



T-Shirt Size	
<input type="checkbox"/> Youth Sm	<input type="checkbox"/> Adult Sm
<input type="checkbox"/> Youth Med	<input type="checkbox"/> Adult Med
<input type="checkbox"/> Youth Lg	<input type="checkbox"/> Adult Lg
<input type="checkbox"/> Youth XL	<input type="checkbox"/> Adult XL
	<input type="checkbox"/> Adult XXL

TALBERT HOUSE CAMP POSSIBLE 2024 APPLICATION FORMS

Camper's Last Name: _____ First Name: _____

Referral Source Name, Organization: _____

Referral Phone Number: _____ Email: _____

We're excited for another year of Camp Possible! Please be sure to complete and sign all the forms outlined below.

Required Documentation:

- Camp Application Forms
- Current Diagnostic Assessment (within the past 12 months) from primary service provider if not currently receiving Talbert House therapeutic services. Please email Diagnostic Impression to Camp.Possible@Talberthouse.org
- Copy of Health Insurance Card
- Free and Reduced School Lunch Form
- Transportation Forms (*Consent **and** Minor Medical for Hamilton County residents*)
- Urban Air Waiver Form (*field trip date TBD*)
- Talbert House Services Enrollment Form if not currently receiving Talbert House therapeutic services (*please contact Camp Possible for additional forms*).

All documentation must be fully completed and submitted by Monday, May 1, 2024 for admission consideration

Contact **Camp Possible** at Camp.Possible@Talberthouse.org if you have questions about the

Office Use Only		
Date Received _____	Carelogic _____	County _____



Camper's First Name: _____

Last Name: _____

**TALBERT HOUSE CAMP POSSIBLE
CAMPER HEALTH HISTORY AND PERSONAL INFORMATION FORM**

Instructions – This form must be completed for **each child** attending a summer camp program and signed by the **legal guardian**. This form must be completed prior to the first day of camp. Please complete all sections of this form (including medical and health insurance) based upon current information concerning your Camper. Note: The information on this form is required to assist us in identifying appropriate care for your Camper. Information on this form is confidential and may be shared, as appropriate, with staff on a need to know basis.

Section A – General Information and Camper Transportation Release/Authorization Information

Camper's Preferred Name: _____ Preferred Gender: _____

Sex M F Age: _____ DOB: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

The person(s) listed below have permission to pick up the above Camper at camp.

Custodial Caregiver:

Second Caregiver or Emergency Contact:

Name: _____

Name: _____

Relationship to Camper: _____

Relationship to Camper: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Mobile: _____ from: _____ - _____

Mobile: _____ from: _____ - _____

Day Phone: _____ from: _____ - _____

Day Phone: _____ from: _____ - _____

Eve. Phone: _____ from: _____ - _____

Eve. Phone: _____ from: _____ - _____

Additional people who can pick up Camper (if any):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Section B – Health History

- Allergies:** No known allergies
 This Camper is allergic to:
 Food: _____
 Medicine: _____
 The environment (insect stings, hay fever, etc.): _____
 Other: _____

(Please describe what the Camper is allergic to and the reaction(s) typically seen.)

Restrictions: I have been given and have reviewed Camp Possible’s Program Manual, and certify the following:

- The Camper listed above can participate in all activities described in the Program Manual.
- The Camper listed above can participate in activities described in the Program Manual with the following restrictions, exceptions or adaptations: *(Please describe below.)*

Section C – General Medical Information

Name of Family Physician: _____ Phone: _____
Name of Dentist/Orthodontist: _____ Phone: _____
Do you carry family medical/hospital insurance? Yes No
Insurance Company: _____ Policy/Group # _____
Name of Insured: _____ Relationship to Camper: _____

Section D – Medications

Prescription Medication

List any prescription medication your Camper takes, its use and dosage.

- This person takes **NO** routine medication.
- This person takes prescription medication as follows:

Medication	Use	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify any medications that your child will take during camp hours:

Camp Provided Over-the-Counter (OTC) Medication

For mild discomfort, your Camper may be given the following over-the-counter (OTC) medicines that are provided by the camp per packaging instructions. All OTC medication will be given according to dosage instructions on package, unless otherwise indicated by the caregiver. (Any variations over and above packaging dosage instructions require a note from Camper’s treating/primary physician.)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Acetaminophen (Pain relief/fever) |
| <input type="checkbox"/> | <input type="checkbox"/> | Ibuprofen (Pain relief/fever) |
| <input type="checkbox"/> | <input type="checkbox"/> | Throat lozenges (Sore throat) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sunscreen |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (heartburn/indigestion) |
| <input type="checkbox"/> | <input type="checkbox"/> | Benadryl Cream (Itch relief when not giving Benadryl) |

What Have We Forgotten to Ask? Please provide below or on a separate sheet any additional information about the Camper’s health that you think important or that may affect the Camper’s ability to fully participate in the camp program.

Talbert House Statement Regarding Use of Physical Management

Camp Possible staff are trained and certified in the use of de-escalation and physical management. Physical management “shall not be used unless it is in response to a crisis situation, i.e., where there exists an imminent risk of physical harm to the individual or others, and no other safe and effective intervention is identified.” Seclusion, mechanical, chemical, and prone restraint are NOT to be used at any time. Clients have the right to be treated with respect and dignity at all times, including during physical management. Guardians will be notified of any use of restraint within 8 hours of the initiation of the intervention. A debriefing will be held with the staff, the client, and the guardian (when available) within 24 hours. Any individual that experiences repeated or sustained use of physical restraints may be deemed inappropriate for this level of care and placed in a more structured treatment environment. In an effort to reduce the use of holds, Camp Possible staff will review each episode for process improvement purposes, with the goal of eliminating the need for and use of physical interventions. A copy of the site’s full policy and procedure is available upon request.

CAREGIVER AUTHORIZATION FOR HEALTHCARE

- The information contained in this form is correct and accurately reflects the health status of the Camper to whom it pertains.
- I give permission for the Camper described in this form to participate in all camp activities except as noted by me.
- I give permission to the appropriate camp personnel to care for minor illness/injuries using over-the-counter medication/procedures as authorized in the over-the-counter medication section.
- I give permission to camp personnel to administer medications I have listed on this form.
- I will send any such medications in original containers.
- If I cannot be reached in an emergency, I give my permission to any hospital and/or physician chosen by Talbert House to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.
- I understand the information on this form may be shared on a “need to know” basis with camp staff.
- I give permission to photocopy this form.
- In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of Custodial Caregiver: _____ **Date:** _____

Relationship to Camper: _____

In case of emergency and caregivers cannot be reached, please notify:

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

MEDICATION ADMINISTRATION PERMIT

(In accordance with Ohio Revised Code 3313.713)

The use of medication during program hours is discouraged.

Use this form if it is essential a student receive medication during the program hours.

Name of Client _____ D.O.B _____
Address _____

I request Talbert House personnel administer medication as instructed and agree to (1) deliver the medication to Talbert House personnel in the original container and (2) notify Talbert House staff if I change physicians or if the medication is changed or eliminated. I understand it is my child's responsibility to report on time for medication. I agree to hold Talbert House staff free from all responsibility for results of such medication.
Parent/Guardian Signature _____ Date _____
Telephone during camp hours _____ Alternate number _____

This section to be completed by the physician

Medication _____ Date of Authorization _____
Dosage _____
Time(s) to be given _____
Date to begin _____ Date to end _____
Adverse reactions to be reported:

Physician emergency telephone _____ Alternate number _____
Special Instructions:
Administration _____
Storage _____
Other _____
Prescribing physician (print) _____ Signature _____
Physician's address _____

2024 Camp Possible Photo Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to Talbert House, and others working for Talbert House (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise use my name, picture, likeness and voice (including any video footage of the same) (collectively, "Media") by any persons or entities deemed appropriate by Talbert House, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.
2. I shall have no right of approval, no claim to compensation and no claim arising out of any use, alteration, or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on Talbert House to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by Talbert House.

Name of Camper (please print): _____

Address: _____

City: _____ State _____ Zip: _____

Daytime Phone Number: (____) _____ Additional Phone (optional): (____) _____

Release for minors (those under the age of eighteen): I, the undersigned, being a caregiver of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Custodial Caregiver (please print): _____

Signature of Custodial Caregiver (Required): _____ Date: _____

Camper Release and High-Risk Form

This form must be completed and prior to the first day of camp. Please check all the activities that apply below and sign the form at the bottom.

Camper's Name: _____

Name of Event: Camp Possible 2024

The purpose of the Camper Release/High Risk Form is to inform caregivers of the risks inherent in attending summer camp and to provide the opportunity for both their own evaluation of their Camper's readiness for the activity and the reinforcement with their Camper of the skills and behavior necessary to safely participate in the activity.

TRANSPORTATION PERMISSION

Camper has my permission to participate in off camp activities as described in the Program Manual. Camper may also be transported to medical facilities if the need arises. I understand that he/she will be transported in a camp or staff vehicle designed for passengers and give permission for Talbert House to so transport him/her.

MEDICAL RELEASE/PERMISSION

Camper is in good physical condition and has not had any serious illness or surgery since his/her last health examination. In case of an emergency, when I cannot be reached, I give permission for Camper to be treated by a qualified physician and/or at the nearest hospital.

HIGH RISK ACTIVITY RELEASE

I understand that if it is included in the description of the camp session which Camper is attending, Camper may be participating in activities on and off camp property that are considered high risk. I feel that my Camper is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. I have discussed with Camper the importance of following safety guidelines while participating in high risk activities. (There may also be additional release forms specific to the activities listed below that need to be signed.)

I understand the risks inherent in the below activities: (Please check all those that apply to the program activity your Camper is attending or that he/she has permission to participate in if given the opportunity.)

- Running Hiking Swimming Low Ropes Course
 Water Slides Normal playground activities

Date _____ Signature of Custodial Caregiver _____

Serious physical or psychological injury may result from Camper's participation in camp activities. Talbert House personnel will do their best to ensure safety of all campers, but Talbert House does not guarantee Camper's safety.

**CAMPER AND CAREGIVER MUST WRITE INITIALS BELOW AFTER READING EACH SECTION
(PLEASE READ CAREFULLY BEFORE SIGNING)**

Parent/
Guardian Camper

- _____ _____ I understand that my participation in this activity is purely voluntary. At all times, I will choose my level of participation in any activity.

- _____ _____ I understand the employees of Talbert House Camp Possible have received extensive training, and will work to protect the emotional and physical safety of myself and/or Camper.

- _____ _____ I understand that running, climbing, hiking, ropes courses, horseback riding, water slides, roller skating and other activities in the program for which Camper has enrolled entail risk. I elect to participate, or for Camper to participate in spite of these risks.

- _____ _____ **Therefore, for myself/Camper, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Talbert House and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

- _____ _____ I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

By signing below, all participants and caregivers acknowledge they have read, understand, and agree to the terms of this document. One form per participant must be filled out. At least one caregiver must sign.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING TYPE OF ACTIVITY(IES) AND THE RISKS OF PARTICIPATION AND WARNINGS. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE PARTICIPANT'S PHYSICAL CONDITION AND AGE STATED IN THIS AND ALL OTHER CAMP FORMS ARE TRUE AND ACCURATE.

SIGNATURE OF CAMPER

DATE

SIGNATURE OF CUSTODIAL CAREGIVER

DATE

ALL ABOUT ME

Camper Name: _____

<p>I like to do:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Board/Card Games <input type="checkbox"/> Cooking <input type="checkbox"/> Crafts Dancing <input type="checkbox"/> Fishing <input type="checkbox"/> Group Activities Hiking <input type="checkbox"/> Music <input type="checkbox"/> Nature Exploration <input type="checkbox"/> Playground Time <input type="checkbox"/> Sensory Activities <input type="checkbox"/> Singing <input type="checkbox"/> Sports <input type="checkbox"/> Swimming <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	<p>I need help with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Working alone <input type="checkbox"/> Making noise <input type="checkbox"/> Talking out of turn <input type="checkbox"/> Not using profanity <input type="checkbox"/> Accepting directions <input type="checkbox"/> Handling frustrations <input type="checkbox"/> Ignoring distractions <input type="checkbox"/> Keeping personal space <input type="checkbox"/> Self-confidence <input type="checkbox"/> Telling the truth <input type="checkbox"/> Staying on task <input type="checkbox"/> Waiting patiently <input type="checkbox"/> Respecting others <input type="checkbox"/> Asking for help <input type="checkbox"/> Transitions <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>I could become upset because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am too hot or cold <input type="checkbox"/> I am not getting my way <input type="checkbox"/> I am being told NO <input type="checkbox"/> I feel that I am in a "Not fair" situation <input type="checkbox"/> I am being asked <input type="checkbox"/> I am afraid <input type="checkbox"/> I am being asked to take turns <input type="checkbox"/> I am trying to communicate and am not being understood <input type="checkbox"/> There is a change in my schedule <input type="checkbox"/> Someone is bossing me around <input type="checkbox"/> I am in a crowd <input type="checkbox"/> I am not feeling good/sick <input type="checkbox"/> I am asked to share <input type="checkbox"/> I am hungry/thirsty <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	<p>Socially I need help with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Working in a group <input type="checkbox"/> Making friends <input type="checkbox"/> Keeping friends <input type="checkbox"/> Expressing myself <input type="checkbox"/> Minding my own business <input type="checkbox"/> Being too loud or too quiet <input type="checkbox"/> Following others negative choices <input type="checkbox"/> Thinking before acting <input type="checkbox"/> Thinking before speaking <input type="checkbox"/> Not solving problems with fighting <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>You can help me by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quiet space <input type="checkbox"/> Offer me water <input type="checkbox"/> Offer me choices <input type="checkbox"/> Use fewer words <input type="checkbox"/> Let me take time away/a break <input type="checkbox"/> Talk to me about why I'm upset 	<p>Is there anything else you want us to know about you?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

**CAMP POSSIBLE
Handbook Sign-Off**

I have received the Camp Possible Handbook and understand that me and my child,
_____, will be held to the rules and expectations outlined in the
Handbook.

Parent/Custodial Caregiver Signature

Date

TALBERT HOUSE CAMP POSSIBLE TRANSPORTATION FORMS

Complete the forms **based on the county**
in which the camper lives

HAMILTON COUNTY (both forms are required)

- 1) HCJFS Transportation Services Consent Form (please include alternate drop off information)
- 2) HCJFS Minor Medical Requisition

OR

BUTLER AND ALL OTHER COUNTIES

- 1) U.T.S TRANSPORTATION FORM for Talbert House

**Hamilton County Job & Family Services (HCJFS)
Transportation Services Consent Form**

Child's Information:	
Child's Name:	Date of Birth:

Parent/Legal Guardian/Caregiver Information:							
Parent/ Legal Guardian's Name(s):				Parent/ Legal Guardian's Name:			
Street Address:				Street Address:			
City:	State:	Zip:	Home Phone:	City:	State:	Zip:	Home Phone:
			Work/Cell:				Work/Cell:

Child's Caregiver (if not living with parent/guardian listed above):			Home Phone:		Work/Cell Phone:	
Street Address:		City:		State:		Zip:

Children's Services Information: (if applicable)		
Caseworker's Name:	Phone:	Case Number:
Supervisor's Name:	Phone:	Does HCJFS have custody of child?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Information:				
Name of Emergency Contact Person	Relationship to Child	Address/Zip Code	Phone #:	18 or Over
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
Doctor's Name:			Phone:	
Doctor's Address:			Preferred Hospital:	

Alternative Drop-Off Names/Addresses: (List below any person [age 18 or older] to whom you authorize the contracted vendor to release the child. Include the drop-off address/ phone #.)				
Name of Authorized Drop-Off Person	Relationship to Child	Address/Zip Code	Phone #:	18 or Over
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

***Do not include the name of the school, DT/PH site or provider, as those are already approved via the requisition.**

My signature below indicates that:

- ▶ **I give my permission** to HCJFS to arrange transportation to/from the therapeutic program/service for the child named above.
- ▶ **I have reviewed the HCJFS 3547- NET Transportation Rules.**
- ▶ **I understand an adult (18 yrs. or older)** must be present at the time of drop-off. If no adult is home, the contracted vendor will attempt contact with all persons named above for drop-off. If unsuccessful, the driver will contact Children's Services (child's caseworker, supervisor or 241-KIDS) to receive direction on the most appropriate drop-off point for the child. For children 13 and older, this can be waived via the HCJFS 3557.
- ▶ **I understand my child may be suspended from transportation services if no authorized adult is at home for drop-off three (3) times within a school year** (unless waived by the HCJFS 3557).
- ▶ **I understand** if the child presents with severe or recurring behavioral issues, the child may be suspended from transportation after **three (3) incidents within a school year**. Children presenting **serious risks or inflicting injury to self or others** may be **suspended at least temporarily after the first incident**. Documentation from a licensed professional that the child is safe to return to group transport is required to restore cab/van service.
- ▶ **I understand** this consent may be revoked by me at any time.

Signature of Parent or Legal Guardian:	Date:
Witness:	Date:

Hamilton County Job & Family Services Minor Medical Requisition

Trip Purpose: Other Medical

Request Type: Other Medical

Requesting Agency: Talbert House

Van Services:

- Group transport (all minors) – agreement with NET to provide dedicated group transportation
- Non-Group transport w/ accompanying adult

Minor Child Requiring Medical Transportation:

Last Name:	First Name:	Middle Initial:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Medicaid Case #	SS#:	You must select one of the below: <input type="checkbox"/> infant seat <input type="checkbox"/> car seat <input type="checkbox"/> booster seat <input type="checkbox"/> none needed			

Adults/Children for Non-Group:	Relationship to child:	For minors you must check one of the below:			
		<input type="checkbox"/> infant seat	<input type="checkbox"/> car seat	<input type="checkbox"/> booster seat	<input type="checkbox"/> none needed
		<input type="checkbox"/> infant seat	<input type="checkbox"/> car seat	<input type="checkbox"/> booster seat	<input type="checkbox"/> none needed
		<input type="checkbox"/> infant seat	<input type="checkbox"/> car seat	<input type="checkbox"/> booster seat	<input type="checkbox"/> none needed

Pick-up Location:

Street Address:	City:	State:	Zip:	Phone #: (513) -
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Transport to: (facility location)

Street Address: 274 Sutton Road	City: Cincinnati	State: OH	Zip: 45230	Phone #: (513) 507-3361
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Return to: Must be listed on consent unless there is an accompanying adult

Street Address:	City:	State:	Zip:	Phone #: (513) -
Name:		Relationship to child:		

Appointment information:

Start Time: 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Begin Date:	Days of the Week: <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed
End Time: 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	End Date:	<input checked="" type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Notes:

To submit:

- FAX to: (513) 946-1830; *or*
- EMAIL a separate requisition for each child receiving medical services to: TransportationServices@jfs.hamilton-co.org.
In the subject line, note: Monthly, Change, New Client, Other Medical

OUTLINE FOR TRANSPORTATION SERVICES For Tier 1A Schools

2023-2024

Please PRINT and fill out completely with ONE Student per form

Student Start Date 6/12/2024 Stop Date 8/1/2024 Change Requested _____

M T W TH F S Sun

Authorization Type (Must be marked):

- IEP
- Foster
- McKinney-Vento

School District: _____

Person Contacting UTS Sabrina Braun

Phone Number (513) 507-3361

Date form was sent _____

Student Name	ID #	DOB	Grade	Gender	P/U Address

Guardian Name: _____ Guardian Phone: _____

Guardian email: _____ Alternative contact phone: _____

EMERGENCY CONTACT (name & number): _____

School Attending: Camp Possible Breakfast Begins _____

Address: 274 Sutton Road School Start time: 9:30 AM

City: Cincinnati State OH Zip 45230 Dismissal Time: 3:00 PM

School Contact: Anna Deeds

School Phone #: (513) 507-3361

Building P/u & D/o Locations Building A

Siblings Ride with UTS

IEP REQUIREMENTS

Safety Vest S M LG XL

Wheelchair

Car seat

Booster 5PT Booster

Screen Van

Other _____

Additional Information

No camp on Fridays

No camp July 3rd and July 4th for the holiday

Email Requests to SchoolTransReq@uts-ohio.com

ATTENTION: SCHOOL DEPARTMENT. CHANGES CAN TAKE UP TO 2 BUSINESS DAYS TO TAKE EFFECT. **STOP ORDERS** WILL BE IN EFFECT UPON RECEIPT FOR BILLING PURPOSES.

PLEASE CALL 513-858-7960 TO REACH OUR SCHOOL TRANSPORTATION DEPARTMENT.

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING, YOU ARE GIVING UP LEGAL RIGHTS

This Release and Indemnification Agreement (Agreement) is entered into by the Adult Participant, and if any minor(s) is/are named below, the Adult Participant on behalf of and as parent or legal guardian for such Child Participant(s) identified below in favor of Ausibelle Holdings, LLC (Urban Air). Collectively and severally, Adult Participant and Child Participant, their heirs, successors, and assigns are hereinafter referred to as the Participant. Participant represents that he/she is either (i) an Adult Participant or (ii) a parent or legal guardian of such Child Participant(s) identified below. In consideration of Urban Air permitting Participant to enter the Premises and participate in the Activities, including the Activities that may occur in, about, or near 3321 Alamo Avenue, Cincinnati, Ohio 45209 or any other premises owned or operated by Urban Air wherever located (Premises), Participant agrees as follows:

1. Nature of the activities. Urban Air operates a trampoline and adventure park, which offers Participants (a) the opportunity to participate actively or passively, in trampoline and adventure park related activities, including, but not limited to, jumping, dodgeball, volleyball, tumbling, foam pit jumping, aerobics, skydiving, ninja warrior course, battle beam, laser tag, soft play, ropes course, climbing wall, roller coaster/sky rider, go carts, laser tag, bowling, bumper cars, cyber sports, mini golf, arcades, exercising, and other miscellaneous trampoline and adventure activities, instruction, training, fitness classes, competition, events, and programs and (b) access to the Premises and cafe (collectively, Activities).

2. Types of risks.

2.1 Risks associated with activities. Participant acknowledges there are inherent risks in and injuries that may occur from participating in the Activities, including, but not limited to, equipment malfunction; defective design or manufacture of equipment; improper or negligent installation of equipment; negligent maintenance of equipment; cuts; bruises; muscle strain; twisted or sprained ankles, knees, shoulders, or wrists; burns; dirt or other materials in eye; concussions; broken bones; physical or emotional injuries; landing wrong; over-exertion; failure of the attraction surface or attachments; being hit by a ball; collisions with other participants; erratic co-participant behavior; collisions with standards and supports; using improper form or technique; slipping, falling, or tripping; equipment failure; error of judgment by employees; paralysis, disability, or death; personal injury to third persons; or property damage. When skydiving, the most common risk of injury is to the shoulders due to the force of the air on them. When participating in cyber or e-sports, the most common risk of injury is a seizure due to epilepsy. Due to the nature of the Activities, there are more hazards and risks than the foregoing, and there are also unknown and unforeseeable hazards. If you have any questions, please contact a manager before purchasing admission.

2.2 Exposure to bacteria, fungus, virus and unknown contagious diseases. By entering the Premises or when engaging in the Activities, there is a risk of exposure to bacteria, fungus, viruses, unknown contagious diseases and COVID-19, which notwithstanding governmental recommendations and the practices of Urban Air, cannot be eliminated. **CONSEQUENTLY, TO THE FULLEST EXTENT PERMITTED BY LAW, PARTICIPANT KNOWINGLY AND FULLY ASSUMES THE RISK OF, RELEASES, AND SHALL INDEMNIFY URBAN AIR FROM ALL CLAIMS (AS DEFINED IN SECTION 5 BELOW) OR BODILY INJURY RESULTING FROM PARTICIPANT'S EXPOSURE TO ANY BACTERIA, FUNGUS, VIRUS, UNKNOWN CONTAGIOUS DISEASES OR COVID-19 AND IN ANY WAY CONNECTED TO PARTICIPANT'S ENTRY INTO THE PREMISES OR ENGAGEMENT IN THE ACTIVITIES. FURTHER, ADULT PARTICIPANT ON BEHALF OF HIM/HERSELF AND THAT OF THE CHILD PARTICIPANT(S) CONSENTS TO HAVING THEIR TEMPERATURE TAKEN BY URBAN AIR AND ACKNOWLEDGES THEY MAY BE DENIED ACCESS TO OR FORCED TO VACATE THE PREMISES IF THEY EVIDENCE SYMPTOMS OF EXPOSURE TO BACTERIA, FUNGUS, VIRUSES, UNKNOWN CONTAGIOUS DISEASES OR COVID-19 AS IDENTIFIED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION.**

3. Assumption of Risks. Notwithstanding the foregoing risks and the safety measures implemented by Urban Air, Participant acknowledges it is impossible to eliminate all risk of injury and understands the demands of the Activities relative to Participant's physical condition and skill level. **PARTICIPANT AFFIRMS THAT PARTICIPATION IN THE ACTIVITIES IS VOLUNTARY AND PARTICIPANT KNOWINGLY, WITH UNDERSTANDING OF THE RISKS AND POTENTIAL INJURIES, ASSUMES ALL RISKS INHERENT WITH THE ACTIVITIES AND ACCESS TO THE PREMISES.**

4. Alcohol. Participant agrees to exercise ordinary and reasonable care and to not consume alcohol to the extent Participant's judgment is impaired. Participant understands the potential risks associated with the consumption of alcohol and acknowledges Participant does not have and is not aware of any medical condition that would result in any injury to Participant due to Participant's consumption of alcohol. Participant assumes the risks associated with alcohol consumption and takes full responsibility for Participant's own actions, safety, and welfare. **UNDER NO CIRCUMSTANCES WILL PARTICIPANT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES IF PARTICIPANT HAS CONSUMED ALCOHOL.**

5. Release of Indemnity. **TO THE FULLEST EXTENT PERMITTED BY LAW, ADULT PARTICIPANT ON BEHALF OF HIMSELF/HERSELF, CHILD PARTICIPANT, AND THEIR HEIRS, EXECUTORS, AND REPRESENTATIVES RELEASES, AGREES NOT TO SUE, AND SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS URBAN AIR, UATP MANAGEMENT, LLC, UATP IP, LLC, UA ATTRACTIONS, LLC, THE LEGAL OWNER OF THE PREMISES, THE LANDLORD, MORTGAGEES AND MANAGEMENT**

COMPANY OF THE PREMISES, AND ANY OF THEIR LENDERS, PARENTS, AFFILIATES, SUBSIDIARIES, OFFICERS,, DIRECTORS, SHAREHOLDERS, MEMBERS, MANAGERS, PARTNERS, AGENTS, EMPLOYEES, CONTRACTORS, REPRESENTATIVES, HEIRS, ASSIGNS, VOLUNTEERS, INDEPENDENT CONTRACTORS, EQUIPMENT SUPPLIERS, AND INSURERS OF ALL OF THEM (COLLECTIVELY, PROTECTED PARTIES) FROM AND AGAINST ALL LIABILITIES, LOSSES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, SUITS, CAUSES OF ACTION, COSTS, FEES, AND EXPENSES (INCLUDING REASONABLE ATTORNEY'S FEES AND COURT OR OTHER COSTS) (COLLECTIVELY, CLAIMS) RELATING TO, RESULTING FROM, OR ARISING OUT OF OR ALLEGED TO HAVE ARISEN OUT OF (IN WHOLE OR IN PART) ANY PROPERTY DAMAGE OR BODILY INJURY (INCLUDING DEATH) TO PARTICIPANT RESULTING IN ANY WAY FROM (A) PARTICIPANT'S USE OF THE PREMISES, (B) PARTICIPANT'S ACTIVE OR PASSIVE PARTICIPATION IN THE ACTIVITIES, (C) LOSS OR THEFT OF PERSONAL PROPERTY, (D) FROM THE CONSUMPTION OF ALCOHOL AT THE PREMISES BY PARTICIPANT OR ANY OTHER INVITEE OF URBAN AIR, OR (E) PARTICIPANT'S BREACH OF THIS AGREEMENT. THIS RELEASE AND INDEMNITY SHALL APPLY EVEN IF ANY CLAIM IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, OR WILLFUL MISCONDUCT OF THE PROTECTED PARTIES OR PARTICIPANT. THE INDEMNITY SHALL ALSO INCLUDE ADULT PARTICIPANT'S OBLIGATION TO INDEMNIFY THE PROTECTED PARTIES FROM (A) ANY SUM OR SETTLEMENT PAID TO OR ON BEHALF OF THE CHILD PARTICIPANT RESULTING FROM A CLAIM IN ANY WAY INVOLVING THE FOREGOING SUBSECTIONS AND (B) ALL CLAIMS RESULTING FROM OR RELATING TO ANY INSUFFICIENCY OF PARTICIPANT'S LEGAL CAPACITY OR AUTHORITY TO EXECUTE THIS AGREEMENT FOR OR ON BEHALF OF THE CHILD PARTICIPANT.

6. Dispute Resolution.

A. Arbitration. Any dispute or claim arising out of or relating to this Agreement, breach thereof, the Premises, Activities, property damage (real or personal), personal injury (including death), or the scope, arbitrability, or validity of this arbitration agreement (Dispute) shall be brought by the parties in their individual capacity and not as a plaintiff or class member in any purported class or representative capacity, and settled by binding arbitration before a single arbitrator administered by the American Arbitration Association (AAA) per its Commercial Industry Arbitration Rules in effect at the time the demand for arbitration is filed. Judgment on the arbitration award may be entered in any federal or state court having jurisdiction thereof. The arbitrator shall have no authority to award punitive or exemplary damages. If the Dispute cannot be heard by the AAA for any reason, the Dispute shall be heard by an arbitrator mutually **D THE OPPORTUNITY TO CONSULT WITH COUNSEL) AGREE TO WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY DISPUTE AND TO RESOLVE ANY AND ALL DISPUTES THROUGH ARBITRATION.** The right to a trial by jury is a right parties would or might otherwise have had under the Constitutions of the United States of America and the state in which the Premises is located.

7. License. Participant irrevocably grants the Protected Parties the right to use all or a portion of an image or video of Participant and their name and likeness in all forms and media including composite or modified representations for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity and without compensation. **PARTICIPANT WAIVES THE RIGHT TO INSPECT OR APPROVE VERSIONS OF IMAGES OR VIDEOS USED FOR PUBLICATION OR THE WRITTEN COPY THAT MAY BE USED IN CONNECTION WITH THE IMAGES/VIDEOS. PARTICIPANT RELEASES THE PROTECTED PARTIES FROM ANY CLAIMS THAT MAY ARISE REGARDING THE USE OF PARTICIPANT'S STATEMENTS, VIDEOS, OR IMAGES INCLUDING ANY CLAIMS OF DEFAMATION, INVASION OF PRIVACY, OR INFRINGEMENT OF MORAL RIGHTS, RIGHTS OF PUBLICITY, OR COPYRIGHT.**

8. Authority. If Adult Participant signs this Agreement on behalf of his/her spouse, child, family member, friend, minor child, or other person, Adult Participant warrants and represents to Urban Air that he/she has the legal authority and such person's actual and implied authority to execute this Agreement on their behalf, including, but not limited to, the arbitration clause, release, indemnity agreement, and license.

9. Acknowledgements. Participant represents to the Protected Parties that this Agreement is a complete and final release and indemnity agreement, that Participant is voluntarily entering into this Agreement, and no representations, promises, or statements made by any of the Protected Parties has influenced Participant in signing this Agreement. Participant agrees that there are no oral agreements, representations, promises, or warranties that are not expressly set forth herein, this Agreement may only be modified in writing, and that Participant is not relying on any statements or representations of the Protected Parties that are not expressly contained herein. Participant expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the state in which the Premises is located and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Venue for any action brought hereunder or due to Participant's use of the Premises or participation in the Activities shall lie in the County in which the Premises is located. The substantive laws of the state in which the Premises is located shall apply. By signing below, Participant authorizes Urban Air to communicate with Participant via email, with updates, news, advertisements, and offers. In the event Participant (or his/her parent or legal guardian) files a lawsuit in breach of this Agreement, Participant agrees to pay the attorney's fees and costs consequently incurred by any one or more of the Protected Parties or other persons or entities associated with such Protected Parties.

10. Representations by Participant. Participant represents to the Protected Parties as follows:

A. Participant shall obey all rules while participating and alert the staff of any rules violations or dangerous behavior.

- B. Participant shall not participate in any of the Activities if Participant has consumed/ingested or is under the influence of alcohol or other substance, including medication (prescribed or otherwise) which may impair Participant's judgment or coordination.
- C. Participant possesses a sufficient level of skill and physical fitness for safe participation in the Activities.
- D. Participant shall only attempt Activities that Participant can perform safely.
- E. Participant is not aware of any health problems that would prevent him/her from participating in the Activities.
- F. Participant has received either medical clearance from his/her physician prior to participation in the Activities or has determined that such clearance is not necessary for his/her safe participation in the Activities.
- G. Urban Air may, but shall not be obligated or required to, administer to Participant emergency aid, CPR, and use an AED (defibrillator), secure emergency medical care or transportation (i.e., EMS), and Participant shall assume all costs of emergency medical care and transportation.
- H. Participant shall discontinue participation in the Activities if Participant feels any unusual discomfort (e.g., faintness, shortness of breath, high anxiety, or chest pains).
- I. Participant consents to Urban Air communicating with Participant via telephone or email and to receiving from Urban Air on my wireless device mobile service commercial messages. Participant acknowledges that Participant may be charged by his/her wireless service provider in connection with receipt of such mobile messages. Participant acknowledges that he/she may revoke his/her consent at any time.

BY EXECUTING THIS AGREEMENT, I REPRESENT I HAD A SUFFICIENT OPPORTUNITY TO READ THIS AGREEMENT, I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AGREE TO BE BOUND AS SET FORTH HEREIN.

Child Participant Name (Please Print)	Parent/Legal Guardian Signature	Date
---------------------------------------	---------------------------------	------

Adult Participant Name (Please Print)	Adult Participant Signature	Date
---------------------------------------	-----------------------------	------

Emergency Contact Person: _____	Phone: _____
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Participant's Email Address: _____

Instructions for Non Talbert House Clients

PAGE 1 – Consent for Treatment

- 1) Make sure the camper's name is printed clearly.
- 2) Check off how we're allowed to contact the guardian (phone, mail, email).
- 3) Check "I agree to participate".
- 4) Check either "I agree to receive contact after Camp" **OR** "I do not want to be contacted after Camp" (do not check both).
- 5) Guardian must sign. Client signature is optional. Any Talbert House staff can sign at the bottom.

PAGE 2 – Fee Agreement

Campers with private insurance may be responsible for a portion of the cost. Please contact the Camp Possible Admin at 513-993-7204 for more information.

- 1) Camper's Name, SSN, DOB, Address, and Phone are needed.
- 2) We **MUST** have family size and income. This is anyone claimed on the tax return. Please include the names of the family members, their relationship to the camper, etc.
- 3) Gross annual income and source can be Wages, Social Security, SSDI, SSI, Pension Payments, Veteran's Pension / Compensation, Alimony, Unemployment Compensation, Rental Income, Other Sources of Taxable Income, Disability, Child Support
- 4) HCMHSB % - **leave blank**. The Talbert House Admin will update based on income and family size. This is so Camp Possible can apply for financial assistance. Please call the admin at 513-993-7204 if you have questions about possible cost. Most campers with Medicaid won't have a cost.
- 5) Fee agreement is effective for **one year**. Start date is whatever date it's signed. End date is one year from start date. The guardian must initial this.
- 6) Guardian must sign and date at the bottom of the fee agreement.
- 7) Any Talbert House staff can sign and date for Agency Representative.

PAGE 3 – Residency Verification

- 1) County, address, print name and guardian signs.

PAGE 4 – Release of Information (anything with an asterisk * is required)

- 1) Section I
 - a. Camper's Name, DOB, SSN
 - b. Address, City, State, and Zip
- 2) Section II
 - a. Disclosing Entity: Camp Possible
 - b. Recipient: Person or organization that we're allowed to talk with (school, therapist, emergency contact, etc.)
 - c. List the contact information for the recipient
- 3) Section III
 - a. Reason for disclosure: Usually Care Coordination or Emergency Contact
 - b. Health Information: Usually easier to list "All" if guardian is ok with that
 - c. Specify time period: Leave blank
- 4) Section IV
 - a. Expiration date is one year from when it's signed
 - b. Guardian needs to sign. Camper and Talbert House staff do not need to sign.
 - c. Select the relationship of guardian to camper

Consent for Treatment/Services

I (we) give consent to have _____ assessed and/or treated by

Talbert House

Gateways

I (we) agree to take an active role in treatment and/or service as prescribed by the provider's outline or individualized service plan. I (we) understand the following rights:

1. When required by regulatory or Agency policy, a diagnosis, if given, must be explained along with symptoms associated with the diagnosis.
2. Information regarding the Best Practice treatment(s) for my particular diagnosis/diagnoses must be explained, and my treatment/service choices at this particular time must be outlined
3. The benefits and risks associated with treatment/services must be explained
4. Information regarding the implication and potential consequence(s) of refusing or withdrawing consent for treatment/service must be provided.
5. Information about my service provider's qualifications must be provided.
6. I (we) will receive information regarding expectations, rules, rights, and grievance procedure. I (we) agree to read this information and seek clarification in order that I (we) fully understand the expectation of my (our) participation in treatment.
7. During my course of treatment I agree to be contacted by:
 - Phone
 - Mail
 - Email

For Youth Behavioral Health Services:

I (we) agree to participate in alcohol and other drug and / or mental health treatment services

Consent for follow-up contact:

- I agree to receive contact after terminating treatment/services. I understand this contact may be by telephone, U.S. Mail or e mail and may occur for up to 24 months after date of discharge**
- **All requested information will be held confidential and used to improve the quality of our services. All identifying information will be removed for reporting purposes.
- I do not agree to receive contact after terminating services

I (we) understand that the information regarding my (our) treatment/services is protected by state and federal law, and I (we) acknowledge that I (we) have received a copy of the rules governing confidentiality and the rules have been explained to me (us).

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Client refused treatment/services. The following were alternative treatment(s) offered:

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Client name: _____ Carelogic #: _____

Talbert House & Affiliates
Client Financial & Fee Agreement - Initial

Client Name: _____ SSN: _____ DOB: _____ Carelogic #: _____
Address: _____ City/State: _____ Zip: _____ Phone: _____

Family/Household Size: _____
Name _____ DOB _____ Relationship _____ Name _____ DOB _____ Relationship _____

Employment & Financial Support Information

Financial Support & Annual Amounts		Expenses: List exceptional family expenses (e.g. day care, medical expenses, child support etc.) MUST EXCEED 7% OF TOTAL INCOME
1. _____ Gross Annual Income	\$ _____	_____
2. _____ Gross Annual Income	\$ _____	_____
3. _____ Gross Annual Income	\$ _____	_____
TOTAL AMOUNT OF GROSS INCOME:	_____	_____
TOTAL AMOUNT OF EXPENSE:	_____	_____
TOTAL ADJUSTED ANNUAL INCOME:	_____	_____

Client Initials

At the present time, I am not receiving any type of income, including but not limited to, Employment, Self-employment, Supplemental income, including SSA, SSDI, Social Security, OWF, General Assistance, Child Support, Alimony, _____ Unemployment, Pension etc.

Hamilton County Mental Health & Recovery Services Board

Talbert House and Affiliates have limited public funds which can be made available to qualified persons through the HCMHRBSB. These funds may be available to those person who meet eligibility requirements for receiving subsidies for cost of services. At minimum, eligibility must be determined annually.

I understand that I may be eligible for a subsidy to be paid from the HCMHRBSB funds equal to _____% of the cost of services.

Authorization

- I understand that I am liable for the full cost of services not covered by third party payors.
- I understand that third party payors (Medicare, private insurance, Medicaid etc.) will be billed for any covered services to the extent I am eligible.
- I am solely responsible for reporting any change of income to Talbert House when it related to determining the subsidy scale from the HCMHRBSB.
- I authorize payment of medical benefits to the provider for services.
- I certify that the information used in preparing this agreement if accurate to the best of my knowledge.
- I agree to pay any portion of the fee assigned to me.

Client Initials

_____ I understand that this fee agreement is effective from _____ to _____.

I authorize the release of all information necessary to process my insurance claim. I have read or have had read and explained to me the client fee payment agreement and I fully understand its content.

Client/Guardian/Guarantor Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

SERVICE AREA RESIDENCY VERIFICATION

A client's signature on this form shall be sufficient for documenting residency with the exception of children under 18 years of age, and adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines. This form should be included with the enrollment form for any out-of-county requests for enrollment. For the special exceptions, documentation supporting the residency determination should be included with the enrollment form.

I, the undersigned, declare that I intend to maintain residency in the county and at the address listed below.

County	
Street Address	
City, State, Zip	
Please Print Name of Person Signing Below	
Signature	Date

STANDARD AUTHORIZATION FORM

Fields marked with an asterisk (*) are required to be completed. Failure to provide additional identifying information in Section I may result in the inability to respond to this request. This form is not a patient access request under 45 CFR 164.524. Records released pursuant to this authorization may include information concerning testing, diagnosis or treatment of HIV/AIDS, psychiatric and/or drug/alcohol treatment, and/or sexual assault.

FORM A – AUTHORIZATION FOR RELEASE OF INFORMATION FROM COVERED ENTITIES (OTHER THAN PART 2 PROGRAMS)

Section I					
First Name*	M.I.	Last Name*	Date of Birth*	Social Security Number	
Address		City	State	Zip Code	
I hereby authorize the disclosure of health information about the above individual as follows.					
Section II					
Disclosing Entity* (Covered Entity such as a health plan/insurer or provider) Talbert House Camp Possible					
Address 2600 Victory Parkway			Telephone Number (513) 684-7968		
City Cincinnati		State OH	Zip Code 45206		
Recipient (Person or Entity)*					
Contact Information (e.g. telephone number, email address, fax number, street address, etc.)					
Section III					
Reason for disclosure*					
Health information to be disclosed*					
Specify time period, if desired: Release only information from the period _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)					
Section IV					
This authorization will remain in effect until revoked or shall expire on date or event specified below. I understand that I may revoke or cancel this authorization at any time by submitting written revocation in the manner specified by the disclosing entity, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will expire on the date or completion of the event stated below. If no date or event is specified below, this authorization will expire in one year.					
Expiration Date or Event _____ (mm/dd/yyyy)					
<ul style="list-style-type: none"> • I understand that I may not be denied treatment, payment, and enrollment in the health plan, or eligibility for benefits for refusing to authorize disclosure unless such denial is permitted under state and federal law. • I understand that information disclosed by this authorization, except as prohibited by 42 CFR Part 2 or other applicable law, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164]. 					
Signature of Individual*				Date* (mm/dd/yyyy)	
Signature of Personal Representative (if applicable)* (identify relationship to individual below)				Date* (mm/dd/yyyy)	
Relationship of Personal Representative to Individual (Personal representative shall submit proof of authority to the disclosing entity)					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Healthcare Power of Attorney <input type="checkbox"/> Executor/Administrator <input type="checkbox"/> Other <input type="checkbox"/> N/A					

For administrative use only:

Method of Delivery (e.g. paper, fax, electronic,)	Date Released
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CAMP POSSIBLE CAMPER HANDBOOK SUMMER 2024



The mission of Talbert House Camp Possible is to provide a structured camp experience for youth with behavioral health challenges that offers support to achieve their goals.

Location:

NewPath
274 Sutton Road
Cincinnati, OH 45230

Contact Number:

513-507-3361

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Introduction and Welcome

Welcome to Camp Possible 2024. We are anticipating another exciting summer of activities for our campers, and you are an important part of the success. Excellence is our goal for Camp Possible 2024. Excellent staff produce excellent programs. Excellent campers produce an excellent camp experience.

This manual has been prepared to give you the knowledge necessary to be a valued contributor to our camp experience. Please read through before the first day of camp, let staff know if you have any questions, and sign off that you have reviewed the program manual. The manual has been designed to help you understand the philosophy and goals behind summer camp, your role, and camper expectations.

Program Mission and Goals

The mission of Camp Possible is to provide a structured camp experience for youth with behavioral health challenges that offers support to achieve their goals.

Program Goals for Excellence:

- To have an excellent camp where children are valued.
 - An excellent summer camp is a place that is fun and exciting for children.
 - An excellent summer camp is a safe place for campers and staff.
- To have all staff view each child as a unique individual with something special to offer.
- To have all staff show an interest in each child, understand their unique needs and behaviors, and teach to those needs.

Camp Overview

Camp Possible runs four days per week, Monday through Thursday, from 9:30AM to 3:00PM. Camp will run from Wednesday June 12 through Thursday August 1. Most Thursdays are designated for field trips. Transportation will be provided for all field trips throughout camp. For those who cannot attend the full eight-week session, consideration will be made on a case by case basis. The week of July 3rd, Camp will be close on July 3rd and 4th.

Each week will focus on a specific theme and all activities will relate to this theme. Each day campers will engage in a therapeutic group activity designed to teach the theme of that week. The rest of the day will be designated for enrichment and recreational activities designed to give campers unique experiences.

Theme for Camp Possible 2024 is “Making Legends”

- Week 1: Leprechaun - It's Not Luck, It's Opportunity
- Week 2: Hercules - Determination and Acceptance
- Week 3: Werewolf - Think Before You Act
- Week 4: Unicorn - Individuality and Inner Peace
- Week 5: Kraken - Power and Strength
- Week 6: Imp - Responsibility
- Week 7: Bigfoot - Confidence and Assertiveness
- Week 8: Phoenix - Redefining Yourself

Camp Rules

Some basic rules have been put into place in order for campers to get the most out of Camp Possible. If campers follow these rules, they will have an excellent camp experience this summer.

- 1) Campers will remain in their assigned area until they have permission from staff to leave that area.
- 2) Campers will attend all activities and participate in each group experience.
- 3) Campers will always keep hands and feet to him/herself. Instigation of a fight will be viewed the same as being in a fight.
- 4) Campers will always use appropriate language.
- 5) Campers will show respect throughout camp. Threats to do bodily or physical harm to others, attempts to intimidate or bully others, the act of belittling others through hazing, physical or verbal harassment, and racial or ethnic remarks will not be tolerated.

Any violation of these rules may result in campers receiving 1-2 day suspension, loss of field trip or removal from camp.

Meals

A light breakfast will be provided to all campers. Lunch and will also be provided. Campers have the option to bring a packed lunch if they choose. If campers have a specific food allergy, please let camp staff know so that meals can be planned accordingly. If we are unable to accommodate campers' allergies, you may be asked to send food.

Daily Attendance

Campers are expected be at camp daily. It is important that campers attend consistently to get the most out of the camp experiences. When campers are absent, they are likely to miss out on unique opportunities throughout the camp session. Three unexcused absences from camp may result in campers losing their transportation and/or placement in camp.

Contact information

If at any time you have a question regarding Camp Possible or your camper, please contact staff at the following number: **513-507-3361**

Illness and Absences

As discussed above, daily attendance in camp is vitally important for campers to get the most out of their experience. However, at times, it is necessary to keep a camper home for a day or so due to illness or other activities.

For the welfare of your child, other campers, and staff, if a camper is suffering from any of the following symptoms, please do not send him/her until symptoms are gone.

- Diarrhea
- Severe coughing
- Difficulty breathing
- Rash
- Fever above 100.0 degrees
- Viral infection
- Upset stomach and/or vomiting
- Any communicable disease or illness diagnosed by a physician

To report an absence, please contact staff as soon as possible at the number below. If no one answers, leave a message with your child's name and the day he/she will be absent. **513-507-3361**

Injury

It is the goal of the staff at Camp Possible to ensure campers are always safe. However, accidents can occur. All staff at Camp Possible are certified in First Aid and CPR. Basic First Aid will be administered if a camper is injured during camp. Staff will contact parent/guardian to report details of the injury and an incident report will be completed by camp staff.

If a camper needs medical intervention above basic First Aid, parent/guardian will be contacted immediately, and a plan put into place regarding next steps.

If for any reason a doctor has restricted a camper from a camp activity, a doctor's note must be given to staff.

Dress Code

Campers are asked to dress appropriately each day. This includes wearing weather appropriate articles of clothing (shorts, T-shirts, etc.). Due to the nature of Camp Possible and the activities planned, **for safety reasons campers are asked to wear athletic shoes.** In order to ensure appropriate clothing and safety, the following clothing rules must be adhered to:

- No flip-flops or dress shoes
- No spaghetti strap tops
- No T-shirts with vulgar, offensive, sexually explicit designs or graphics with alcohol or drug connotations
- Tops must fit properly and cover the midriff
- No tube or halter tops
- No mesh or tank tops
- Shorts must be no shorter than mid-thigh
- Shorts/pants/bottoms must stay on the hips - no sagging pants
- No dangling jewelry or other accessories that could catch on something
- Please label jackets

What to Bring

Campers are asked to bring the following items to camp each day:

- Spare change of clothes
- Sunscreen if a brand or type of sunscreen is required

What **Not** to Bring

- Backpacks
- Electronic devices (iPod, iPad, PSP, Kindle, etc.)
- Headphones
- Lighters
- Weapons of any kind
- Alcohol, drugs, or illegal substances

Electronic Device Policy

Cell phones/electronic devices are not necessary at camp and can be a distraction more than a helpful tool. In order to respect the rules of camp and interactive environment, the following rules apply:

- Cell phones/electronic devices can be used before coming to camp if campers respect the rules outlined by the transportation servicer.
- **Cell phones/electronic devices must be turned in and turned off once campers have entered the camp site.**
- Once inside the camp site, all devices will be placed in a clear bag with the camper's name on it and put into a box and held in the administration office until the end of the camp day at which time they will be given back to campers.

- If a camper is caught with a cell phone/electronic device during the camp day, they will be asked to surrender it. The parent/guardian will be contacted and item will be held by camp Leadership until the parent/guardian or a camper's worker (i.e. Camp staff, case manager, therapist) can pick it up.
- Refusal to surrender cell phone/electronic device when asked can result in consequences and parent/guardian will be contacted to discuss options.
- If a camper refuses to or does not surrender cell phone/electronic device, Talbert House Camp Possible is not responsible if the device is lost or stolen.

Arrival and Dismissal of Campers

Campers will be transported to camp via Medicaid transportation or other transportation set up by Camp Possible staff. Campers are expected to arrive at camp between 9:30AM and 9:45AM. Upon arrival, campers will be directed to the appropriate area for morning snack and activity. Staff will be stationed at the front door to greet campers and vans upon arrival.

At 3:00PM, staff will be stationed at the entrance to NewPath to ensure campers get on their bus or van at dismissal time. Staff will also be stationed throughout the dismissal area to ensure all campers safely board buses and vans in a timely manner.

Transportation

Valley Transport will provide transportation to **Campers with Medicaid who live in Hamilton County**. Valley Transport will send text notifications; however, you can call them at **(513) 988-3355** the evening before to request an estimated pick-up time.

UTS will provide transportation to **Campers without Medicaid or who live in other counties**. Their School Assistance phone number is **(513) 858-7960**.

Please contact Camp Possible for the following:

- If your child is sick and will not be attending camp.
- There is a scheduled absence.
- There is a change in transportation (i.e. will be dropped off by guardian, rather than riding the van).

Please contact UTS or Valley Transportation for the following:

- Questions regarding pick up/drop off times.
- Address changes/clarifications.

Supervision Expectations

Campers will always be supervised. All campers will be assigned to a group with a Therapeutic Camp Leader who will stay with them throughout the day. Depending on the activity, campers will also have Treatment Group Leaders and Recreational Group

Leaders. Staff will be available to assist campers who may need to be escorted to a different part of the facility. No camper should be outside of staff's sight at any time.

Dispensing of Medication

It may be necessary for campers to receive medication during camp hours for the health and well-being of the camper. Only trained staff are authorized to assist with self-administration of medication.

If a camper needs to receive medication throughout the day, a **Medication Administration Permission Form** must be on file, signed by a parent/guardian and a physician, before prescribed medication may be self-administered. This is also needed for campers to carry inhalers or Epi-Pens (epinephrine auto injectors).

NOTE: Any change in a medication order requires a revised statement signed by the physician.

An identified Talbert House staff member will work with the parent/guardian to get medication to the campsite. Medication must be labeled and in the original container.

If there is a medication change during the camp session, it is the parent/guardian's responsibility to notify Talbert House staff and have the physician sign a new Medication Administration Form.

A camper may transport inhalers or Epi-Pens with a completed Medication Administration Permission Form.

NOTE: Emergency services will be called if an Epi-Pen is administered.

Bathroom Breaks

Bathroom breaks will be available to campers at multiple times throughout the day and any time a camper is in need. Camp staff will escort campers to the bathroom. No more than one camper will be permitted to go to the restroom at any one time. All campers must be toilet trained and able to meet their bathroom needs independently.

Behavior Management

Camp Possible will utilize a point system to track participation and effort made by campers daily. Campers are given the opportunity to earn "points". At the end of each week, campers are given the opportunity to "buy" rewards with points they have earned.

Enrichment and Recreational Activities

As part of the summer experience, campers will engage in a variety of activities both indoors and outside. Recreational activities will include but are not limited to whiffle ball, flag football, kickball, and soccer. Campers will also participate in martial arts, dance, and yoga. If you feel your child is unable to participate in any activities or has any activity restriction, please notify staff.

Sunscreen

Because many of the activities will take place outside, sunscreen will be provided for all campers. It will be mandatory for campers to apply sunscreen to arms, legs, and face. You are welcome to send your choice of sunscreen to camp with your child if you prefer. If there is a medical reason why your child cannot use sunscreen, please provide staff with a note from your child's physician.

Field Trips

Field trips are part of the camp experience and not something that needs to be "earned." However, if a camper displays behavior that are considered unsafe (i.e. running away, physical aggression, sexually acting out), they may lose the privilege to attend the field trip of the week. The on-site Operations Supervisor and Clinical Lead will determine if a camper loses the opportunity to go on a field trip. This will be a joint decision and they must agree. If unable to reach an agreement, the Associate Director will make the final decision. Guardians will be notified as early as possible of a decision. If a camper is unable to attend the field trip, transportation will be cancelled, and they should be kept at home the day of the field trip.

Transportation and lunch will be provided to campers and staff.

Activities during field trips will include but are not limited to:

- Walking/running
- Hiking
- Swimming and water slides

If you feel your child is unable to participate in any activities or has any restrictions on activities, please notify staff immediately.

Family Day Celebration

Save the Date! Thursday August 1, 2024

Mark your calendars now - Last day of Camp Possible, Thursday August 1, 2024. Based on what would be allowable for gatherings; it is our hope to invite families to come and celebrate with the campers and staff. Families will be able to see some of the activities that the campers did throughout the summer. Music, food, and fun will be plentiful.

More information will be provided as we get closer to this date.

Thank you for taking the time to review the above information. We look forward to a fun filled summer with your child.