March 18, 2017

Dear Parents/Caregivers,

Camp Crinkleroot 2017 is now recruiting campers for the seventh annual weekend retreat! Camp Crinkleroot is supported by Appalachian State University's Blue Cross and Blue Shield of North Carolina Institute for Health and Human Services within the Beaver College of Health Sciences. Scheduled for April 28-30, the camp is for children ages 8-14 with an Autism Spectrum (ASD) or related disorder. **There is no cost for this weekend retreat.** We also encourage siblings (ages 8 and up) of campers to attend the camp. We plan to have 1:1 mentors for both siblings and campers.

Camp Crinkleroot will be staffed by Appalachian State University students and faculty who have a special interest and/or experience working with individuals with an Autism Spectrum Disorder. All volunteers will attend an accelerated training prior to the retreat. Additionally, a majority of the student volunteers have experience working at an Autism summer camp program, working with children with communication disorders, or other related experience with people with an ASD.

The weekend will kick off on Friday evening with a potluck dinner from 5:30 to 7:00pm. This will be an opportunity for families and ASU student and faculty volunteers to get to know one another. Families will also be able to acclimate their child to the camp buildings and layout before the beginning of the camp day on Saturday. Families are asked to bring a dish to share for the potluck. There will be approximately 15 campers and 30 volunteers. Plates, cups, utensils and drinks will be provided.

On Saturday April 29th, parents will drop their children off at Camp Sky Ranch at 9:00am and pick them up at 3:30pm that afternoon. Children will spend the day paired one-to-one with volunteers and will have the opportunity to participate in “typical camp activities” that have been modified to meet the specific needs of children with an ASD. Please be sure to help your children apply sunscreen before they arrive as we will hopefully be spending a majority of the time outdoors. A change of clothes is also a great idea to bring along to camp. Drop off is at 1:00pm on Sunday April 30th and the retreat will end at 5:00pm. Parents and family members are invited to attend the final camp activity at 3:45 which is the annual Crinkleroot Talent Show!

Please find the attached camp application, release form and schedule. **The application deadline is April 7.** For more information, please call Mary Sheryl Horine at 828-262-7557 or **horinems@appstate.edu** Space is limited to 15 campers and slots will be filled on a first come first serve basis. Please return completed applications to:

*Mary Sheryl Horine*
*Camp Crinkleroot*
*BCBS IHHS Box 32102*
*Boone, NC 28608*

Thank you for your interest in Crinkleroot Retreat and we look forward to seeing you on April 28th!
Crinkleroot Retreat 2017 Weekend Agenda

Friday April 28, 2017   Camp Sky Ranch
5:30-7:00   Potluck Dinner- Meeting Time for Campers and Volunteers

Saturday April 29, 2017   Camp Sky Ranch
9:00 - 9:30   Orientation- Song Time and Group Game
9:30-10:00   Arts and Crafts
10:00-11:00  Field Games
11:30-12:15  Lunch
12:15 – 1:15  Treasure Hunt Hike
1:15-2:00   Camp Fire and Marshmallows
2:00-2:45   Songs and Outdoor/Indoor games
2:45 – 3:30  Art or Expressive Art activity
3:30-3:45   Clean Up and Pick Up
3:45   Counselor Meeting

Directions to Camp Sky Ranch:
From Boone, turn onto Winkler’s Creek Road near the Boone Mall. Travel for approximately 5 miles passing by the Lodges at Winkler’s Creek. Turn left onto Sky Ranch Rd. Cross through the creek and the parking area will be on your right.

Sunday April 30, 2017   Camp Sky Ranch
1:00 -1:30   Arrival and Song Time
1:30-2:00   Arts and Crafts
2:00-2:20   Snack Time
2:20-3:20   Field Games
3:20-3:50   Practice for Talent Show
3:50- 5:00   Talent Show for parents and Pick-UP!
2017 Crinkleroot Weekend Retreat
Blue Cross and Blue Shield of North Carolina Institute for Health and Human Services

Please return applications to:

Attn: Mary Sheryl Horine
Camp Crinkleroot
BCBS Institute for Health and Human Services
ASU Box 32102
Boone, NC 28608

Camper Information:

Name:___________________________________________

Date of Birth: _______________________________ Age: _________

Gender: __________________________________________

Camper’s Diagnoses: ____________________________

Please select the staff to camper ratio that will work best for your camper.

☐ 1:1  ☐ 1:2  ☐ 1:3

(If camper requires 1:1 assistance for most activities on an average day, it will be necessary for a personal caregiver to also attend Camp Crinkleroot with the camper)

Please select the camper’s shirt size:

Child’s ☐ Medium ☐ Large  Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large

Parent or Legal Guardian Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City ST ZIP Code</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-Mail Address</th>
</tr>
</thead>
</table>

Please indicate your camper’s abilities in each of the following areas (Circle):

<table>
<thead>
<tr>
<th>Complete Assistance</th>
<th>Partial Assistance</th>
<th>No Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting 1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bathing 1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dressing 1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Please elaborate on any special personal care needs:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

My camper communicates with others using primarily (Check all that apply):
☐ Complete Sentences 2-3 Word Phrases
☐ Single words Objects
☐ Gestures Sign Language
☐ Picture/Symbols Written

I communicate with my camper using primarily (Check all that apply):
☐ Complete Sentences 2-3 Word Phrases
☐ Single words Objects
☐ Gestures Sign Language
☐ Picture/Symbols Written

Please elaborate on any special communication needs:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What kind of schedule does your camper find most useful?
☐ Written Schedule
☐ Line Drawing Schedule
☐ Photo Schedule
☐ Object Schedule
☐ Full Day
☐ Half Day
☐ First/Then

Activity/Attention Level (Check all that apply):
☐ Typical attention span for age
☐ Very short attention span
☐ Less active, needs motivation
☐ Overactive
☐ Requires constant one-to-one supervision at all times
Behaviors (Check all that apply):
- ☐ Grabs others
- ☐ Runs away often
- ☐ Touches inappropriately self/others (please specify)
- ☐ Throws things
- ☐ Dumps liquids

Please elaborate on any circled behaviors or behaviors not listed and also please explain any methods that best alleviate behaviors listed above:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

My camper is sensitive to:
- ☐ Temperature changes
- ☐ Touch
- ☐ Noises
- ☐ Light
- ☐ Tastes
- ☐ Smells

Please elaborate on any other sensitivities that may trigger your child to be uncomfortable. Do you have any suggestions to help your child calm down in these situations?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Behavior Plans:
If your camper has a behavior plan in place, please attach a copy of the plan to your registration form (no IEPs, just behavior plans please). Camp directors and supervisors will review behavior plans that contain restrictive measures. Based on that review, we reserve the right to deny admission to our program. While our goal is to serve campers who may otherwise be unable to participate in summer camp, we must be able to safely serve all campers.

Please circle one:
- ☐ I have included a current behavior plan.
- ☐ My camper does not have a behavior plan.
Special Health Care Needs, please include dietary restrictions and allergies:

☐ Yes
☐ No

If yes, please explain:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Does your camper have a sibling(s), ages five and above, who would like to attend Camp Crinkleroot?

☐ Yes
☐ No

Sibling (1) Information:

Name:___________________________________________
Date of Birth: _______________________________  Age: _________
Gender: __________________________________________
Please explain any sibling (1) special needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please select sibling (1) shirt size:

Child’s □  Medium  □  Large   Adult □  Small  □  Medium  □  Large  □ X-Large

Sibling (2) Information:

Name:___________________________________________
Date of Birth: _______________________________  Age: _________
Gender: __________________________________________
Please explain any sibling (2) special needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please select sibling (2) shirt size:

Child’s □  Medium  □  Large   Adult □  Small  □  Medium  □  Large  □ X-Large
CAMP CRINKLEROOT 2017 PARTICIPATION AGREEMENT

It is my understanding that, during the weekend of April 28-30, 2017, the Blue Cross and Blue Shield of North Carolina Institute for Health and Human Services ("Institute") of Appalachian State University ("ASU" or the "University") will host a weekend camp for children (ages 8 - 14) with an Autism Spectrum Disorder ("ASD"), or similar intellectual disability, at Camp Sky Ranch near Boone, NC. Camp Crinkleroot will be staffed by approximately 30 trained ASU student volunteers and a Camp Director employed by ASU. I understand that campers will participate in many typical camp activities, including art activities, music and movement activities, recreational and field games, "s'mores" around a campfire, a nature hike including a stream crossing, and other social skills building activities. It is also my understanding that a responsible adult supervisory ASU faculty or staff member supervisor will be present during, and will supervise, the above-described activities ("Activities"). I understand that campers' parents or guardians must register their child at Camp Sky Ranch between 5:30 – 7:00 p.m. on Friday, April 28. Additionally, I understand that the University does not carry medical insurance to cover illness or injury that my child might sustain as a result of participation in the Activities, and that such coverage is my own responsibility. I understand that there are potential risks inherent in participation in any activity or in transportation to or from such activities, including risks of personal injury and death, and property damage or loss. I assume sole and full responsibility for my child's safety during participation in the Activities. In consideration of my child's being permitted to participate in the Activities, I agree, on behalf of my child and myself, as follows:

1. My child will comply with all instructions and directions of Appalachian State University officials, staff, and student-volunteers before, during, or after participation in the Activities;

2. I understand the possible risks and dangers to me and my property associated with my child's participation in the Activities, and my child will participate voluntarily in reliance upon my own judgment and ability. I assume all risk of personal injury, death, and property damage or loss to me or my child from any cause whatsoever, including, but not limited to, my own or my child's own conduct, the failure of anyone to enforce rules and regulations or inspect equipment or facilities, and the negligence of anyone else; and

3. I release and shall indemnify, defend, and save harmless Appalachian State University, Camp Sky Ranch, The University of North Carolina, the State of North Carolina and their respective trustees, agents, volunteers, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney’s fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me or my child as a result of any cause whatsoever, including but not limited to, my own or my child's own conduct, negligence or other misconduct on the part of Appalachian State University trustees, agents, or employees, or those injuries or property damage sustained by others as a result of my own negligence or intentional acts, during my participation in these activities (including travel to and from the activities sites).

I certify that I am at least eighteen (18) of age and competent to enter into this agreement on behalf of myself and my child, and that my child is medically and mentally sound and physically fit to engage in the activities described above. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, I UNDERSTAND AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.
RELEASE FOR USE OF PHOTOGRAPHIC IMAGES - OPTIONAL

It is my understanding that, during the weekend of April 28-30, 2017, the Blue Cross and Blue Shield of North Carolina Institute for Health and Human Services ("Institute") of Appalachian State University ("ASU" or the "University") will host a weekend camp, the Crinkleroot Retreat, for children (ages 8 - 14) with an Autism Spectrum Disorder ("ASD") at Camp Sky Ranch near Boone, NC. I understand that various photographers will be taking pictures of the camp, the campers and others, and various activities. The primary purposes of the photographs will be for posting on the Crinkleroot Retreat website, as well as for other promotional materials for future camps and events, and for similar uses.

In the event that I or my child is photographed for these purposes, I hereby grant to Appalachian State University (hereafter referred to as "ASU"), its legal representatives and assigns, and those acting with its permission, or its employees, the right and permission to use and/or copyright, reuse and/or publish, display, and republish photographic or digital pictures or images of me or my child, or reproductions thereof, in color or black and white, made through any media by ASU, for display and other purposes, including the use of any printed matter in conjunction therewith.

For myself and on behalf of my child, I hereby waive any right to inspect or approve the finished photograph or copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

For myself and on behalf of my child, I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, ASU, and their respective representatives, assigns, employees or any person or persons (including the photographers), corporation or corporations, acting under either of their permission or authority, or any person, persons, corporation or corporations, for whom either of them might be acting, including any firm publishing, displaying, and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me or my child (or ward) to ridicule, scandal, reproach, scorn or indignity.

My child (or ward) is less than eighteen years of age.

I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION AND AGREEMENT, BEFORE AFFIXING MY SIGNATURE BELOW, AND WARRANT THAT I FULLY UNDERSTAND THE CONTENTS THEREOF.

Name of Child: ____________________________________________________
Name of Parent or Guardian: _________________________________________
Signature of Parent or Guardian: _____________________________________
Date: ___________________________