878-1458

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PAYMENT

The full payment for each week registered is due at least two weeks prior to the start of the week. Week 1 is due May 20, 2024, Week 2 is due May 27, Week 3 is due June 03 and Week 4 is due June 10 and Week 5 is due by June 24. Payments may be made by credit card VISA/MASTERCARD, or check or money order made payable to PALS. Payments by credit card and completed (notarized) applications can also be faxed to 407-823-6012. There will be a \$35 fee for any checks returned for nonsufficient funds.

CANCELLATIONS/REFUNDS/WAITING LIST

If your application is received after the maximum number of available camp slots are filled – you will be placed on a waiting list for camp. You will be notified the week prior if a slot becomes available for your camper to participate in Camp Two-Can. If a slot does not become available your deposit will be returned in full. No refunds will be made if you seek to cancel within 2 weeks of a camp week starting. **No exceptions. All cancellations must be in writing and written three weeks or more before the camp week starting, by email or postmarked mail.** *(Please note that it may take 4-6 weeks for a refund check to be processed)* This includes non-attendance due to illness of camper or personal family situations. **A one-time \$30.00 Processing Fee will be deducted from any cancellation accepted by Camp TWO-CAN.**

DISMISSAL FROM CAMP

Dismissal from camp may occur for any camper if the camp staff and individuals UCF CARD Coordinator, after conducting a functional assessment and providing behavior strategies, determines that the camper ratio cannot support the safety of the camper or group. **Please note the staffing ratio is not designed for campers who need full-time one-on-one assistance or who have significant behaviors such as self-injury, aggression, elopement, safety, etc.** If a camper is dismissed, fees paid will be refunded, minus the deposit(s)/and or costs per day that camper was in camp.

TRANSPORTATION

Transportation will not be provided for daily pick-up and drop off to the camp. Transportation is provided for outings/weekly field trips via buses from contracted with Orange County Public Schools. The cost is included in the weekly camp fee.

ACTIVITIES

Activities for all campers will consist of: Arts & Crafts, Music & Movement, Cleaning, General Play Activities, Outdoor games/activities, Swimming, Movies at the theatre and Weekly Field Trips. All costs for activities are included in your camp fee.

WHAT DO THE CAMPERS NEED TO BRING WITH THEM DAILY?

Closed-toed shoes, preferably sneakers, are to be always worn, except during water activities. Please do not send campers to camp wearing flip-flops, sandals, or barefoot. Campers should bring sunscreen, insect repellent, a towel, a change of clothes, lunch, and snacks. If your camper **cannot** swim, please send a **Coast Guard approved** life jacket. **Please label everything that is brought to Camp with your camper's name.** We cannot be responsible for items that are not labeled or are lost. Some campers may need to bring an extra change of clothes each day. **Camp Two Can T-shirts need to be worn on field trips.**

DO NOT BRING!

Campers **must not bring** the following items to camp: glass containers, pets, personal toys, cell phones, iPods, iPads (unless it is a communication device), electronic games, or weapons of **any kind**.

LOST AND FOUND

A Lost and Found area will be provided for items left at camp at the end of each day. All unclaimed items will be donated to charitable organizations if not claimed one week after camp ends.

MEDICATION DISTRIBUTION

Any camper requiring medication to be **administered at camp must complete a Medication Release** Form. Medication **will not** be administered to a camper without this signed form. Medication must arrive in its original container with a valid expiration date, dosage directions, and prescribing physician's name.

MEDICAL POLICY

While we realize families may pursue a variety of medical and/or biological treatments, as well as medication changes, camp is not a good time to try new treatments/medications. Based on our previous experience, Camp Two Can cannot support campers who are in active biomedical treatments and/or undergoing medical trials; such as chelation, IVIG, NAET, etc. We appreciate your cooperation and understanding.

FOOD AND BEVERAGE

- Each camper needs lunch, a snack and beverages packed every day.
- All food must be non-refrigerated food.
 - **Food will be stored indoors, but you may want to supplement with an ice pack.*
- No microwaveable food items.
- Pack utensils.
- Please provide plenty of liquids for your camper to stay hydrated.
- Parents will be notified in advance of any field trips where lunch or snack will be provided.

AGE GROUPS- we are attempting to have 3 age groups. If we do not have enough individuals for age groups, we may have to mix age groups and minors may be with adults. Waivers will be required if this happens.

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CAMP TWO CAN APPLICATION

1 application per camper

Office Use Only

Received: _____
 Sent for Approval: _____
 Approved: _____
 Input: _____
 Charged Deposit: _____
 Charged Balance: _____
 WK1 _____ WK2 _____ WK3 _____
 WK4 _____ WK5 _____
 CS CM CL AS AM AL
 AXL AXXL

SECTION 1: CAMPER DETAILS

Camper

Full Name of Camper	Birth Date	Age	
Camper is a	Minor under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult over 18 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Camper is a CARD constituent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling/Relative of a CARD constituent <input type="checkbox"/> Yes <input type="checkbox"/> No	If no explain
Who is your child's CARD Autism Specialist		Name of school child attends	Grade
Name of Teacher		Teacher Phone	Teacher email
Name of Sibling if attending:			

People permitted to pick up camper besides parents/guardians listed camper drives self

Full Name	Contact #	
Full Name	Contact #	
Full Name	Contact #	

Communication: Please send to camp any communication system used by camper

<input type="checkbox"/> is nonverbal	<input type="checkbox"/> has some language	<input type="checkbox"/> is fully verbal	<input type="checkbox"/> uses a device	<input type="checkbox"/> use pictures symbols	<input type="checkbox"/> uses a communication board	<input type="checkbox"/> uses sign language	<input type="checkbox"/> points	<input type="checkbox"/> goes and gets items
<input type="checkbox"/> cries	<input type="checkbox"/> is overwhelmed with language	<input type="checkbox"/> does not understand English	Other					

Major Likes - List things that camper likes or enjoys. Example: play dough, books, animals, etc.

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Major Dislikes - List things that camper does not like or tends to avoid. Example: loud noises, water, sand.

		6.	
		7.	
		8.	
		9.	
		10.	

Fears - List things that camper is afraid of. Example: animals, thunder, rain, men with hats, etc.

	6.	
	7.	
	8.	
	9.	
	10.	

In order for our experienced staff to safely support and manage campers at camp and in the community, **all** of camper's current or potential behaviors that may adversely affect him/her or others, must be identified.

PLEASE NOTE: Campers must be able to be managed in a **1:4 staff to camper ratio** and manageable in a group setting of 10-20 campers (i.e. field trips).

Behaviors: List any behaviors that may occur at camp. **Include a copy of camper's IEP if in school and individual behavior plan (if applicable) with the completed application form.** The camper's CARD Autism Disorder Specialist (ADS) may be requested to observe camper in group environments to assure camper meets eligibility criteria.

SECTION 2 MEDICAL/EMERGENCY INFORMATION

Emergency Information

Full Name		Relationship		Contact #	
Full Name		Relationship		Contact #	
Full Name		Relationship		Contact #	

Medical Insurance

Name of Medical Insurance Company for Camper		Telephone #	
Member or Policy Number		Group #	

People permitted to pick up camper besides parents/guardians listed **camper drives self**

Full Name		Contact #	
Full Name		Contact #	
Full Name		Contact #	

Medical Background: Please see our policy on medical treatments on page 5

Physician's Name		Physician Contact #	
Does Camper have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is disability?	
Does camper have physical restrictions/limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what limitations/restrictions?	
Is camper subject to seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type and frequency	
Please list any other special conditions			
Does camper have allergies to drugs, foods. Insects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all	

Is camper on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain?	
Is camper on medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does it require administration during camp hours	
Has child received a tetanus shot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is yes when?	

***NOTE: all medications camper is taking MUST be listed even if they are not administered during camp hours. If given during camp hours, please complete and sign the Medication Release in this packet**

MEDICATION RELEASE

*I give permission for my minor child/or individual that I have guardianship on, _____, to have his/her oral medication administered to him/her during camp hours by a Camp TWO-CAN staff person. I understand the medication **MUST** be sent in the original bottle otherwise medication cannot be dispensed.*

___ Medication does not need to be administered during camp hours.

Please list any medications that your camper is taking even if it is NOT during camp hours. In case of emergency, we must be able to notify EMTs.

Medication		Dosage		Time Given	
Medication		Dosage		Time Given	
Medication		Dosage		Time Given	

Medication must be provided in its original container from pharmacy with dosage amount, directions, and prescribing physician name. If not, medication will not be administered.

SECTION 3 PARENT/GUARDIAN INFORMATION

Parent/Guardian Information

Name _____	Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Cell _____	Cell _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____

Please list any special living arrangements if it is important for staff to know. For example, family is separated, and child spends time at both homes

Name of Camper:

Birth Date:

Male

Female

If this is a sibling application who is the sibling/relative/friend: _____

PAYMENT FORM

Weeks		1 st Camper		Sibling	Total
June 3-6, 2024	<input type="checkbox"/>	\$260.00	<input type="checkbox"/>	\$220.00	\$
June 10-13, 2024	<input type="checkbox"/>	\$260.00	<input type="checkbox"/>	\$220.00	\$
June 17-20, 2024	<input type="checkbox"/>	\$260.00	<input type="checkbox"/>	\$220.00	\$
June 24-27, 2024	<input type="checkbox"/>	\$260.00	<input type="checkbox"/>	\$220.00	\$
July 8-11, 2024	<input type="checkbox"/>	\$260.00	<input type="checkbox"/>	\$220.00	\$

TOTAL \$

Deposit Due Now \$50.00 x week(s) x # of campers = \$

Balance Due \$

CAMP TWO-CAN SHIRT

Please check your camper's camp T-shirt size. Your camper will be provided with 1 camp T-Shirt.

Please have your camper wear their Camp 2 Can shirt on field trip day.

KIDS : small medium large **ADULTS** : small medium large x-large xx-large

CREDIT CARD AUTHORIZATION

Card Type: Visa MasterCard Discover Amex

Credit Card Number: _____

Expiration Date: ____/____/____ VID Code: _____ (three digits on back of card)**4digits on front for Amex

Cardholder (as appears on credit card): _____

CREDIT CARD BILLING ADDRESS

Name: _____

Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

I, Cardholder listed above, hereby authorize Providing Autism Links & Support, Inc. (PALS, Inc.) to charge my credit card account the deposit amount of \$ 50.00 x #weeks , for a total of \$ and I understand by checking this box I authorize PALS to charge the balance of \$ for a total of \$ two weeks prior to the camp week start date.

Only charge my deposit I will forward a check to the address below for the balance before the due date.

*Camp is offered at a very low cost while providing a high level of expert staff. Thanks to the support of CARD and PALS this is possible. Processing fees enable us to apply full payment to the camp program.

Cardholder Signature

Date
(MM/DD/YYYY)

Your completion of this authorization form helps us to protect you from credit card fraud.
All information entered on this form will be kept strictly confidential.

STOP the next 2 pages must be done in front of a notary.

Release Forms

Must be signed and dated in front of a notary and notarized. Applications without a notary will not be accepted.

*I understand registrations may be submitted by mail or in person, and registrations by telephone will not be accepted. I understand that to register I must complete the Enrollment Application and send a \$50 **per week per camper** deposit. (Incomplete applications and/or applications without proper deposits will not be accepted.) I understand payments will be processed as they are received on a first come first serve basis, but this does not guarantee placement for my camper. I understand that if my balance owed is not received by the due date, my camper will lose his/her slot in the camp program and may forfeit any funds paid. I understand there is a cancellation policy, and no refunds will be made a week prior to a camp start date. **I understand that if my camper cannot be served at the camp due to behaviors that may present a danger to self or others or that cannot be managed by staff, a refund check for any remaining weeks will be issued.** I am aware this camp program is not a County Public School program.*

I hereby give my consent for _____ to participate in Camp TWO-CAN.
Camper's name

NOTICE TO THE MINOR CAMPER'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CAMPER ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PALS/UCF CARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CAMPER MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CAMPER'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALS/UCF CARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CAMPER OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PALS/UCF CARD HAS THE RIGHT TO REFUSE TO LET YOUR CAMPER PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, assume all risks and hazards of the conduct of the program. In case of the unlikely event my camper should be injured during this PALS subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Providing Autism Links & Support (PALS), their elected officials, and employees, the hosting entity, supervisors, or any volunteer connected with the program and

hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

I DO grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

The Program, PALS and CARD are not responsible for items brought from home. For the safety of camper, please have your camper prepared for activities (e.g. no sandals, flip-flops, or open toed shoes). Please make sure that camper wears clothing that is secure since many activities require a high level of energy (e.g. running, hopping, etc.) and for protection.

I understand that camper (or self) may be dismissed from participation, and I agree to remove camper (or self) within one hour of being notified of any violation of the Program Code of Conduct.

Camper's Parent/Guardian _____ Date _____

TRAVEL RELEASE

I hereby grant permission for the above stated Camp camper to travel on a bus for swimming and on field trips to various locations. I understand that Camp personnel will provide supervision during transportation and field trips, and that one-on-one staffing is not possible. I understand that field trips depart on time per the schedule, and no one will accept my camper at the camp location after the bus has left. I also understand no refunds will be provided for days on which my camper has missed the bus for pool or field trips.

Camper's Parent/Guardian _____ Date _____

SWIM RELEASE

I hereby grant permission for the above-stated camper to swim in a community pool. I understand that campers will be tested for swimming ability on their first day of camp. Those campers that the counselors/pool staff feel are not competent swimmers will need to bring Coast Guard approved flotation devices which should be supplied by parents. I understand that no campers may stay behind at camp during swim or field trips.

Camper's Parent/Guardian _____ Date _____

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
2024 by _____,
who is personally known to me and/or produced _____
as identification and did/(not) take an oath.

Notary

Please make a photocopy of this completed application for your file.

Original notarized application and Registration/Payment forms must be returned to:

PALS

P. O. Box 781458

Orlando, FL 32878-1458

Ph: 407-823-6020 or 888-558-1908

Fax: 407-823-6012 Email: pals.florida@gmail.com