Where kids with autism shine!
Camp Rising Sun, CDD, 2300 Menaul Blvd. NE
Albuquerque, NM 87107
www.camprisingsunnm.org

OUR MISSION IS TO ...
- Provide a specialized summer camp experience for individuals with an Autism Spectrum Disorder (ASD) and their peers.
- Provide an opportunity for students, professionals, and volunteers to gain experience and training while working with those diagnosed with and ASD.
- Provide respite for parents and caregivers of individuals with an ASD.

Campers
- Camp Rising Sun (CRS) is an overnight camp for children, ages 8-17 years, with an Autism Spectrum Disorder (ASD) and their peers, 10-17.
- 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.
- Camp Rising Sun is operated at the Manzano Mountain Retreat facilities located 75 minutes from Albuquerque.
- Possible activities include swimming, kayaking, archery, horseback riding, ropes/challenge courses, arts & crafts, music, theater, martial arts, nature/adventure, sports & games, campfire, camp outs and other specialized programming determined annually.
- Applications are available online at www.camprisingsunnm.org or by contacting the main camp office at 505-272-5142 beginning January 3.

Volunteers
- Counselor and program staff applications are available online or by contacting the main camp office at 505-272-5142.
- CRS volunteers are comprised of enthusiastic, compassionate, and motivated people. Many are university students and professionals from the community working in autism-related fields (Occupational Therapy, Speech Language Pathology, Physical Therapy, Special Education, Adapted Physical Education, Exercise Science, etc.)

Cost
- There is a non-refundable, one-time application fee of $100 that must accompany the child’s application. Please apply right away.
- An additional $450 camper fee is required for camp attendance; the fee for the second child in a family is $400. This camper fee does not entirely cover the approximate $2,000 cost for one camper. Operation of the camp is possible from contributions, scholarship donations, and grant funding from organizations such as Blue Cross Blue Shield Foundation, Albuquerque Community Foundation, The McCune Foundation, and the generosity of many other organizations, businesses, and individuals.
- Partial or full camperships for New Mexico residents are available based on need. However, the non-refundable $100 application fee is still due at the time of application. For a scholarship application, please call 272-5142 or print one from www.camprisingsunnm.org.
- All applications must be either mailed or hand carried to the address listed above.
- There will be NO refunds after May 1st.

Eligibility
Peers must be between the ages of 10-17. Health management is an important aspect of CRS. All campers are considered eligible for camp participation. Should leadership staff have concerns regarding our ability to support the needs of the child to have a positive experience, a leadership or medical staff person will contact the family for additional information. 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. If your camper meets eligibility criteria he/she will either be admitted to camp or placed on the waitlist if all slots are full. 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. If there is any reason we suspect we cannot support your child to have a positive experience at camp, we will call you to further discuss.

Donate
- Camp Rising Sun is a 501 (c)(3) organization; donations are appreciated and are tax deductible.
- Mail donations to CDD, Camp Rising Sun, 2300 Menaul Blvd. NE, Albuquerque, NM 87107; Attn: Somer Wright
- Designate through United Way of Central New Mexico ( # 202148), or the Combined Federal Campaign (CFC # 15390) using the above information (be sure you specify Camp Rising Sun-New Mexico, since there is more than one CRS).
January 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

January 31 at 4pm
Lottery deadline – completed application and application fee submitted (the completed application should include a photo, all requested information and signatures)

February 7
Families notified of lottery results/registration

Camper assigned to camp
Application fee actually deposited February 14
Complete and return camper packet by March 15
Complete and turn in camper physical prior to camp

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

March 1
January 31 at 4pm

April 30
March 1
February 7

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.

Kids Camp
June 2-June 6, 2014
Camp Rising Sun
(Ages 10-12 yrs.)

Teen Camp
June 23-June 27, 2014
Camp Rising Sun
(Ages 12-17 yrs.)

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 his/hers in time for camp.

January 3
Application forms are available online at www.camprisingsunnm.org or by calling 505-272-5142.
Camper name (printed)_____________________

Instructions for the Application

- There is no application deadline; however, we encourage you to register as soon as possible due to limited available space.
- Applications do not guarantee a spot at camp. You will be notified of your child’s admittance to camp or of their placement on the waitlist.
- A one-time, non-refundable, application fee of $100 is due at the time of application. The cost to families for camp is $450 for the first child and $400 for the second and additional children in the family. The approximate cost to host each child for 5 days/4 nights is $2,000. As always, any additional donations are appreciated and accepted, see page 1 for details.
- Those requesting a partial or full campership should check the box on page 9 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:

☐ Kids Camp (10-12 yrs.)
   June 2-June 6, 2014
   Monday-Friday

☐ Teen Camp (12-17 yrs.)
   June 23-June 27, 2014
   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.

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

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<th>Parent/Guardian One:</th>
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<td>Place of employment/position __________________</td>
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**Emergency Contact 1**
Name ___________________________ Relationship ___________________________
Home Phone ___________________________ Work Phone ___________________________
Cell Phone ___________________________

**Emergency Contact 2**
Name ___________________________ Relationship ___________________________
Home Phone ___________________________ Work Phone ___________________________
Cell Phone ___________________________

Does your child have a sibling who is applying to attend camp as well?  ____ Yes  ____ No

**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 ___________________________
Grade _______ School: ___________________________ Contact Email: ___________________________
T-shirt Size (circle one) Adult:   S   M   L   XL   XXL   Youth:   S   M   L   XL
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

**Medical Background**

**Insurance Information:**
Health Insurance Provider: ___________________________

Doctor’s Name: ___________________________ Phone: ___________________________

For office use only:

UNM MR # ________________
Does your child have any dietary restrictions?

☐ I would like a copy of the camp meal menu e-mailed 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.

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
☐ Bi-Polar
☐ Depression
☐ Thought Disorder/Auditory or Visual Hallucinations
☐ Anxiety 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?

____ 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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<th>Medication:</th>
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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:  
________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

Indoor Activities
Please indicate your child’s preferences. Activities listed will not necessarily take place at camp.

___ books  ___ listening to music  ___ playing musical Instruments
___ magazines  ___ crosswords  ___ Sudoku
___ making crafts  ___ puzzles  ___ drawing
___ painting  ___ word searches  ___ writing letters

___ board games: favorites?  
___ card games: favorites?  
___ Other:  
________________________________________________________________________________________
**Outdoor Activities**

Please check (✓) all activities that are appropriate for your child's abilities and interests. Please circle all activities that you would particularly like your child to try.

### Ball Activities
- ___ ball sorting
- ___ ball tossing
- ___ bowling
- ___ kicking a ball

### Water Activities
- ___ sprinkler play
- ___ swimming
- ___ water balloon toss
- ___ water relays
- ___ kayaking

### Group Activities
- ___ camping in tents/teepee
- ___ dodge ball
- ___ duck-duck goose
- ___ kickball
- ___ musical chairs
- ___ parachute games
- ___ relay races
- ___ basketball
- ___ soccer/kicking into goals
- ___ tee-ball/ baseball
- ___ volleyball

### Individual Activities in Group Setting
- ___ geo-caching with GPS unit
- ___ high ropes course
- ___ martial arts
- ___ building
- ___ climbing wall
- ___ dancing
- ___ archery
- ___ singing
- ___ fishing
- ___ arts and crafts
- ___ theater

### Individual Activities
- ___ bean bag toss
- ___ swinging (hammock)
- ___ Frisbee
- ___ horseshoes/ring toss
- ___ hopscotch
- ___ face painting

Please list any additional activities your child enjoys doing outside or recreationally: ____________________________

______________________________

_____________________________

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**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
- ___ 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 drinks pool water
- ___ child wears swim diapers in the pool
- ___ child needs to wear lifejacket in the pool at all times (camper must provide)
- ___ child has very sensitive skin or sun exposure sensitivity
**Miscellaneous**

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.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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**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 ($225.00) Due by April 1. Installment #2 ($225.00) due by May 1.

☐ Option 2: Entire balance ($450.00) 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 Somer Wright at sdwright@salud.unm.edu to obtain additional campership application forms.)
   *Camperships are reserved for residents of New Mexico.

Total camp fee is $550.00, which includes the $100.00 non-refundable application fee and the $450.00 camp fee.

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

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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.

_________________________________________  __________________________
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.

Camper’s Name: __________________________

Parent/Guardian Signature: __________________________

Date: ________________

Thanks for your time in completing this information!