

RecPLEX
THERAPEUTIC RECREATION

TREKKERS

SUMMER CAMP



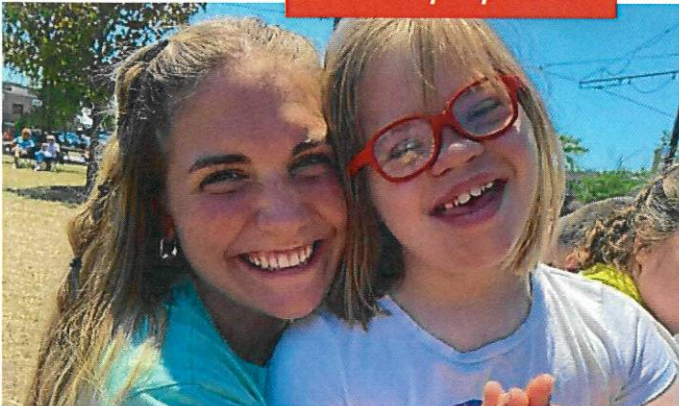
June 12-August 24
Ages 7-17

General Information

This unique summer camp is open to youth that are easily "bored" in a traditional camp setting, with some mainstream camp activities.

All paperwork is required at time of registration. Registration is open and requires fee to hold camper's spot.

Fieldtrip Options



For questions & registration, contact Leah
landerson@pleasantprairiewi.gov
262.947.3662

Discovery Camp Details

Fees

Registration Fee: \$75 (non-refundable)
Week Full Day: \$228/\$264.60 (per week)
Transportation available for additional charge.
**Fees are subject to change*

Hours & Dates

Camp: 9:00a-4:00p (weekly option only)
Dates: 11 weeks long, June 2-Aug 24
**No camp 7/4*

Trekkers at a Glance

Camper Ratio is 1:6

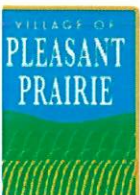
Daily activities include: swimming, arts & crafts, sports, interactive games, gym, outdoor activities and much more!

All Trekkers have the opportunity to expand their experiences outside the RecPlex and into the community with community outings.

Fieldtrips are available weekly for additional fees. Refer to full fieldtrip schedule.

9900 Terwall Terrace, Pleasant Prairie, WI 53158

262.947.0437 • recplexonline.com





Required documentation to register for Therapeutic Recreation programs or services, the following must be on file.

- 1. COMPLETED Information form including name and phone number for guardian, emergency contact and case manager**
 - Therapeutic Recreation Automatic billing form with form of payment listed
 - TB test results less than 2 years old (copy required)
 - Physical less than 1 year old (copy required)
 - Schedule of requested dates of attendance (copy required at time of registration)
- 2. Transportation Request form (if applicable)**
- 3. Behavior Plan (if applicable)**
- 4. Seizure response plan (if applicable)**
- 5. Authorization for services from case manager**
- 6. Registration fee (if applicable, will be applied to billing)**
- 7. Any dates of respite for the summer**

I understand that all of the above documents must be returned prior to registration. If not received, camper will not be registered for camp services.



2023 Information Form

Please keep a copy of this form for your records

PARTICIPANT INFORMATION UPDATES

Name:		
Address:		
City, St, Zip:		
Phone (daytime):		E-Mail:
DOB:	Age:	<input type="checkbox"/> NEGATIVE TB test copy submitted
Diagnosis:		School:
Takes Medication at Program? Yes No	Has an Epi Pen Yes No	T-shirt ADULT: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/>

<input type="checkbox"/> Same as participant	PARENT/GUARDIAN INFO	CASE MANAGER/FUNDER
Name		
Address		
City		
Home Phone #		
Cell #		
E-mail		

I understand illegal drugs, tobacco products, alcohol products or any weapons or explosives are not allowed while at program. I also agree that my camper will not steal, harm, destroy other's property, engage in sexual activity, fight or cause physical harm, use bad language or show disrespect to other campers or camp staff. Participation in such activities or the threat of such activity can result in removal of camp privileges and/or removal from camp including up to 1 week removed from program. Please initial _____

IN CASE OF MEDICAL EMERGENCY, I understand that first aid will be available at camp and the camper will be closely supervised. If serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness; however, if it is impossible to contact me, I give permission to the physician selected by the camp to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for the camper named above. Initial _____

Froedtert

Aurora

Photo Release: I do hereby consent and agree to allow the RecPlex to use my camper's image or likeness in photos, videos, or audio for educational or promotional purposes, including posting on the internet. I agree that the use herein is done so without compensation. Please initial _____ I DO NOT grant permission to take photos of my camper _____

Field Trip: I DO authorize my camper to travel to and from program events via program transportation. Please initial _____
I DO NOT authorize my camper to travel offsite for program events or field trips: Please initial _____

ITEMS REQUIRED AT REGISTRATION:

1. Information form - 2023
2. Medical release – valid for 1 year
3. TB test results, must be negative – required before starting program
4. Paid registration fee – FREE if a RP member, otherwise \$75 for Spring, \$75 for Summer, \$75 for Fall
5. Dates of Attendance form – SUMMER 2023

ATTENDANCE EXPECTATIONS:|

Each client will submit a schedule of dates of attendance for each semester they are attending with dates and times of attendance marked and anticipated times of arrival and departure. Clients will attend a minimum of 3 days per week and up to 5 days per week. Program hours will be from 9a -3p with respite available between 7a -9a and also 3p -5p. Attendance will be billed at a minimum of 3 days per week and 6 hours per day. Any schedule changes should be sent in writing (e-mail or written note) so that it can be shared with the group.

If not attending on a scheduled day, the parent or guardian is expected to alert the staff of non-attendance no later than 9am. Any changes to arrival or departure, including pick up person, mode of transportation, pick up or drop off time should be kept to a minimum. If a client has not arrived during their scheduled time, contact with the parent or guardian will be made.

BEHAVIOR GUIDELINES/EXPECTATIONS: Safety of all our participants and staff is our first concern. Our camp is set up to support campers who may need assistance in participating. We do not condone aggression towards other campers or staff. Our ratio is 4:1, therefore this camp may not be appropriate for every camper. Please keep that in mind when choosing the summer camp for your camper.

1. Keep your hands to yourself.
2. Show appropriate social behavior with peers & staff. (No spitting, hitting, kicking, scratching, pinching, etc)
3. Use appropriate language. (no swearing, yelling at others)
4. Respect your friends, your staff and yourself
5. Participate in activities and have fun.
6. Please do not send toys or other valuables from home. We are not responsible for lost items.

Clients who have difficulty following the rules will be warned about their behavior. Clients who are physical or aggressive towards other campers or staff will be sent home for the first occurrence with the next day at home, out for a week for the second occurrence and removed completely for the third occurrence. We reserve the right to remove a client at any time if deemed a danger to self or others.

Permission Form/Waiver

As parent/guardian, I fully recognize and understand there are certain injury risks associated with being in a camp environment and that there is a risk of being injured while participating in camp activities such as swimming, ice skating, boating, off camp excursions. I recognize the risks involved and give permission for the camper listed above to participate in all camp activities unless otherwise noted in writing or restricted by the camper's physician on the medical release. In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participant's sole risk and that the RecPlex/Village of Pleasant Prairie shall not be held liable for any claims, demands, injuries, damages, or cause of action to any camper in conjunction with participation of camp. Further, the camp, camp staff, agents will not be held liable for loss of personal property of the camper.

Parent/Guardian Signature _____ Date _____

HEALTH INFORMATION & BACKGROUND

Disability(s): _____

Check or list any condition a staff member should know about:

- | | |
|------------------------------|----------------------------|
| Heart Condition _____ | Seizures _____ |
| Diabetic _____ | Eye Infections _____ |
| Allergic to bee stings _____ | Glasses/contacts _____ |
| Allergic to medication _____ | Headaches _____ |
| Allergic to latex _____ | Dietary restrictions _____ |

ALLERGIES:
 Food Allergies: _____
 Medication Allergies: _____

MOBILITY	ATTENTION	TOILETING*
Ambulatory	Typical Attention span	Toilets independently
Uses Wheelchair	Needs transition assistance	Needs prompting/reminders
Wears braces	Runs/Wanders	Needs assistance/supervision
Needs assistance walking/stairs	Is easily distracted	Needs assistance with wiping
Needs assistance in pool	Needs to be active	Uses toilet schedule (please supply)
Needs assistance in bathroom	Needs frequent rests	Uses briefs (please supply 1 week at a time)

Food Allergy _____ Participation limits _____

Other _____ Record of immunizations and date of last tetanus shot: _____

*We have both female and male staff. We typically have the same gender staff assist with toileting but if needed, an opposite gender staff may assist with toileting.

PERSONAL CARE	MEALS	COMMUNICATION
Can dress independently	Able eater	Communicates verbally
Needs some assistance	Needs some help/prompting	Uses communication aid
Needs complete assistance	Drinks with a straw	Uses sign language
Needs help with shoes/tying	Takes food from others	Needs 1-2 step directions
Needs help with shower/soap	Uses special utensils (please label)	Unable to communicate needs
Needs help with deodorant	Difficulty chewing/swallowing	Non-verbal but can make needs known

*If g-tube fed, please attach a written feeding schedule including times and amounts.

* Any medically prescribed meals we should know about or food restrictions?

BEHAVIOR & SAFETY
Best way to transition
Best way to redirect
Best way to calm
Behaviors when upset
Fears/triggers/phobias
Behavior Plan YES NO If yes, please provide behavior plan.

Please list if there are any activities specifically not liked/enjoyed. _____

Other information not asked but we should know _____

NO behavior concerns

Behavior Concerns	
Is self-abusive	Runs away/wanders
Abusive towards others	Difficulty with transitions
Bites (self or others)	Does not like loud noises
Scratches/pinches self or others	Does not like to be touched
Grabs others	Enjoys social time
Uses inappropriate language	Prefers activities alone
Uses inappropriate touch	Inappropriate sexual behavior

Please do not be offended if we ask for photo identification from you or others who pick-up your child.
This is for the safety of all participants in our care.

Emergency Contact – people authorized to pick up your loved one, within 20 minutes of RecPlex
(Parents are always authorized to pick up, but we may ask for ID until all staff are familiar.)

Name	Relationship	Daytime Phone Number

The following are NOT authorized to pick-up my child:

Name	Relationship	Daytime Phone Number

GOALS: Please list 1-3 goals that can be worked on during the year.

1. _____

2. _____

3. _____

THERAPEUTIC RECREATION DEPARTMENT

AUTOMATIC PAYMENT FORM



Please fill out completely to avoid delays in reserving space!

Client's Full Name:	Program (Check One): <input type="checkbox"/> Discovery Adult <input type="checkbox"/> Trekker Youth
Client's Full Name:	Program (Check One): <input type="checkbox"/> Discovery Adult <input type="checkbox"/> Trekker Youth
Client's Full Name:	Program (Check One): <input type="checkbox"/> Discovery Adult <input type="checkbox"/> Trekker Youth
Parent/Guardian Name:	Email Address:

PLEASE SELECT ONE OF THE OPTIONS BELOW.

(Restrictions apply to each option.)

OPTION 1: Automatic Check Withdrawal Weekly - Attach a voided check to this form.

Bank Name:	Account Number:	Routing Number:
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OPTION 2: Payment by Automatic Credit/Debit Card Weekly (Enter card information and sign below).

Cardholders Name:	C.C. Financial Institution (bank name on credit card):	
Card Type (check one): <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	Card Number:	Exp. Date:
Billing Address:		

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all program participants listed on this form. I understand my checking account or credit card will be charged weekly. I understand that my monthly checking account or credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I must notify the TR/Billing Department in writing 7-10 days prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

By signing below, you understand and agree to the terms, policies and guidelines set forth by the RecPlex. You are responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

- Each returned or uncollected balance will incur a \$35.00 reversal fee.
- Unpaid balances will result in denial of service or care provided.
- By providing a credit or checking account on file, you are authorizing the RecPlex to charge any out of pocket expenses you are signing your participant up for including but not limited to: care, clubs, field trips, programs, additional days of care, etc.

If funded:

- Service authorizations must be current and outline all services covered by the funder and it is the responsibility of parent or guardian to communicate with their case managers/funders.
- Any services not covered by the funder are the financial responsibility of parent/guardian and will be billed to the payment method provided.
- I understand it is my responsibility as parent/guardian to communicate my service needs to my funder/case manager.
- THE REC PLEX WILL NOT BE CONTACTING ANY FUNDER TO ADD, DELETE, OR ADJUST ANY SERVICE AUTHORIZATIONS.

Account Holder Signature:	Date:
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Third party clients must have an authorization or proof of funding prior to registering for the SPRING session. This documentation can be sent via e-mail to ewinch@plprairiewi.com. Camp is offered in weeks, Monday thru Thursday. Program hours are from 9a -4p. AM Respite hours are 7 -9am and 4-5pm. Please include your student’s arrival time and your departure times so that we can adequately staff for your times of attendance. Respite hours must be scheduled prior to use. Transportation is available on a first come, first served basis. If transportation is scheduled, regular usage is expected. Repeated cancellations will result in termination of service.

	AM RESPITE	PM RESPITE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 0: June 5 - 9			Camp soft start					Respite
Week 1: June 12-16			1 st day CAMP					Respite
Week 2: June 19-23								Respite
Week 3: June 26-30								NO RESPITE
Week 4: July 3 - 7				No Camp				Respite
Week 5: July 10-14								Respite
Week 6: July 17-21								Respite
Week 7: July 24-28								Respite
Week 8: July 31 – Aug 4								Respite
Week 9: August 7-11								Respite
Week 10: August 14-18								Respite
Week 11: August 21-25						Last day of camp		Respite

Summer camp will officially start on Monday, June 12th, earlier start dates available upon request and in order of request. All paperwork, forms and authorizations must be submitted prior to start of program. Summer camp registration will be allowed once all completed paperwork is submitted and confirmed by the billing department. Registration is not complete until all pieces of required paperwork are submitted.



Therapeutic Recreation Department- Automatic Payment Form

Please fill out completely to avoid delays in care!

Client's Full Name: _____

Program (circle one): Discovery Adult or Trekker Youth

Client's Full Name: _____

Program (circle one): Discovery Adult or Trekker Youth

Client's Full Name: _____

Program (circle one): Discovery Adult or Trekker Youth

Parent/Guardian Name: _____

Email Address: _____

Please select one of the options below.

Option 1: Automatic Check Withdrawal Weekly

Checking Account Information: Attach a voided check to this form

Account number: _____

Routing number: _____

Bank Name: _____

Option 2: Payment by Automatic Credit/Debit Card Weekly (Enter Card Information and sign below)

Card Type: Please circle one VISA MASTERCARD DISCOVER

Cardholder's Name (print): _____ C.C. _____

Financial Institution (bank name on credit card): _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all program participants listed on this form. I understand my checking account or credit card will be charged weekly. I understand that my monthly checking account or credit card statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on a weekly basis to allow for the automatic deduction of my payment. I understand that if there are any changes to my account I must notify the TR/Billing Department in writing 7-10 days prior to my scheduled weekly automatic payment deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I am the parent/guardian and agree to the terms of this document.

- By signing below, you understand and agree to the terms, policies and guidelines set forth by the RecPlex. You are responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.
- Each returned or uncollected balance will incur a \$35.00 reversal fee.
- Unpaid balances will result in denial of service or care provided.
- By providing a credit or checking account on file, you are authorizing the RecPlex to charge any **out of pocket** expenses you are signing your participant up for including but not limited to: care, clubs, field trips, programs, additional days of care, etc.
 - If funded:
 - Service authorizations must be current and outline all services covered by the funder and it is the responsibility of parent or guardian to communicate with their case managers/funders.
 - Any services not covered by the funder are the financial responsibility of parent or guardian and will be billed to the payment method provided.
 - I understand it is my responsibility as parent/guardian to communicate my service needs to my funder/case manager.
 - THE RECPLX WILL NOT BE CONTACTING ANY FUNDER TO ADD, DELETE, OR ADJUST ANY SERVICE AUTHORIZATIONS.

Account Holder Signature: _____ Date: _____

Release and Hold Harmless Agreement

As a participant in the program of the RecPlex, owned and operated by the Village of Pleasant Prairie, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or losses, which I may sustain as a result of participating in all activities connected with or associated with such program. I agree to relieve and relinquish all claims: I have as a result of participating in the program, against the Village of Pleasant Prairie and its officers, agents, and employees. I do hereby fully release and discharge the Village of Pleasant Prairie and its officers, agents, and employees from any and all claims from injuries, damages, or losses, which I may have or may accrue to me on an account of my negligence during participation in the program. I agree to indemnify and hold harmless and defend the Village of Pleasant Prairie and its officers, agents, and employees from all claims result from injuries, damages, and losses sustained during and arising out of the activities of the program.

Coronavirus/COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an still an extremely contagious virus that spreads easily through person-to-person contact and air particles. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in RecPlex programs or accessing RecPlex/Village of Pleasant Prairie facilities could increase the risk of contracting COVID-19. RecPlex in no way warrants that COVID-19 infection will not occur through participation in RecPlex programs or accessing RecPlex facilities. As a condition of my participation or my child's participation in the RecPlex programs, I accept any risk of infection from COVID-19. I specifically release and hold harmless the Village of Pleasant Prairie RecPlex from any losses, damages, or personal injury to myself, my child, or my household from participation in any RecPlex programming.

Policy & Procedure Manual receipt

I acknowledge I have received a copy of the TR program policy and procedure and I agree to abide by set policies. I have read and understand the Release and Hold Harmless Agreement and the Policy & Procedure manual. I understand that my signature is required to take part in RecPlex programs. If the participant is under the age of 18, a parent or guardian signature is required.

Any questions or concerns regarding policy can be directed to the Manager of Therapeutic Recreation.

Parent/guardian signature

Date

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months after admission. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years after admission.

PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

TR Transportation Services

Date Rcvd: _____
Date to begin: _____
Date to end: _____
Initials: _____

Information about person needing transportation:

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact other than home within in 30 miles: _____

Name Phone Number

Special Handling – Check all that apply:

Wheelchair Physical Disability Behavior Visually Impaired

Harness Hearing Impaired Seizures Other _____

Transportation Schedule Information: Please allow a minimum of 1 week for processing:

Requested start date for transportation: _____

Month Day Year

Requested end date for transportation: _____

Month Day Year

Days requested for transportation: Monday Tuesday Wednesday Thursday Friday Saturday

Transportation Schedule:

Morning route? YES or NO

Pick up time at home: _____ AM or PM

Afternoon route? YES or NO

Pick up time at RecPlex: _____ AM or PM

Please also read and sign on the back for agreement of services.

TR Transportation Services

Transportation Policies

1. Pick up and drop off times are approximate. Drivers may come 10-15 minutes early or late depending on other riders.
2. Services are available for WI riders in Kenosha/Pleasant Prairie area. Other riders can contact Southport Transportation 262-564-8354, K-Town 262-764-0377 or Care A Van 262-658-9093.
3. Schedule changes of ½ hour or more will be called to families with riders on the bus.
4. Weather and traffic are factors. If road conditions are poor, it may take longer to get everyone to their location safely or we may depart early to get ahead of an incoming storm. Severe weather conditions can result in transportation will be canceled for the day. This includes both AM and PM routes. Notice of the cancelation will be posted on our Facebook page or you can call the main line at 262-947-0437.
5. Riders must be picked up or dropped off at the same location each day. We are unable to change pick up or drop off locations.
6. Clients must be picked up or dropped off to a responsible adult over the age of 18.
7. If your student is going to be absent, please notify our office at least 24 hours in advance or once you know your student is not attending. That number is 262-947-3660. If there will be a change in ridership, we require 1 week prior notice.
8. Repeated failure to notify that a student is not being transported can result in termination of services. A one week notice of termination of service will be given to arrange alternate transportation arrangements.
9. Riders must wear safety belts at all times.

Our rules and guidelines are in place for the safety of our drivers and all our riders. We reserve the right to remove a rider or discontinue service if they are deemed a risk to self or others or there is repeated transportation concerns. By signing below I acknowledge that I have read and understood the policies for transportation of my student.

Parent/Guardian Signature

Date