



Recreation Unlimited
2017 Autism Camper & Typical Sibling Weekend Camp
June 2-4, 2017



Registration Form

The Autism Camper & Typical Sibling Weekend Camp is for youth/young adults ages 8-22 on the Autism Spectrum and their typical sibling. The 2017 Autism Camper & Typical Sibling Weekend Camp published fee is \$412 per weekend camp, plus a \$35 non-refundable reservation fee. **However, due to the generosity of the Ingram-White Castle Foundation, the camp fee of \$412 will be waived for this camp.** If you are interested in attending this camp, please complete the form below for both the Autism camper and typical sibling and return, along with the **\$35 non-refundable reservation fee per family.** This reservation fee will be waived if you have already paid the \$35 reservation fee for a 2017 Year Round Respite Weekend Camp.

Camp capacity for this weekend camp is 26 youth/young adults on the Autism Spectrum and 26 of their typical siblings. Registrations are held on a first-come, first-served basis. After you send in your registration form and reservation fee per family, a camper application packet will be sent to you **for each camper attending** from your family. Acceptance to camp is based on review and approval of the camper application, camper's individualized needs, and camp capacities for both the camper with Autism and their typical sibling.

Camper Name _____

Camper Date of Birth _____ Male Female

To help us prepare for your camp session, please answer the following questions:

Camper Primary Disability _____

Camper Secondary Disability _____

If appropriate, indicate functioning range: High Middle Low

Level of Care: Independent Partial Assistance Total Assistance

Any significant medical needs (other than medication): Yes No

Explain: _____

Any behavior support needs: Frequent Occasional None

Typical Sibling Name _____

Typical Sibling Date of Birth _____ Male Female

Any significant medical needs (other than medication): Yes No

Explain: _____

Camper application and information should be mailed to the following:

Name of Parent or Legal Guardian _____

Address _____

City, State, Zip _____

Day Phone _____

Evening Phone _____ Cell Phone _____

Email Address _____

If you are interested in attending this camp, please send registration form and \$35 reservation fee to:

**Recreation Unlimited
Autism Camper & Typical Sibling Weekend Camp Registration
7700 Piper Road
Ashley, Ohio 43003-9741
Phone: (740) 548-7006 Fax: (740) 747-3139
Email: info@recreationunlimited.org**

