

Therapeutic Recreation Services

2017

# Funshine Day Camp

*Specialized and Adaptive Recreation Services for Individuals with Disabilities*

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TRS Supervisor

625-6245

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## CAMP SESSIONS

### Adult Day Camp

Ages 18 & over

#### **The Best of the Best**

July 17–21

*Field trip to be determined*

### Funshine Day Camp

Ages 6–21

**Week 1** June 19–23

#### **Dinosaur Daze**

*Valley YMCA & Discovery Playground*

**Week 2** June 26–30

#### **Whimsical Dr. Seussical**

*Field Trip to Mobius Children's Museum*

**Week 3** July 10–14

#### **Pirate Surf Safari**

*Field Trip to Splash Down*

**Week 4** July 24–28

#### **Mighty Jungle**

*Field Trip to Splash Down*

**Week 5** July 31–Aug 4

#### **Rocketship Run**

*All Camp BBQ/Carnival*



Sponsored by

CITY OF  
SPOKANE  
PARKS &  
RECREATION 

808 W Spokane Falls Boulevard  
Spokane, WA 99201-3317  
Washington Relay 711  
311 or 509.755.2489



# About Funshine Day Camp

FUNSHINE is located at SHADLE PARK SHELTER, behind Shadle Pool & Library (near the yellow and green water tower). Wheelchair accessible sidewalk is located in library parking lot near the park sign/monument.

10:00 a.m. - 3:30 p.m., Monday - Friday



## Funshine Day Camp

Funshine Day Camp is a fun-filled camp for those with developmental and/or physical disabilities. Each day, campers will have the opportunity to interact and socialize with their peers through crafts, music, science experiments, books, board games, group activities, swimming and so much more. Each Friday, Funshine experiences an exciting new field trip location. Check out this summer's themes and join us at Funshine Day Camp! With so many smiles and so much excitement, our end of the summer Potluck BBQ & Carnival is the perfect place to share your experience.

**PLEASE BRING YOUR OWN LUNCH EVERY DAY.  
FOOD IS NOT PROVIDED.**

5 Weeks of kids camp for children ages 6-21  
1 Week of adult camp ages 21+

## Funshine Purpose & Objectives

- to provide opportunities for quality social exchanges
- to provide recreational activities that assure all campers can participate actively
- to foster growth of independence and self-direction in all campers
- to encourage various means of self-expression and self-explorations
- to protect campers from safety hazards and meet their physical needs by giving them freedom to enjoy camp

## Volunteers

Volunteers are vital to our programs. Parents/care providers, siblings, and students are encouraged to volunteer. Areas needed for volunteers include swimming, Theme days and field trips. If you are interested in volunteering, call 625-6245.

## Camper Personal Needs

We strive to maintain a 4:1 ratio for day camp. Funshine staff provides leadership and supervision for all activities and periodic attendant care (feeding, toileting assistance, reminders for medications, transfers, etc.). Please make note of our staffing ratio and realize that we aren't capable of providing 1:1 care constantly. We are happy to accommodate those who come with care providers, and encourage care providers to accompany campers whose personal care requirements exceed this. Campers with behavioral concerns may also be requested to participate with a care provider in attendance. Registration fees for care providers are waived.

## Medication Policy

Many campers need to take medication while at camp. The Director or Assistant Director will be responsible for all medication. Recreation Leaders are responsible for knowing which camper takes medication, and removing it from their belongings at the beginning of each day. Campers who take medication during Funshine must complete a **MEDICATION INFORMATION AND WAIVER** form and return it before start of camp. Campers must be self-medicating. Funshine staff can take custody of medication and remind campers when to take medication. Program staff cannot administer medication. All medication must be packaged according to program instructions. Campers should have a current medical coupon/medical insurance card, and identification with current address & telephone number.



**Please print and use a separate form for each person you are registering.**

**This is confidential information used only to assist the staff in meeting the needs of the camper involved in our programs. This information will enable our staff to provide a more individualized and suitable program.**

## CAMP REGISTRATION FORM

Camper's First Name: \_\_\_\_\_ Last \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evenings: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of residential provider: \_\_\_\_\_ Address: \_\_\_\_\_

Pager: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May camper be photographed for publication? Yes \_\_\_\_\_ No \_\_\_\_\_ First time at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

HOSPITAL PREFERENCE ( IF YOU HAVE ONE ) \_\_\_\_\_

Will your child be accompanied by an attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill in the following: Attendants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISABILITY:** Developmental Disabilities (DD) \_\_\_\_\_ Diabetes \_\_\_\_\_ ADD \_\_\_\_\_ ADHD \_\_\_\_\_ LD \_\_\_\_\_ Other \_\_\_\_\_

Hearing Impaired \_\_\_\_\_ Wears hearing aid: Yes \_\_\_\_\_ No \_\_\_\_\_ Vision: Normal \_\_\_\_\_ Impaired \_\_\_\_\_ Blind \_\_\_\_\_ Glasses \_\_\_\_\_

**MEDICATION:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the Medical Release Form enclosed in this brochure.

**ALLERGIES:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

If Reaction Occurs, Type of Reaction: \_\_\_\_\_

**SEIZURES:** Yes \_\_\_\_\_ No \_\_\_\_\_ Grand Mal \_\_\_\_\_ Petite Mal \_\_\_\_\_ Other: \_\_\_\_\_

Symptoms: Before: \_\_\_\_\_

During: \_\_\_\_\_

After: \_\_\_\_\_

Frequency: \_\_\_\_\_ Most recent: \_\_\_\_\_

**DIET INFORMATION:** Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_ Food Allergies: \_\_\_\_\_

If reaction occurs, type of reaction: \_\_\_\_\_

**FOOD PREPARATION:** None \_\_\_\_\_ Chopped \_\_\_\_\_ Blended \_\_\_\_\_ Other: \_\_\_\_\_

Problem Foods: \_\_\_\_\_ Food Restrictions: \_\_\_\_\_

Difficulty Swallowing: \_\_\_\_\_ Adaptive Utensils: \_\_\_\_\_

**COMMUNICATION:** Verbal \_\_\_\_\_ Verbal (hard to understand) \_\_\_\_\_ Verbal with adaptive equipment \_\_\_\_\_

Gestures \_\_\_\_\_ Communication board \_\_\_\_\_ Sign language \_\_\_\_\_

**TOILETING:** No assistance \_\_\_\_\_ Partial assistance \_\_\_\_\_ Total assistance \_\_\_\_\_

Aids used: None \_\_\_\_\_ Diapers \_\_\_\_\_ Other \_\_\_\_\_ Schedule: \_\_\_\_\_

**SWIMMING:** Does the camper know how to swim? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do they need to wear a PFD (Personal Floatation Device)? Yes \_\_\_\_\_ No \_\_\_\_\_

**DRESSING:** Independent: Yes \_\_\_\_\_ No \_\_\_\_\_ Needs Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ Ties Shoes: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_



**MOBILITY:** Ambulatory\_\_\_\_\_Walk with Assistance\_\_\_\_\_Wheelchair\_\_\_\_\_Cane/Walker\_\_\_\_\_Other:\_\_\_\_\_

**TYPE OF WHEELCHAIR:** Power\_\_\_\_\_Manual\_\_\_\_\_Slow Pusher\_\_\_\_\_Dependent\_\_\_\_\_Independent\_\_\_\_\_

**TRANSFERRING:** Independent\_\_\_\_\_Dependent\_\_\_\_\_Standby:\_\_\_\_\_

Comments:\_\_\_\_\_

**ADAPTIVE DEVICES:** None\_\_\_\_\_Dentures\_\_\_\_\_Splint\_\_\_\_\_Shunt\_\_\_\_\_Helmet\_\_\_\_\_Prosthesis\_\_\_\_\_

Night brace\_\_\_\_\_Braces\_\_\_\_\_ (Type:\_\_\_\_\_ ) Other:\_\_\_\_\_

**BEHAVIORS OF WHICH STAFF SHOULD BE AWARE OF AND HOW THEY SHOULD BE HANDLED:**

\_\_\_\_\_  
\_\_\_\_\_

**TYPES OF REINFORCEMENT & MOTIVATORS:** \_\_\_\_\_

What type of noises, activities, or situations bother your child? \_\_\_\_\_

**PHYSICAL RESTRICTIONS STAFF SHOULD BE AWARE OF:** \_\_\_\_\_

**ANY ADDITIONAL INFORMATION (IEP's, goals etc):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IF CAMPER IS ATTENDING AN EDUCATION PROGRAM IN THE COMMUNITY, COMPLETE THE FOLLOWING:

May we contact the school for information? Yes\_\_\_\_\_No\_\_\_\_\_ Name of School\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION!** We hope this form will be a valuable tool in serving you and the camper you are enrolling. Please feel free to contact us at any time with your concerns.



## MEDICAL RELEASE FORM

\_\_\_\_\_  
PLEASE PRINT NAME OF CAMPER

The undersigned hereby consents to the administration of any and all medical, dental, and surgical examinations or operations and the treatment of all other related care including the administration of drugs, tests, injections, anesthesia, and/or blood transfusions to the above-named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of the medical report(s) to any doctor or agency and consent to the admission of the above-mentioned camper to the hospital.

**LIABILITY RELEASE AND INDEMNITY AGREEMENT:** I/We agree to release, indemnify, and hold the City, its agents, officers and employees harmless from any and all liability claims, actions, judgements, damages or injuries of every kind and nature whatsoever to the participant and/or his property arriving from participation in activities for which the participant is registering. \*\*I/We further acknowledge that I/We have familiarized myself/ourselves with the description of the activities, understand the hazards and the participants personal limitation and knowingly assume all risks.

Spokane Public Schools does not sponsor or endorse these events and the schools assume no responsibility to them. In consideration of the privilege to distribute materials, Spokane Public Schools will be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards.

\*\*For publicity purpose I/We give permission to use any photo of people I/We are registering.

\*\*I/We acknowledge I/We have read and understand this Liability Release and Indemnity Agreement.

\_\_\_\_\_  
Signature of Legal Parent or Guardian

\_\_\_\_\_  
Relationship to Above-Named Minor/Person

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application and fees to:**

**Funshine Day Camp, Spokane Parks and Recreation, 808 W. Spokane Falls Boulevard, Spokane, Washington 99201-3317**



PLEASE CIRCLE EACH SESSION NUMBER YOU WISH TO ATTEND.

2017

NO.	AGE	FUNSHINE CAMP SESSION	PRICE	DATES	LOCATION	FIELD TRIP
37451	Ages 21+	The Best of the Best – Adult	\$159.00	July 17 – July 21	Shadle Park	to be determined
37445	Ages 6 - 21	Dinosaur Daze – Kids #1	\$159.00	June 19 – June 23	Shadle Park	Valley YMCA & Discovery Playground
37446	Ages 6 - 21	Whimsical Dr. Seussical – Kids #2	\$159.00	June 26 – June 30	Shadle Park	Mobius Children's Museum
37447	Ages 6 - 21	Pirate Surf Safari – Kids #3	\$159.00	July 10 – July 14	Shadle Park	Spash Down
37448	Ages 6 - 21	Mighty Jungle – Kids #4	\$159.00	July 24 – July 28	Shadle Park	Spash Down
37449	Ages 6 - 21	Rocketship Run – Kids #5	\$159.00	July 31 – Aug 4	Shadle Park	All Camp BBQ

To print out registration form go to [SpokaneParks.org](http://SpokaneParks.org)

\*Each person needs to bring their own lunch.

Would you like to purchase a \$5.00 Camper T-Shirt? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes Please Indicate Size and Quantity: Youth: Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_

Adult: Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_ Extra Large: \_\_\_\_\_ 2XL: \_\_\_\_\_

FEE MUST ACCOMPANY REGISTRATION – You will only be notified if the session is full or if there is a concern with the registration.

DDA/DCFS or other source will send funds. Yes \_\_\_\_\_ No \_\_\_\_\_ When do you anticipate payment arriving? \_\_\_\_\_

Name & Number of Case Manager \_\_\_\_\_

Please contact your case manager to send us verification of payment.

\$ \_\_\_\_\_ Contribution/donation amount (if any) **NOT REQUIRED**

\$ \_\_\_\_\_ Total payment enclosed Checks payable to **City of Spokane**

Payment must be received by the **Friday before** the planned camp session.

Mailing address: **Spokane Parks & Recreation Dept.**

Class Registration – My Spokane

808 W. Spokane Falls Blvd

Spokane, WA 99201-3317

**Credit Card Information:**

Name on Card: \_\_\_\_\_ Visa Master Card Discover American Express (circle one)

Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

#### TRANSPORTATION (DAY CAMP ONLY)

\_\_\_\_\_ Using Paratransit? If yes, what is ID#? \_\_\_\_\_

\_\_\_\_\_ I will provide my own transportation – **Please make sure camper does not arrive to camp before 9:45 a.m. and is picked up at 3:30 p.m.**

Use Shadle Pool, 2005 W. Wellesley as drop off location but be sure to say it is for Funshine Day Camp. FUNSHINE is located at SHADLE PARK SHELTER, behind Shadle Pool & Library (near the yellow and green water tower). Wheelchair accessible sidewalk is located in library parking lot near the park sign/monument.

### Spokane Parks & Recreation Department - Therapeutic Recreation Medication Policy

Therapeutic Recreation Services has a Medical Information and Waiver form to be completed by all participants who will take medications while participating in our activities. This form will help us to better assist you with medications both safely and efficiently. We need your cooperation to complete the form and package your medications as described below.

Please complete the Medication Information & Waiver form even if you will not take meds while at the activity.

Please package medication by dose in individual extra small ziplock bags or blister cards labeled by the pharmacy to include: 1) name of participant; 2) name of physician; 3) name of pharmacy; 4) dosage and amount; and 5) time to take. For example, if you take six different meds at dinner time, there should be six small ziplock bags or blister cards, each with the label information listed above. Then put all bags in a larger ziplock bag labeled with your name, date, day and time to take; e.g. Sam Jones, Saturday, June 15, 6:00pm. **Send only the amount of medication needed for the dates of the activity. Do not send excess dosages.** Please see the examples below of the small ziplock bag, label, and blister card.

The following pharmacies will package medications this way. Northwest Health Systems 17 E. 1<sup>st</sup>, 744-9891, Inland Pharmaceutical Services at 1328 N. Ash, 326-8001, or Walgreens Express (call 921-0659) for locations, will package medication in small individual blister cards. They do packaging for all clients. Please ask for a Pharmacist. If you purchase medication from them there is no fee for this packaging. If you have a different pharmacy who will package medications, please let us know and we will add it to the list.

Participants must be able to take their own medications while at the activity. The activity leaders will provide reminders to take meds and to safely secure them when not in use. If you have medical coupons, please bring them with you in case there is an emergency and you need medical treatment.

Thank you for your assistance!!!!

## MEDICATION INFORMATION AND WAIVER

Participant Name \_\_\_\_\_ Activity \_\_\_\_\_

If you require medication while attending a City of Spokane activity please complete the following information:

### MEDICATION:

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

List any special instructions/precautions/side effects: \_\_\_\_\_

I understand and agree to follow the City policies:

1. I have informed the City of all medication which I will be taking during the program, the side effects of the medication, and what first aid would be appropriate.

2. The staff may take custody of the medication, but I am still responsible for my own medication. I will provide the medication packaged in prescription packages, by dosage, labeled by a physician or pharmacist. The label shall include the student's name, physician's name, dosage amount, time taken, name and phone number of pharmacy. Each dosage will be packaged separately in tiny zip lock bags. Only medication for duration of the activity will be included.

3. I acknowledge that the instructions on the pharmaceutical container are accurate. Furthermore, I agree to allow the City of Spokane staff to assist, if necessary, in the administration of my medication. I acknowledge that no medical staff will be provided and staff will not make any decisions about dosage of medication.

I promise not to sue or present a claim for personal injury or wrongful death against the City of Spokane, its officers, employees and agents regarding medication.

**THIS DOCUMENT RELIEVES THE CITY OF SPOKANE FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH RELATING TO MY MEDICATION. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under 18 years of age, the parents or guardians must execute the following:

I am the parent or guardian of the participant and acknowledge that I have read this document and understand its contents and agree to each item noted above. I understand that, to the extent allowed by law, I am waiving my child's rights.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Registration Procedure

Advanced registration is necessary for all programs. Registration is processed on first paid, first reserved basis.

1. Complete Registration form. Mail completed form to address listed on the form, fax to 363.5450, or walk form into My Spokane on the 1st floor of City Hall.
2. Payment can be processed in one of three ways: (a) from payment listed on registration form, (b) accepted over the telephone via My Spokane 755-CITY(2489) with Visa/MC/Discover/AmEx only or (c) in person at My Spokane on the 1st floor on City Hall.
3. Once registration form is processed and payment is received, confirmation receipt will be send to camper/family.

## Program Fees/Scholarship

The price each week includes the Friday Field Trip. There are limited scholarship funds. Please call for a scholarship request form. Any donations are tax deductible and assist us to better serve the leisure needs of individuals with disabilities. Therapeutic Recreation Services is a registered contractor with DSHS and are eligible to accept DDA respite funds for payment of activities.

## Process to use DDA funding:

1. Contact your DDA case manager and inform them of price.
2. Have case manager send funding approval to [abusch@spokanecity.org](mailto:abusch@spokanecity.org)
3. Fill out registration form. On pg. 5 Indicate DDA as payment source and list case manager
4. When Registration form has been received and processed by TRS, a confirmation receipt will be sent to camper/family
5. Provide copy of confirmation receipt to case manager
6. If camper needs to cancel registration, regular refund policy and procedures apply (see below). DDA WILL NOT PAY IF CAMPER DOES NOT ATTEND BUT DID NOT CANCEL. In this case, payment responsibility falls to camper's family.

## Refund Policy

Campers will be notified if a camp session is canceled due to lack of enrollment and will be offered an alternate choice, full refund or credit voucher. Campers who wish to cancel enrollment must notify Therapeutic Recreation at least seven days before the program date to be considered for a refund. Refund amount will be based on the number of students enrolled and any supply costs incurred on the camper's behalf. Care providers may not substitute campers. Every camper must be pre-registered. Requests for refunds must be made in writing and approved by Therapeutic Recreation supervisor. Refunds will not be made after the first session or for missed sessions.



## Transportation

Therapeutic Recreation Services will not provide Transportation. Monday-Thursday Camper needs to be brought to Shadle park. For Friday field trips, camper will need be dropped at established field trip site. Spokane Transit Authority's special transportation is available for fixed route and para-transit services to the public. For fixed route information call 328-7433; para-transit services, call 509.382.1552. STA will not wait for staff to arrive at Shadle Park and our Staff will not be available until 15 minutes before camp begins. Therapeutic Recreation Services works with STA and care providers to identify early and late arrivals and makes changes as needed. If a camper arrives early or needs additional supervision beyond designated camp hours a bill will be sent home to cover staff expenses. Please, when making reservations for transportation, use the key words, "no earlier than" for a drop off time.







808 West Spokane Falls Boulevard  
Fifth Floor - City Hall  
Spokane WA 99201-3317  
(509) 755-2489

Address Service Requested

**PRSRT STD**  
U.S. Postage  
**PAID**  
Spokane, WA  
Permit No. 722

# Volunteers

are always welcome.

Call 625-6245 or email  
[abusch@spokanecity.org](mailto:abusch@spokanecity.org)  
for more information.



SpokaneParks.org



**Funshine**  **Day Camp**

## Mission Statement

The mission of Funshine is to provide outdoor recreational activities for persons with developmental and/or physical disabilities. We encourage siblings and/or friends without disabilities to attend as well. Recreation activities including sports and games, water activities and crafts are utilized in a safe and friendly environment.