



2020 Fall Youth Program Registration

Extended Virtual Camp Boccia Ball Archery Wheely Fun Run Club Fall Break Camp

CHILD INFORMATION – Spots are limited for all programs

Name _____ Nickname _____
Address _____
Phone _____ Gender Male Female
Age _____ Birthday _____ Weight _____ Height _____
Special Interests and Hobbies _____

PARENT or GUARDIAN INFORMATION

Name _____ Name _____
Address _____ Address _____
City _____ State _____ ZIP _____ City _____ State _____ ZIP _____
Phone _____ Phone _____
Email _____ Email _____

EMERGENCY CONTACT INFORMATION (Someone other than parent or guardian listed above)

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Who is allowed to pick your child up?

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

HEALTH INSURANCE INFORMATION

Carrier _____ Group Number _____ ID Number _____
Name of Primary Insured _____ Relationship to Camper _____
Physician Name _____ Phone _____
Dentist Name _____ Phone _____
Hospital Preference _____

HEALTH INFORMATION

Primary Diagnosis

- | | | | | |
|-------------------------------------|--|---------------------------------------|---|---|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other: _____ |

Please explain disability and cause: _____

Disability was: Present at birth Acquired, on this date _____

Camper uses: Manual Wheelchair Power Wheelchair Crutches Prosthesis
 Walker Hearing Aids AFO's Glasses Other: _____

Allergies _____

Describe Behavioral and Emotional issues _____

Any other Health Problems _____

Are IMMUNIZATIONS in compliance with OK state school requirements? Yes No

Date of last Physical Examination _____ Date of last Tetanus Shot _____

Consent & Release

Parent or Guardian: Please initial each section and sign and date below.

_____ Photo Release: I hereby consent that the photographs and/or videotapes in which my child appears and/or audio recordings made of his/her voice may be used by The Center Youth Program in whatever way needed, including television; consent that any such photograph, films and recordings shall be the property of Camp Get Centered, and they shall have the right to duplicate and reproduce and make other such use of said photographs as needed without any claim on my part.

_____ Activities: I understand that camper may take part in activities at the facility that could include, but not limited to, climbing wall, archery, swimming, and other such activities of The Center Youth Program. I give permission for camper to participate in any and all such activities, which are supervised and deemed appropriate by qualified Center personnel.

_____ Authorization for OTC Medication: I give permission for administration of the following medications if deemed necessary by certified first-aid personnel. Doses will be administered according to directions on label unless directed by physician:

OR NO OTC Medication Authorized

Acetaminophen Ibuprofen Chewable Antacid Pepto Bismal Benadryl Sunscreen Insect Repellent Neosporin

_____ Authorization for Prescription Medication: I give permission for administration of doctor prescribed medication. I will provide written instructions. Medications must be in original container, bagged and labeled with name. OR No Rx Meds

_____ Authorization for Treatment: I give permission to the medical personnel selected by The Center Youth Program to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied.

I hereby acknowledge that I am fully aware of the risks and hazards connected with the participation in The Center Youth Program, including physical injury, and hereby elect to voluntarily participate in said event, knowing that the associated activities may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by me as a result of my participation.

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Center for Individuals with Physical Challenges and its affiliates, participants, volunteers, directors, facilities, vendors and staff from any and all liability, claims, demands, expenses, omissions, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me or to any property belonging to me, while participating in The Center Youth Program. I understand and agree that The Center or other supporting parties are not responsible for any injury or property damage arising out of competing in this event. I acknowledge and represent that I HAVE READ THE FORGOING Participant Waiver of Liability Form, I UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed. No oral representations, statements, or inducements, apart from the forgoing written agreements have been made.

Parent/Guardian Signature _____ **Date** _____

COVID-19 Agreement and Protocols

_____ I have received a copy of the general youth protocols for COVID-19 at The Center for Individuals with Physical Challenges.

_____ I agree to the COVID-19 Protocols set in place by The Center for Individuals with Physical Challenges.

Parent/Guardian Signature _____ **Date** _____

Youth Member T-Shirt Size (for Wheely Fun Run Club):

YS YM YL S M L XL

How did you hear about The Center's 2020 Fall Youth Programs?

Check List

- Completed Registration Form
- Membership Application-For NEW Youth Members Only (includes Medical Release to be completed by physician)
- Copy of Immunization Record
- Photo of Youth Member (can be sent electronically to kevans@tulsacenter.org)
- Signed Releases
- Completed Medication Request (if necessary)

Programs Attending

<input type="checkbox"/> Extended Virtual Camp		FREE
<input type="checkbox"/> Camp Bag (4)	_____X	TBD
<input type="checkbox"/> Boccia		\$70
<input type="checkbox"/> Archery*		\$70
<input type="checkbox"/> Adaptive Sport Combo Package		\$115
<input type="checkbox"/> Wheely Fun Run Club In-Person		\$120
<input type="checkbox"/> Wheely Fun Run Club Virtual		\$50
<input type="checkbox"/> Fall Break Camp* (3 Options)		
All 3 Days		\$75
# of Sessions (1-6)	_____X	\$20 = \$_____
# of Days (2)	_____X	\$30 = \$_____

Total Due \$_____

*Archery and Fall Break Camp due by Oct 5, 2020.

For questions, please contact
Kelly R. Evans, CTRS/L
Youth Services Program Coordinator
918-794-4526
kevans@tulsacenter.org

Description of 2020 Fall Programs:

Extended Virtual Camp Get Centered – Monday & Wednesday 10:00-11:00 (CST) Sept, Oct, Nov, Dec. (No sessions 9/2, 9/7, 10/14, 10/26, 11/25. December sessions are only 12/2, 12/7, & 12/9) Enjoy an extension of our summer camp this fall. Meets twice a week via Zoom. Campers will enjoy art, adaptive sport & recreation, mindfulness, science projects, and more. Monthly supply lists will be made available and will also be available for purchase. This program is designed for ages 6 and older. Sessions are 30-60 minutes. **FREE!**

Boccia Ball – Tuesdays, Sept 8-Oct 13, 3:30-4:45. Boccia is said to be one of the fastest growing Paralympic Sports. Boccia is played indoors and with a soft leather ball. The object of the game is to throw or roll game balls so that they land as close as possible to a target ball called the Jack Ball. Boccia is designed so individuals with different physical disabilities can participate in an integrated, adaptive, or modified/unified format. This program is designed for ages 6 and older. 6 classes, **\$70**

Archery – Tuesdays, Oct 20-Dec 1, (No class 10/27). This 6-week program gives the participant the opportunity to learn the rules of archery, how to properly shoot a bow, how to keep score, and identify equipment. Participants will work on archery skills and have friendly competitions against others during the session. This sport is very disciplined and structured allowing for a safe environment for all participants. All equipment is provided. This program is designed for ages 8 and older, or by evaluation. 6 classes. **\$70**

Adaptive Sport Combo Package – Register for both Boccia and Archery and save! **\$115**

Wheely Fun Run Club – Thursdays, Sept 10-Dec 3. (No classes 10/15, 11/26). Come be part of our second season of the Wheely Fun Run Club! This program is a WALK, RUN, or ROLL physical fitness program for youth with a physical disability. Program will cover strength and endurance training both in- and outdoors. Each session will develop and encourage youth to progress from their current level of fitness to being able to complete a 1-mile Fun Run race at the conclusion of the program. The program will incorporate various stretching, warm-up, cool-down, physical activities, recreation, and games to increase their fitness, well-being, and endurance. 11 classes plus a local fun run. Can't make it in-person? You can Walk, Run, or Roll and send in your distance weekly. **\$120 In-Person, \$50 Virtual.** Includes Fun Run Registration or a Wheely Fun Run Club Shirt if no local Fun Run is scheduled.

Fall Break Camp – Oct 14-16, 8:30-11:30 & 1:00-4:00. Join us during Fall Break for the best of Camp Get Centered! Campers will participate in adaptive sport, art, games, science experiments, and fun times with others. Campers will enjoy utilizing our indoor and outdoor spaces on The Center campus. All Campers will leave during lunch. Virtual options may be available. **\$20/session, \$30/Day, or \$75 All 3 Days**

REMINDERS

- Space is limited for all In-Person Programs to ensure the health and safety of Youth Members, Staff and Volunteers.
- Face Masks must be worn by **ALL** while on The Center's property, inside and outside.
- Temperatures will be taken each day by anyone who enters The Center building.
- Parents/Caregivers and Youth Members will complete the Symptom/Travel Screen weekly.
- Parents/Caregivers (no more than 2 adults per Youth Member) are welcome to be a spectator in designated seating areas.
- Siblings, who are not Center Members, are not allowed in the building at this time.
- We will be doing curbside/door drop-off and pick-up at designated screening stations.
- Water Bottles with a straw are allowed. Please practice with your child using the straw under their mask and not having to take the mask off to take a drink.