



S.A.F.E. Inc families, it is with great pleasure that we can have camp again this year. Through generous donations, grants and fundraising we are able to provide camp at no cost to our families.

However, due to the cost of camp, *limited spots*, and the amount of families registering in past years but not attending, ***ALL*** camps with S.A.F.E. Inc now requires a registration form for all attendees for the camp and activities with a refundable \$50.00 deposit (check or money-order) to secure your attendance at the camp. The deposit is returned to the family on check-in at the camp ***or*** written cancellation within ***72 hours of camp dates***. Camp does fill up quickly and S.A.F.E. Inc makes no promise or guarantee that all families registering will be able to overnight camp. Families will be notified by email if they have secured a cabin at camp or added to the waitlist – spots are filled by each completed application in the order they are received.

Please follow the instructions below to register for camp. Attach additional information if needed.

1. Complete the registration form entirely.
2. Confirm if your family will be overnight camping for the Friday and Saturday night or just coming for the day camp activities and lunch on the Saturday.
3. **Mail the original, signed form and deposit check to the S.A.F.E. Inc office at the address below.**
4. Camp is limited to 6 family members (please call the office if you require S.A.F.E. Inc to make any policy change to suit a larger family)
5. Even if you are only attending the day camp activities the full registration form ***must*** be completed.
6. All registration forms need to be received by August 31st, ***ALL***, registrations received after this date will be placed on a waitlist.

Incomplete forms and/or forms received without the deposit check/money-order will be returned and registration for camp will not be accepted. You will not be registered for overnight camp or day camp activities, and this delay may cause your family to be waitlisted.

Mail completed registration form and deposit to

S.A.F.E. Inc.
PO Box 299
Conyngham, PA 18219

If you have any questions, please do not hesitate to contact the S.A.F.E. office at admin@autismsafe.org or [\(570\) 795-8100](tel:5707958100)

S.A.F.E. Inc Family Camp Registration Form

Family Name: _____



1. Is your family camping on Friday and Saturday? Please circle - **YES NO**
2. If **NO** – How many will be coming on Saturday? Please circle - **1 2 3 4 5 6**
3. If **YES** - How many campers in your party? Please circle - **1 2 3 4 5 6**

A. Parent & Guardian Information

1. Parent/Guardian Name (First & Last)

Primary Home Address _____

City _____ ZIP _____ Cell # _____

Home/Work # _____ E-mail Address _____

2. Parent/Guardian Name (First & Last)

Primary Home Address _____

City _____ ZIP _____ Cell # _____

Home/Work # _____ E-mail Address _____

B. Photo Release

I hereby give permission for my child and members of my family to be photographed during the **S.A.F.E. Inc camp**. I understand the photos may be used for grant funding reporting or promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's, mine or family photograph may be used, our individual identities will not be disclosed, I do not expect compensation and that all photos are the property of S.A.F.E. Inc and its affiliates.

Parent's/Guardian's Initials _____

C. Medical Insurance Information and Release

In the event a parent/guardian is incapacitated or unable to make medical decisions this provides staff and volunteers of S.A.F.E. Inc. express permission to arrange medical transportation. I confirm that the information given is correct and accurately reflects the health status of the camper to whom it pertains. I understand that the information contained in the registration forms will be shared on a "need to know" basis with camp staff and/or any medical personnel as necessary.

Policy Number _____ Name of Health Insurance _____

Phone _____

Parent's/Guardian's Initials _____

S.A.F.E. Inc Family Camp Registration Form

Family Name: _____



D. Code of Conduct

The S.A.F.E. Inc family camp is intended to provide families with a fun, memorable, and safe camp experience. We all understand that our children have many challenges, however, each camper has a responsibility to act in a way that assures a **SAFE** and inclusively welcoming experience for all. All campers are required to follow these guidelines in addition to any guidelines the camp may have outside of the following.

Behavior Guidelines

- Campers shall be responsible for their words and actions. There is zero tolerance at camp for derogatory and discriminatory language.
- Campers shall be respectful of others.
- Campers shall follow directions from attending S.A.F.E. Inc Board of Directors and/or camp staff members.
- Possession or use of illegal substances, alcohol, or weapons is prohibited on campgrounds - any object that may cause harm to another or place another person in fear of his/her safety, may be considered a weapon is prohibited.

Steps taken for failure to follow these behavior guidelines

- The parent(s)/guardian(s) may be reminded of the behavior guidelines and asked to have them, or their family members adhere to the code of conduct.
- If a camper's behavior at any time threatens the immediate safety of him/her, other campers, or staff, the parent/guardian will be notified, and the family could be asked to leave the camp property.

Parent's/Guardian's Initials _____

E. Release and Waiver of Liability and Indemnity Agreement

I, the undersigned, and on behalf of all named in my family registration, hereby release, discharge, indemnify, hold harmless and defend S.A.F.E. Inc, its officers, employees, and volunteers from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have due to death, personal injury or illness, loss or damage to property, or future causes that occur during the S.A.F.E. Inc. family overnight/day camp and/or activities. It is further understood that some activities at camp come with risk and I in the capacity of registering my family for camp take full responsibility for all activities and the safety of my family is my personal responsibility. In the case of an emergency, I hereby authorize for anyone, child, or adult, I have registered for camp, including myself, to be treated for any medical care deemed necessary. I understand that if I register for camp and do not attend the camp without providing S.A.F.E. Inc with written notice of cancellation at least 72 hours prior to the start of camp, I will forfeit my \$50 deposit.

Name _____

Signature _____

Date _____

F. Emergency Contacts

1. Name _____ Phone # _____

Relationship _____

2. Name _____ Phone # _____

Relationship _____

S.A.F.E. Inc Family Camp Registration Form

Family Name: _____



G. Camper Information – must be completed for all campers including parent(s)/guardian(s)

Camper 1 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____

Camper 2 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____

Camper 3 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____

Camper 4 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____

S.A.F.E. Inc Family Camp Registration Form

Family Name: _____



Camper 5 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____

Camper 6 Please circle **Adult** **Child**

Name _____ Date of Birth _____ Age _____

Health Conditions _____

Medications _____

Allergies _____

Other Information _____

Parent's/Guardian's Initials _____