Where kids with autism shine!
Camp Rising Sun, CDD, 2300 Menaul Blvd. NE
Albuquerque, NM 87107
http://www.cdd.unm.edu/camprisingsun/

Peer Application

<table>
<thead>
<tr>
<th>Our Mission is to…</th>
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<tbody>
<tr>
<td>• Provide a specialized summer camp experience for individuals with an Autism Spectrum Disorder (ASD) and their peers.</td>
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<tr>
<td>• Provide an opportunity for students, professionals, and volunteers to gain experience and training while working with those diagnosed with an ASD.</td>
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<td>• Provide respite for parents and caregivers of individuals with ASD.</td>
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<tr>
<th>Campers</th>
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<tbody>
<tr>
<td>• Camp Rising Sun (CRS) is an overnight camp for children, ages 8-17 years, with ASD and their typically developing peers, ages 10 – 17.</td>
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<tr>
<td>• When necessary, one to one camper to staff ratio is available. Camper/staff ratios are determined according to application information. Campers are part of groups formed with peers to promote positive social experiences.</td>
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<td>• CRS is operated at the Manzano Mountain Retreat facilities located 75 minutes from Albuquerque.</td>
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<td>• Possible activities include: swimming, kayaking, archery, horseback riding, ropes/challenge course, arts &amp; crafts, music, theater, fishing, movement, nature, sports &amp; games, campfire, camp outs and other specialized programming determined annually.</td>
</tr>
<tr>
<td>• Applications are available online at <a href="http://www.cdd.unm.edu/camprisingsun">http://www.cdd.unm.edu/camprisingsun</a> or by contacting the main camp office at 505-272-5142, beginning December 15, 2016 at noon.</td>
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<tr>
<th>Lottery</th>
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<tr>
<td>Registration is conducted via a lottery system.</td>
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<tr>
<td>• Applications will be posted on the Camp Rising Sun website on January 3, 2017 at noon.</td>
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<td>• All completed applications received by Tuesday, January 31st at 4 pm will be entered into the lottery. A completed application will have all information thoroughly filled out, include a deposit, any required documentation (BIP or IEP, if needed), and all signature pages signed.</td>
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<tr>
<td>• Families will be notified of their status on February 24, 2017 via email (or by letter, if email is not an option).</td>
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<tr>
<td>• Following the lottery, the waitlist will be managed on a first come/first serve basis as openings become available. This includes applications received after January 31st, at 4pm.</td>
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<tr>
<td>• Please apply, even if you miss the lottery. Openings often are available after January 31st. Applications received will be compared to any remaining open slots on March 15th and April 15th.</td>
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<tr>
<th>Eligibility</th>
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<tr>
<td>• Peers are typically developing 10 – 17-year-old kids who want to have fun, and learn about Autism Spectrum Disorder, while serving as a role model for campers with ASD.</td>
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<tr>
<td>• Peer campers come to camp for 5 days/4 nights.</td>
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<tr>
<td>• It is important to complete the application as fully as possible. Responses will help determine the best staff-to-camper ratio. Unfortunately, the camp has a limited number of beds for staff and campers so we cannot admit all applicants. Applicant behaviors/level of independence are not barriers to eligibility for CRS, so long as they do not endanger or pose a critical health concern to themselves or others. As part of the University of New Mexico, CRS upholds the no-restraint university policy at camp.</td>
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<tr>
<th>Who can be a Peer Camper?</th>
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<tr>
<td>• Siblings, cousins, friends, and advocates of people with ASD.</td>
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<tr>
<th>Donate</th>
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<tr>
<td>• Camp Rising Sun is a 501 (c)(3) organization; donations are appreciated and are tax deductible.</td>
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<tr>
<td>• Mail donations to CDD, Camp Rising Sun, 2300 Menaul Blvd. NE, Albuquerque, NM 87107; Attn: Natalie Kossar</td>
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<tr>
<td>• Designate through United Way of Central New Mexico (#202148) using the above information (be sure you specify Camp Rising Sun-New Mexico, since there is more than one CRS).</td>
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</table>
May 1
Remaining balances owed for camp are due on this date. **Failure to meet this deadline will result in forfeiture of camper’s spot.** Final completed health and other forms due; contact office to make other arrangements if needed.

**No refunds of camper fees after May 1**

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January 3, at Noon
Application forms are available online at http://www.cdd.unm.edu/camprisingsun or by calling 505-272-5142

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January 31, 2017 at 4pm
Deadline for lottery. Completed application and application fee submitted (completed application should include a photo, all requested information and signatures).

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February 24th
Families notified of lottery results/registration status

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Camper assigned to camp
Application fee deposited March 3. Complete and return camper packet by March 30, Complete and turn in camper physical prior to camp

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Camper added to wait list
Application fee returned to family. Openings will be filled from this list

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March 15, April 15
Waitlist and new applications will be reviewed to fill camper openings.

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Kids Camp
June 5-9
Camp Rising Sun
(Ages 8-12 yrs.)

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Teen Camp
June 26-30
Camp Rising Sun
(Ages 12-17 yrs.)

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A physical exam performed by a licensed physician within the past year, preferably within 6 months of camp, is required in order for your child to attend camp. Physicals may be turned in upon arrival to camp. Please schedule these at least 2 months prior to camp to ensure your child receives same in time for camp.
2017 Peer Camper Application
Camp Rising Sun, CDD, 2300 Menaul Blvd. NE
Albuquerque, NM 87107
www.cdd.unm.edu/camprisingsun

Peer Camper Name: _____________________________________________

Instructions for the Application:

- Peers are required to be between the ages of 10 -17.
- The lottery is open from January 3 – January 31, 2017. Please get your child’s application in on time to be part of this initial lottery drawing. Applications will still be accepted after January 31st to fill openings.
- A one-time, non-refundable application fee of $100 is due at the time of application. Additionally, the cost to families for camp is $450 for the first child and $400 for the second and additional children in the family. The actual approximate cost to host each child for 5 days/4 nights is $2,000.
- Those requesting a partial or full campership should check the box on page 15 indicating the need for financial assistance. The $100 application fee must be paid for each application, regardless of whether or not you are applying for a campership.
- The information you provide on this form will help us better understand and support your child during his/her stay at camp, as well as assist in staffing decisions. This form is also used for expressing concerns/issues the camp staff should be aware of in better serving your child in a social/recreational setting. All information provided will be kept confidential.

Please check which camp you are interested in:
Once your child is assigned to a camp, he/she may not switch, since camps fill quickly.

- Kids Camp (10-12 years old for peers)  □
  June 5-9, 2017
  Monday-Friday
  If your camper is 12 years of age and you would like to discuss differences between camps, please contact CRS at 505-272-5142.

- Teen Camp (12-17 years)  □
  June 26-30, 2017
  Monday-Friday

Parent/ Guardian Information (please check box(es) to indicate with whom the camper lives)

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<tr>
<th>Parent/Guardian One:</th>
<th>Parent/Guardian Two:</th>
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<tr>
<td>Name __________________</td>
<td>Name __________________</td>
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<tr>
<td>Home Phone __________________</td>
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<td>Work Phone __________________</td>
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<td>County __________________</td>
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<tr>
<td>Place of employment/position __________________</td>
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Camper Information

Child’s Full Name ________________________________
Name child goes by ________________________________ Date of Birth (mm/dd/yyyy) ______________________
Sex: □ Male □ Female Years at CRS ________ Other Camp Programs Attended __________________________
T-shirt Size (circle one) Youth: S M L XL Adult: S M L XL XXL
Height: ____________ Weight ____________ Ethnicity: ___ Hispanic ___ Non-Hispanic
Race (please mark all that apply to your child):
__ American Indian/ Alaskan __ Asian __ Black/ African American
__ Native Hawaiian/ Pacific Islander __ Caucasian __ Other/ Prefer not to disclose

How did you hear about camp?
□ Advertisement □ Word of mouth □ Internet
□ School □ Camp Fair □ Family
□ Friends □ Other: ______________________

Does your child have any dietary restrictions?
□ I would like a copy of the camp meal menu emailed to me approximately two weeks before camp begins
□ No Restrictions □ Vegetarian □ Vegan □ Gluten Free □ Lactose Intolerant
□ Other restrictions: ____________________________________________________________

Please list all of your child’s allergies (food, medication, etc.) and the reaction: ______________________
______________________________________________________________
______________________________________________________________

Due to a lack of time to cook individual meals and the large number of people eating at each meal, we are limited in our ability to meet every camper’s dietary needs. Manzano Mountain Retreat kitchen staff cannot make special meals for individual campers; however, counseling staff can microwave already prepared meals provided by families. If your child needs substitute meals please plan to prepare and label all meals by date, meal, and name of child on each container. Please bring an ice chest to store these items, since refrigeration space is very limited. In making your decisions regarding your camper’s food, please keep in mind the camp kitchen staff provide a vegetarian option for every meal, and have a salad bar available for lunch and dinner.
Medical Background

**Insurance Information:**

Health Insurance Provider: __________________________________________________________

Doctor’s Name: _____________________________ Phone: _____________________________

For office use only:

**UNM MR # ________________________________**

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Has your child ever been diagnosed with a medical condition?

___ Yes   ___ No   If yes, please describe: ________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Has your child ever been diagnosed with, or have symptoms of, any of the following psychiatric conditions?

- [□] ADHD
- [□] Schizophrenia
- [□] Bi-Polar
- [□] Depression
- [□] Anxiety Disorder
- [□] Thought Disorder
- [□] A Developmental Disorder
- [□] Other: ____________

If you checked a box above, is your child currently being prescribed psychiatric medication or receiving behavioral health services for this condition? Have they recently gone off any medications they were previously taking?

___ Yes   ___ No   If yes, please describe: ________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Are there any mental health or social challenges that may impact your child’s ability to participate at an overnight camp?

___ Yes   ___ No   If yes, please describe: ________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Are there any major family stressors or recent changes that have been challenging for your child?

___ Yes   ___ No   If yes, please describe: ________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please list any medications or supplements with the doses and symptoms targeted:

(PLEASE NOTE: All camper medication must be written on the medical form. If medications are changed or added after the medical form is completed, WRITTEN notification is required from your camper’s PHYSICIAN. In addition, ALL medications (including vitamins and herbal or homeopathic remedies) must be sent to camp in their ORIGINAL CONTAINERS.)

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<tr>
<th>Medication</th>
<th>Dose</th>
<th>Reason for taking?</th>
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In the last year, has your child ever received treatment at a residential/inpatient treatment center for behavior or other concerns?  ____ Yes  ____ No  If yes, describe (where, dates, length of stay, etc.):

Please describe any general health problems your child has:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Does your child have any physical limitations? Please describe:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Does this limitation require specific accommodations?  Please describe:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Education

Grade: __________________________ School: ______________________________________

Does your Peer Camper receive any learning support (special classes, etc.)? Please describe:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Does your camper have an IEP?  Yes      No        If yes, please attach the most recent copy of the IEP.

Swimming

At Camp Rising Sun we do our best to ensure that all campers receive the opportunity to go swimming. Please let us know your child’s strengths and weaknesses when it comes to swimming.

____ child swims well
____ child swims, but needs someone close by
____ child cannot swim, must remain in the shallow end of the pool
____ child needs to wear lifejacket in the pool at all times (camper must provide)
____ I am unsure of how my child does in the pool
____ child fears water/ will not get in the water willingly
____ child likes swimming but will take some prompting to get in
____ child has a difficult time leaving the pool when swim time is over
____ child has very sensitive skin or sun exposure sensitivity

Miscellaneous

Has your child spent 2 or more nights away from home in the past? Where? How long? ______________________

What are your child’s favorite activities? ____________________________________________________________

________________________________________________________________________________________
What are your child’s strengths?
__________________________________________________________________________
__________________________________________________________________________

What do you most like about your child?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What else should we know about your child to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about likes, dislikes, skills, and needs, the better we can serve your child.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

In the following sections please check all statements that describe the applicant. Please answer thoroughly, giving examples. This information will help us be prepared with the appropriate support(s) for the applicant. When you are thinking about these questions think about the amount of support that the applicant needs to be safe and successful at school, or in a community outing like grocery shopping. Use additional paper if necessary.

Communication

1. How does the applicant get his/her message across?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. How do you get the applicant to understand what is said to him/her?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Self-Help Skills

Is applicant independent in the following life skill areas? Please describe.

Mealtime: ____________________________________________
Toileting: ____________________________________________
Dressing/Undressing: _________________________________
Grooming: __________________________________________
Bathing: ____________________________________________
Bedtime: ____________________________________________

What accommodations or supports will your child need at camp?
__________________________________________________________________________
__________________________________________________________________________
For Peers who are siblings of a person with ASD, we will be conducting a Sibshop during camp. The objectives of Sibshops are:

1) To prepare siblings for their unique camp experience
2) To provide a space to talk about experiences of growing up with a sibling or cousin with Autism Spectrum Disorder with others who can relate
3) To ensure that siblings create supportive relationships with other campers, and
4) To explore ways they can advocate for themselves in the midst of all they do for their sibling/cousin

Check here if you are open to your child participating if they choose: ______ Yes, I agree to let my child attend Sibshop.

We hope to conduct a small-scale, survey-based research project on Camp Rising Sun’s peer support program.

Please indicate below if we may contact you regarding this potential research project. Your indication will not affect your child’s admittance to camp or eligibility for any CDD related services. We appreciate your time!

☐ Yes, you may contact me regarding this potential research

☐ No, thank you. I would not like to be contacted.
Fee Schedule/Payment Plan (Please check one)

* A $100 non-refundable application fee must accompany each application to be considered complete and processed.

- Option 1: Installment #1 ($75.00) Due by April 1. Installment #2 ($50.00) due by May 1.
- Option 2: Entire balance ($125.00) due by May 1.
- I understand the actual cost of camp is $2,000.00 and am able to donate an additional $_______.
- Our family may need financial assistance with the cost to send our child to camp.
  (Please contact Natalie Kossar at camprisingsun@salud.unm.edu to obtain additional campership application forms.)
  *Camperships are reserved for residents of New Mexico.

Total camp fee is $225.00, which includes the $100.00 non-refundable application fee and the $125.00 camp fee.

  Deadlines are firm due to the waitlist we incur each year.

Camp Rising Sun operates with the support of generous donations of many individuals and foundations, since the camper fee supports only a small portion of the total program cost. Camp Rising Sun may send out an occasional request for support, which could be through volunteering time, distributing information, donating wish list items, or through financial means. We hope you will be able to help us in whatever way you are able. However, if you wish not to receive requests for camp needs, please check the box below.

- I do not wish to receive future fundraising requests supporting UNM CDD Camp Rising Sun. Please remove my information from your list.
  *All reasonable efforts will be taken to ensure that you will not receive any future fundraising communications.

I attest that the information described to this point is accurate to the best of my knowledge.

_____________________________  ____________
Parent or Guardian Signature  Date

Camp Rising Sun is an accredited program of the American Camping Association.
Parent/Legal Guardian Agreement-Camp Rising Sun

Please read this document carefully and sign below

Consent to Attend & Participate
I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Rising Sun, Inc. a program of the University of New Mexico, through its Center for Development and Disability (hereinafter also identified as Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, camp out and water sports, and I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child’s (ward’s) participation in the Camp’s outdoor recreation program and other Camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp’s use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless & Indemnity Agreement
I agree to defend, indemnify and hold harmless the Camp, The University of New Mexico and its Regents, directors, members, officers, agents, and employees harmless from and against all claims, accidents, losses, demands, suits, judgments, liens, expenses, costs, damages, court costs, and attorney fees arising out of this Agreement and my child’s (ward’s) participation in the Camp.

Authorization for Care
I hereby grant permission to, and request and authorize all physicians, nurses, and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility
I acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child (ward) for any illness or injury that he or she may sustain during Camp.

Authorization to Release Information
I authorize the Camp to furnish from my child’s (ward’s) medical records, such information as may be requested by representatives of local, state, or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Personal Property
I understand that the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Peer Camper’s Name: __________________________________________________________
Parent/Guardian Signature: ________________________________________________
Date: __________________________

Thanks for your time in completing this information!