



2024 Registration Form

Autism Rocks Friends & Family Camp

August 15-18, 2024



Friday 3:00pm - Sunday 1:00pm | Deadline to register and be *paid in full* is July 26

REGISTRATION FEES:

		Amount	TOTAL
Camper's Name (Person w/Autism): _____	Age _____	\$180.00	\$ _____
Caregiver's Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____

OPTIONS:

Thursday 3:00 pm Early Arrival. Limited Activities/Meals - LIMITED TO 25 PEOPLE	Per Person	\$30.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - PERSON WITH AUTISM	PWA	\$65.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - CAREGIVER/FAMILY (Each).	Caregiver	\$35.00	\$ _____
		Limit = 2	

ACCOMMODATIONS:

Cabins: *LIMITED #/SHARED/FIRST COME-FIRST SERVED - Very Rustic!!* Per Person \$35.00 \$ _____
IF NOT IN CABIN, I (we: how many?) will stay in: A Scout Tent _____ Our Tent _____ Your RV (limited) No Fee

VOLUNTEERING:

Guests and/or Family Members sometimes choose to enhance their experience at Camp by doing some volunteer tasks - helping in the kitchen, at the art tables or campfires or other activities. Check this box if you are interested and we will contact you.

DONATIONS:

Add a donation amount so others may attend (Optional)\$ _____

SO MUCH FUN!!

Deposit: \$175 minimum amount due with application: \$ _____

Paid with Credit Card via PayPal \$ _____

TOTAL ENCLOSED: \$ _____

No Refunds after 8/1 Balance Due by 7/26:

Hilyard Center may have limited transportation to and from camp. Fee based: 541-682-5010.

Camper's Information:

Name _____ Age _____
 Address _____
 City _____
 State/Zip _____
 Phone(s) _____
 Email _____

Send Confirmation & "What to Bring" Letter to:

Name _____
 Address _____
 City _____
 State/Zip _____
 Phone(s) _____
 Email _____

Emergency Contact: _____ Cell: _____ Relationship: _____

If any person registering for camp has been convicted of a felony, please check here. We will contact you for details.

Failure to report such history will result in dismissal from the camp and ALL future Kind Tree Events. Report all incidents to 541-780-6950

Special Needs? Diet (be specific), sleeping arrangements, etc. For medical or behavioral issues, use the back of this form.

Send Completed Registration and Payment to:

Kind Tree - Autism Rocks
 PO Box 40847
 Eugene, OR 97404

Full Payment is Required by July 26

Questions?

Phone: 541-780-6950 Email: admin@kindtree.org

KindTree – Autism Rocks Friends & Family Camp 2024

HEALTH & SAFETY INFORMATION

Medications? **Yes** **No** | I am able to take my medication independently **Yes** **No**
While at camp, I will use an audible alarm to remind me to take my medications. **Yes** **No**
List any medicine and reason for taking: Use additional sheet and attach to this form, if necessary.

Prescription Medication? **Yes** **No** I give permission to the Kind Tree-Autism Rocks staff to assist me in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage, times and amounts.

1. _____ 2. _____
3. _____ 4. _____

Seizures? **Yes** **No** | Are seizures controlled by medication? **Yes** **No**
Describe Type & Frequency: _____

Please check all seizure triggers:

Loud Noises Large/Open Spaces Internal Temperatures (hot/cold) Weather
Flashing/Bright Lights Small/Closed Spaces Odors/Smells Other: _____

BEHAVIORAL INFORMATION

Are you using a specific plan for behavior? **Yes** **No** If yes, please attach the plan to this form or summarize plan here:

Please check any of the following situations or events that may be behavior triggers:

Loud Noises Large/Open Spaces Internal Temperatures (hot/cold) Weather
Flashing/Bright Lights Small/Closed Spaces Odors/Smells Other: _____

