

September 19, 2019

Dear Parents/Caregivers,



Camp Crinkleroot Fall 2019 is now recruiting campers for our annual day-long camp at the new Leon Levine College of Health Sciences building! Camp Crinkleroot is supported by Appalachian State University's Blue Cross North Carolina Institute for Health and Human Services within the Beaver College of Health Sciences. Scheduled for Saturday November 2, we have a full day of fun programming planned for campers ages 8-18 who have an autism or similar disorder.

Fall Crinkleroot 2019 will focus on communication and social skills development, participation, and building friendships. Campers will be engaged and supported through activities such as meal preparation led by nutrition students and faculty, an AppalCart ride facilitated by communication sciences students and faculty, and a trip to the Belk Library to interact with new and exciting technology.

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

The camp day will begin at 9:00am on November 2 with an opportunity for families and ASU students and faculty volunteers to get to know one another and to learn more about the agenda for the day. Camper pick-up on November 10 will be at 4:00pm.

Please find the attached camp application and release form. **Space is limited to twelve campers, deadline to receive application is October 25, 2019.** For more information, please feel free to reach out to me at 828-262-7557 or [horinems@appstate.edu](mailto:horinems@appstate.edu).

Thank you for your interest in Camp Crinkleroot and we hope to see you on November 2nd!

A handwritten signature in black ink, appearing to read "Mary Sheryl Horine", with a long horizontal flourish extending to the right.

Please return completed applications to:

*Mary Sheryl Horine*  
*Camp Crinkleroot*  
*BCBS IHHS Box 32102*  
*Boone, NC 28608*  
*Fax: 828-262-8147*

# 2019 Fall Crinkleroot

## Blue Cross North Carolina Institute for Health and Human Services

Please return applications to:

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

Fax: 828-262-8147

Email: horinems@appstate.edu

### 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 may be necessary for a personal caregiver to also attend Camp Crinkleroot with the camper)

### Parent or Legal Guardian Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address (please write clearly!)	

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

	Complete Assistance		Partial Assistance		No Assistance	
Toileting	1	2	3	4	5	
Bathing	1	2	3	4	5	
Dressing	1	2	3	4	5	
Eating	1	2	3	4	5	

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 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?

---

---

---

---

---

---

---

---



## **CAMP CRINKLEROOT 2019 PARTICIPATION AGREEMENT**

It is my understanding that on November 2, 2019, the Blue Cross of North Carolina Institute for Health and Human Services ("Institute") of Appalachian State University ("ASU" or the "University") will host a day-long camp for children (ages 8 - 18) with an Autism Spectrum Disorder ("ASD"), or similar intellectual disability, at Levine Hall in Boone, NC. Camp Crinkleroot will be staffed by approximately 25 trained ASU student volunteers and a Camp Director employed by ASU. I understand that campers will participate in many camp activities, including art activities, music and movement activities, recreational games, riding public transportation 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 Levine Hall between 8:45 and 9:00 a.m. on Saturday, November 2. 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, 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 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.

*(continued next page)*

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student/Camper Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

**RELEASE FOR USE OF PHOTOGRAPHIC IMAGES - OPTIONAL**

It is my understanding that, on November 2, 2019, the Blue Cross North Carolina Institute for Health and Human Services ("Institute") of Appalachian State University ("ASU" or the "University") will host a day-long camp, the Fall Crinkleroot 2019, for children (ages 8 - 14) with an Autism Spectrum ("ASD") or similar disorder at Levine Hall in 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 nineteen 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: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_