

SUMMER GET AWAY GENERAL INFORMATION

keep this page

Dear Applicant/Legal Guardian: Please use the following check list to complete your application.

- Complete the application and attach any additional information you consider pertinent.
- Attach a picture of the applicant with name clearly marked. No larger than 4"x6".
- Include the required \$100 non-refundable deposit, or full payment, for each Get Away. Online tuition payments are available at specialtouch.org Get Away's location page. **ANY BALANCE IS DUE UPON ARRIVAL.** Checks payable to Special Touch Ministry, Inc. Only send exact tuition amounts, any overpayment or refund will be returned to the applicant minus a \$5.00 processing fee.
If tuition is paid online you may fax application to: 715-258-2777
or e-mail to: centralprocessing@specialtouch.org (full size scan only)
- Medical Form **WITH physician's signature MUST accompany the application.**
- Include all pages of the application.
Incomplete applications will be assessed a \$50.00 up-charge for Missing: information, signatures, deposit, and/or late applications (postmarked after deadlines) —No exceptions.

If tuition is to be reimbursed by a service agency a receipt for reimbursement is provided. However, full tuition **MUST** be received by Get Away start date to attend. Online credit card payments are available at: www.specialtouch.org/donate

ALL APPLICANTS MUST HAVE A MEDICAL EXAMINATION

within twelve months prior to the date of Get Away applying for.

- Substitutions of this form will not be accepted. Additional information is appreciated.
- **All medications must be in original prescription bottles clearly marked for content, dosage, and frequency.**
- All medical and behavioral incidents will be documented.
- Applicants over 50 lbs, needing transfers should expect to be lifted with the help of mechanical assistance.
- Behavioral, food, etc. charting **will not be done.** Only medication charting will be recorded.

APPLICANTS UNDER THE AGE OF 10 must be accompanied by a parent/guardian. A spouse or parent/guardian providing applicant's care may accompany him/her at no charge. If you are providing your own caregiver, their completed Special Touch staff application and references must be submitted with yours. If attending as a family unit, please note family discount rate on page 1 of the application. — \$100 deposit is still applicable.

INSURANCE - All participants and staff members are provided limited insurance against injury and illness for the duration of the Summer Get Away. **A COPY (not original) of applicant's insurance card must be provided.**

ACCEPTANCE to Special Touch Summer Get Away is not guaranteed. **We reserve the right to refuse acceptance of applicant based on our ability to provide adequate care in conjunction with applicants needs with regard to our programming.** Pre-registration is required. An acceptance letter will be mailed two weeks prior to the date of Get Away. If applicant is not accepted, a full refund will be given. All correspondence will be mailed to applicant's address.

BACKGROUND CHECK We conduct yearly screening and background checks on all volunteers for the safety of our vulnerable population, for the protection of our staff, and for the integrity of our organization.

REGISTRATION begins on Monday of the Get Away at 1:00pm and ends at 2:30pm. Summer Get Away concludes at 1:00pm on Friday. **Grounds must be cleared by 2:00pm.** Be sure your transportation is **punctual.**

TRANSPORTATION to and from the grounds is the applicant's responsibility. Transportation will be provided for activities (swimming, museum, etc) that may be off the grounds. Some activities may require additional release forms.

For more information: centralprocessing@specialtouch.org • www.specialtouch.org
715-258-2713 • FAX 715-258-2777

2016 Summer Get Away Locations

OKLAHOMA • MAY 23–27
New Life Ranch, Colcord, OK
Coordinators: Thomas & Angie Carpenter
870-799-9656
Tuition: \$430
Registration Deadline: postmark April 25

FLORIDA • MAY 30–JUNE 3
Lake Aurora Christian Camp, Lake Wales, FL
Coordinators: Rev. Joe & Ann Tremontozzi
321-543-8729
Tuition: \$590
Registration Deadline: postmark May 2

ILLINOIS • MAY 30–JUNE 3
Lake Williamson Christian Center, Carlinville, IL
Coordinator: Jonathan Spink
618-797-8232
Tuition: \$495
Registration Deadline: postmark May 2

WIS / N. MICH • JUNE 27–JULY 1
Spencer Lake Christian Center, Waupaca, WI
Coordinators: Rev. Charlie & Debbie Chivers
715-258-2713
Tuition: \$410
Registration Deadline: postmark May 31

KENTUCKY • JULY 25–29
Camp Horsin' Around, Perryville, KY
Coordinator: Kusum Neal
502-227-2557
Tuition: \$480
Registration Deadline: postmark June 27

N. CAROLINA • AUGUST 8–12
Camp Dixie, Fayetteville, NC
Coordinators: Rev. Marshall & Gilda Wise
410-726-1769
Tuition: \$460
Registration Deadline: postmark July 11

GEORGIA • AUG 15–19
Camp Twin Lakes – Will-A-Way, Winder, GA
Coordinators: Rev. Joe & Ann Tremontozzi
321-543-8729
Tuition: \$325
Registration Deadline: postmark July 18

OHIO • AUG 15–19
Heartland Conf. Retreat Center, Marengo, OH
Coordinators: Duane & Tracie Corll
330-507-9281
Tuition: \$410
Registration Deadline: postmark July 18

NORTH EAST REGION • AUG 22–26
Eisner Camp, Great Barrington, MA
Coordinators: Mike & Kim Ferguson
978-400-6803
Tuition: \$750
Registration Deadline: postmark July 25

ARIZONA • AUGUST 29–SEPT 2
Lost Canyon, Williams, AZ
Coordinators: Rev. Frank & Jean Amico
928-530-4504
Tuition: \$595
Registration Deadline: postmark August 1

Please Note: Tuition is NOT Tax Deductible



OFFICE USE ONLY	Received
Ptmrk _____ Check # _____ \$ _____	
Get Away _____ Tuition \$ _____	
Guardian _____ Med Form _____ Allergies/Intolerance: <input type="checkbox"/> No <input type="checkbox"/> Food <input type="checkbox"/> Med <input type="checkbox"/> Other	
Disability: IN IN/PH PH Wheelchair: M E Other: _____	
CrGr _____ Room _____	
Co _____	Completed
TL _____ Med Staff _____	
CIT _____ Chapel: Green H Green	

2016 Guest Application

Incomplete applications will be assessed a \$50.00 up-charge.

MAIL COMPLETED APPLICATION WITH GUARDIAN SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:

Special Touch Central Processing • P.O. Box 25 • Waupaca, WI 54981

IF TUITION IS PAID ONLINE, YOU MAY FAX APPLICATION TO: **715-258-2777**

OR E-MAIL (FULL SIZE SCAN ONLY) TO: **centralprocessing@specialtouch.org**

PLEASE CHECK EACH GET AWAY THAT YOU ARE APPLYING AND SENDING DEPOSIT(S) FOR

A NON REFUNDABLE \$100 DEPOSIT MUST BE INCLUDED FOR EACH GET AWAY YOU ARE APPLYING FOR

- | | | |
|---|--|--|
| <input type="checkbox"/> OKLAHOMA • MAY 23-27 | <input type="checkbox"/> KENTUCKY • JULY 25-29 | <input type="checkbox"/> OHIO • AUG 15-19 |
| <input type="checkbox"/> FLORIDA • MAY 30-JUNE 3 | <input type="checkbox"/> NORTH CAROLINA • AUG 8-12 | <input type="checkbox"/> NORTH EAST REGION • AUG 24-26 |
| <input type="checkbox"/> ILLINOIS • MAY 30-JUNE 3 | <input type="checkbox"/> GEORGIA • AUG 15-19 | <input type="checkbox"/> ARIZONA • AUG 29-SEPT 2 |
| <input type="checkbox"/> WIS/N. MICH • JUNE 27-JULY 1 | | |

Credit Card payment made online Date _____ Amount Paid \$ _____ Card Holder Name _____

Please allow one week for credit card processing

PLEASE PRINT CLEARLY *Incomplete applications will be assessed a \$50.00 up-charge*

Applicant Name _____ Preferred Name _____
First Last (if different from first name)

Applicant's Address _____ City _____ State _____ Zip _____

Phone Day (_____) _____ Cell (_____) _____ Email _____

Male Female Height _____ Weight _____ Date of Birth ____/____/____ (Applicant must be 10 or older) Age _____

Attending as Family Member

- A family member is a third person attending from the same family, staying in same room and not requiring an additional caregiver
- If attending as a family member skip to Guardian Signature on page 3 (Under age 18 also requires completed Medical Form with Physician's Signature)
- Tuition for family member is 25% off the full tuition price. —\$100 deposit is still applicable.

Live in own home/apt Foster Home CBRF/AFH Residential Facility/Group Home Name _____

I am my own Guardian **NAME OF LEGAL GUARDIAN** _____

Relationship to applicant _____ Phone Day (_____) _____ Cell (_____) _____

Address _____ City _____ State _____ Zip _____

Email _____

EMERGENCY CONTACT - different than applicant or guardian _____
(If unable to reach legal guardian)

Relationship to applicant _____ Phone Day (_____) _____ Cell (_____) _____

Has applicant attended Get Away before? No Yes #of times _____ Last time _____ Location? _____

Do you actively attend an Official Special Touch Chapter? No Yes If yes, what location? _____

Applicant's Home Church _____ City _____

FILL OUT BOX "A" IF APPLICANT HAS PHYSICAL DISABILITY.

FILL OUT BOX "B" IF APPLICANT HAS INTELLECTUAL DISABILITY.

IF APPLICANT HAS BOTH DISABILITIES FILL OUT BOX "A" & "B". DO NOT LEAVE BLANK

A. PHYSICALLY DISABLED APPLICANT

Applicant has NO intellectual disability

DIAGNOSIS

- Brain Trauma
- Multiple Sclerosis
- Spina Bifida
- Other-explain _____
- Cerebral Palsy
- Muscular Dystrophy
- Spinal Cord Injury

OTHER FACTORS

- Uses Sign Language
- Non-Verbal
- Deaf
- Hearing-Impaired
- Uses Hearing Aides
- Other-explain _____
- Blind
- Sight Impaired
- Will Bring Service Dog
- Wears Glasses
- Cannot Climb Stairs

SELF HELP AND SUPERVISION NEEDED

- Lives Independently - No assistance needed
- Will require assistance from Special Touch Staff
 - Minimal
 - Moderate
 - Individual

PROVIDING MY OWN CAREGIVER* (FOR GET AWAY)

Fill in information for caregiver the applicant is providing

Gender: Male** Female**

Relationship to Applicant: Mother Father Family Member Personal Assistant

Name* ** _____ City _____ State _____ Zip _____

*Caregiver's completed Special Touch Staff Application must be submitted with this application. **Unless related, caregiver must be of same sex as applicant.

B. INTELLECTUALLY DISABLED APPLICANT

Applicant has NO physical disability

INTELLECTUAL ABILITY—(CARE LEVEL NEEDED)

- High Functioning Intellectual Disability—(Guidance needed)
- Mild Intellectual Disability—(Minimal Assistance needed)
- Moderate Intellectual Disability—(Extensive Assistance needed)
- Severe/Profound* Intellectual Disability—(Totally Dependent)

* Current programs are not designed for people with Severe/Profound intellectual disabilities

OTHER FACTORS

- Non-Verbal
- Uses Sign Language
- Hearing Impaired
- Deaf
- Uses Hearing Aides
- Autistic Behavior
- Sight Impaired
- Blind
- Wears Glasses
- Other _____

SELF HELP AND SUPERVISION NEEDED

- Lives Independently
- Needs minimal supervision
- Requires individual staff supervision due to
 - Intellectual disability
 - Wheelchair Manipulation

SKILL EVALUATION Please check the most appropriate statements in each category

MOBILITY PLEASE BRING YOUR OWN EQUIPMENT

- Walks Alone Needs assistance Cannot walk
- Walks Slow Medium Fast
- Can climb stairs Cannot climb stairs
- Uses and will bring Walker Braces Cane Scooter
 - Electric Wheelchair Manual Wheelchair
- Can manipulate wheelchair alone
- Cannot manipulate wheelchair alone
- Paraplegic Quadriplegic

TRANSFERRING

- Transfers alone Bears own weight
 - Pivot transfers with caregiver Uses Mechanical Lift
- (If unable to pivot transfer or bare own weight, mechanical lift WILL be used)

EATING

- Independent - needs no assistance
- Needs assistance with _____
- Dependent, must be fed (Provide week supply of bibs and straws)
- Has difficulty swallowing solids liquids
 - must use straw (Please send supply for week)
- Requires pureed food
(Pureed food may NOT be available. Call Get Away Coordinator for clarification)
- Appetite large medium small limit helpings

ALLERGIC to foods listed _____

Diet restriction that CANNOT lapse during Get Away _____

(We are unable to provide specialized charting or diet for each applicant due to a camp type environment. If you cannot be tolerant in this area, YOU must provide special dietary foods i.e.: sugar free food and drink. Refrigeration and special preparation of food is NOT available.)

TOILET NEEDS - Send adequate supplies for needs

- Independent - Needs no assistance
- Needs prompts, but can care for self
- Is slow, but can care for self
- Needs assistance with Clothing Wiping
- Uses Depends/Diapers Only at night At all times
- Incontinent
 - Bowel Bladder Catheter Colostomy - send supplies
- Totally Dependent for all toilet needs and transferring
- Female guest is able to care for self during menstruation:
 - Fully Partially Not at all Expected during week N/A

PERSONAL HYGIENE/DRESSING/SLEEPING

- Independent - Needs no assistance
- Needs prompts, but can care for self
- Is slow, but can care for self
- Needs Assistance with Showering Water temperature
 - Washing hair Drying body
 - Clothing Brushing Hair Brushing teeth
 - Shoes Deodorant Shaving
 - Glasses Braces Dentures

Totally Dependent for all needs

Specific Explanation _____

Usual bedtime _____ Usually awakens at _____

Special Sleeping Habits _____

Written instructions included. Verbal instructions are inadequate.

If additional information is required it must be written.

BEHAVIOR

- Generally happy *check all that apply* Compliant Social
 Helpful Cooperative Team player
- Generally unhappy *check all that apply*
 Non compliant Withdrawn Prone to depression
- Does well in large groups Does NOT do well in large groups
- Cautious/Shy
- Wanders (*Note: applicant who wanders off may be sent home for safety*)
- Physically Abusive/Aggressive to self to others to staff
- Adapts to new environment Quickly Slowly
- Poor Behavior -explain _____
- Autistic Behavior -describe _____
- Other Behaviors -explain _____

Are there any behavior problems you handle in specific ways and would like us to continue? _____

We ask this because we will try to be consistent with expectations and discipline at home. All instructions must be written.

GUEST APPLICATION RELEASE

I give permission as legal guardian for the applicant to attend Special Touch Ministry, Inc. Summer Get Away. To the best of my knowledge, all signatures and information in the application is correct and the person herein described has my permission to engage in all activities, except as noted by myself and/or physician. I further understand that Special Touch Ministry, Inc. reserves the right to reject any applicant whose needs cannot be met by staff.

I understand that due to specific state laws and Special Touch Ministry policy, ALL medications, whether prescription or non-prescription, brought to Summer Get Away **MUST** be in **original container/prescription bottle, clearly marked with the name, dosage, frequency, times, and prescribing physician and not in pre-poured containers except for those pre-poured from a pharmacy if medication, prescribing physician and pharmacy are identified.** Applicant will not be allowed to stay if this is not followed.

In the event I cannot be reached in an EMERGENCY, I as a parent or as the legal guardian of the applicant, give permission to the Health Care Professional selected by the Summer Get Away staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the applicant. I will assume financial responsibility for any medical treatment not covered by Special Touch Ministry, Inc. insurance.

If applicant displays inappropriate behavior, which causes dismissal, the legal guardian, or current home of the applicant assumes immediate responsibility for transportation and its cost to return applicant home. **NO REFUNDS WILL BE GIVEN.** I agree not to send applicant if exposed to a contagious disease within three weeks of the event, and I will notify Special Touch Ministry, Inc. if applicant must cancel. No one will be denied attendance at Special Touch Summer Get Away because of religion, creed, national origin, sex, age, or disability.

I release and hold harmless Special Touch Ministry, Inc. its board of directors, staff, leadership, and volunteers, from liability due to negligence by Special Touch Ministry, Inc. staff or volunteers. I shall bring no claims, demands, or litigation against Special Touch Ministry, Inc. for losses due to bodily injury, death, or property damage arising out of or related to participation at Special Touch Summer Get Away. I further understand and agree that if a dispute arises between the applicant or legal guardian and Special Touch Ministry, Inc. that I as parent or legal guardian on behalf of applicant agrees to binding mediation or arbitration, foregoing any right I may have to bring action in a court of law. The laws of the state will govern any dispute.

I understand that certain physical and emotional risks are inherent in participating in any recreational camp activity including Special Touch Ministry Summer Get Away. These risks include but are not limited to (1) loss or damage of personal property; (2) injury or fatality due to and/or related to (a) walking, running, jumping, swimming, sports participation, or

COMMUNICATION

- No difficulty Has difficulty expressing self
 Understands directions and prompts Slow to communicate needs
 Difficulty understanding directions Uses gestures
 Non-verbal Uses own language board
 Uses sign language (*Please attach a description of signs*)
- Comments _____

ACTIVITIES (*Not all Get Aways provide water activities*)

- Independent - Needs no assistance
 Needs assistance with Arts/Crafts Sporting/Recreation
 Dependent for all activities

Water Activities Not allowed Afraid/Does not swim
 Allowed shallow Swims deep

Activities applicant enjoys _____

Cannot participate in _____

other physical activity (b) head, neck, arm, leg, and/or back injuries (c) exposure to inclement weather, outdoor terrain, and all risks inherent therein (d) slips and falls, and (e) any and all other aspects and stress related to participating in Special Touch Summer Get Away. I release and hold harmless Special Touch Ministry, Inc. its board of directors, staff, leadership, and volunteers, from liability due to negligence by Special Touch Ministry, Inc. staff or volunteers.

I understand the willful and wrongful dissemination of any confidential or copyrighted material owned in its entirety, in part, in development, or held in confidence by Special Touch Ministry, Inc., in any format including but not limited to; electronic, print, or video, by Special Touch Ministry, Inc., or its affiliates, to any person, any organization, or any entity, religious or non-religious, will subject the individual to any and all civil and criminal penalties applicable under federal and state law.

I agree that if any portion of this document is deemed to be partially void, invalid, or unenforceable, that provision shall continue in full force and effect to maximum extent permitted by law, without affect to any other remaining provisions of this document which shall continue in full force and effect. To the extent that any provision of this document is deemed completely void, invalid, or unenforceable, that provision shall be severed from the remainder of this document and all remaining provisions of this document shall continue in full force and effect.

I understand that individuals are prohibited from carrying any weapon, as defined by state and local law, and including, but not limited to; handguns, firearms, "electric weapons" identified as any device which is used or intended to be used to immobilize or incapacitate persons by the use of electric current, a knife, a Billy club, or any other implement that is fashioned, designed, or intended to be used as a weapon, at any Special Touch Ministry events. I also realize that tobacco, alcohol and drugs (except those administered by Medical Staff) are not allowed at Special Touch events. **NO SMOKING ALLOWED.**

Permission is given to Special Touch Ministry, Inc. to use photographs (individual or group) and/or multi-media images and recordings made or obtained from any official Special Touch Ministry, Inc. event including but not limited to; fundraising events, Chapter meetings, speaking engagements, etc. I understand that photographs/video/images taken by individuals at a Special Touch function are for personal use only and that Internet use of this media should be approached with caution due to liability of misrepresentation.

The information contained in this application is correct, to the best of my knowledge. I have read, understand, and agree to the above statement and agree with the aforementioned terms and conditions subject to attending a Special Touch Summer Get Away. I understand my e-mail address will be added to Special Touch Ministry's contacts and I may request removal.

PRINT Name of Legal Guardian: _____ **Contact Phone:** _____

SIGNATURE of Legal Guardian or Applicant if own legal guardian: _____ **Date:** _____

(Applications will not be processed without proper signatures)

A CONFIRMATION OF ACCEPTANCE WILL BE SENT NO LATER THAN TWO WEEKS PRIOR TO THE SUMMER GET AWAY. ALL INFORMATION IS KEPT PRIVATE AND CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF SPECIAL TOUCH MINISTRY, INC.

2015 MEDICAL FORM *No substitutions of this form will be accepted*

All applicants must have a medical examination within twelve months prior to date of Get Away applying for.

PLEASE PRINT

Medical History for (Applicant's name) _____

Height _____ Weight _____ Blood Pressure _____

Medical diagnosis of disability _____

Explanation/Onset/Cause of disability _____

Applicant's current health condition _____

Operations/Serious Illness—Dates & Description _____

Chronic/Recurring Illness _____

Applicant has seizures No Yes - Frequency _____ Date of last seizure _____ Controlled by medication _____

Describe seizure _____

Activities applicant should not participate in _____

ALLERGIES

- Penicillin Aspirin Latex
 Hay Fever Other _____
 Food _____

DISEASES/PAST ILLNESS

- Diabetes Asthma
 Chicken Pox Tuberculosis
 Other _____

IMMUNIZATIONS

- Tetanus Date _____
 HBV Date 1 _____ Date 2 _____ Date 3 _____

For Applicants 18 Years & Under Enter month & year of each immunization

- DPT/DT/TD Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
 POLIO Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
 MMR Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____ Date 5 _____
 HBV Date 1 _____ Date 2 _____ Date 3 _____

MEDICATION

ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE MARKED FOR CONTENT, DOSAGE, AND FREQUENCY

MEDICATION NAME

Example: Dilantin chewable

DOSAGE

two 50mg tablets

_____	_____
_____	_____
_____	_____
_____	_____

Adverse reactions from medications _____

PHYSICIAN PERMISSION

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in Special Touch Ministry Inc. functions through the end of the calendar year, except as noted above.

Physician's Name _____

Physician's Signature _____ **Date** _____

RN, LPN, QMRP signatures are NOT acceptable.

Physician's Address _____ Phone _____

City _____ State _____ Zip _____

MAIL COMPLETED APPLICATION WITH GUARDIAN SIGNATURE, PHYSICIAN'S SIGNATURE AND DEPOSIT TO:

Special Touch Central Processing • P.O. Box 25 • Waupaca, WI 54981