

Therapeutic Recreation Services
2026

Funshine



Day Camp

Specialized and Adaptive Recreation Services for Individuals with Disabilities

Sara Bryant

TRS Supervisor

625-6245

smbryant@spokanecity.org

Adult Day Camp

Ages 18 & over

Game Week

June 29–July 3

Field trip to Southside Family Aquatics Facility

Art Week

Aug 3–7

Field trip to Franklin Park & Northtown Mall

Teen Day Camp

Ages 13-18

July 13–17

Daily Field Trips: Kayaking, Disc Golf,
Hiking, Rock Climbing, Yard Games

Funshine Day Camp

Ages 6-21

Week 1 July 6–10

Jurassic Park

Field trip to Ice Age Playground
at Riverfront Park

Week 2 July 20–24

Under the Sea

Field Trip to Southside Family Aquatic Facility

Week 3 July 27-31

Super Science!

Field Trip to Mobius

Week 4 Aug 4–8

Lights, Camera, Action

Annual Carnival & Potluck



Sponsored by



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. Drop off and pick up will be at the library, 2111 W. Wellesley Ave. **9am-2:30pm Monday-Thursday**. Friday field trip locations will vary. Teen Camp drop off/pickup location will be Stone Park 2304 E. Desmet (Desmet & Mallon).



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, swimming, group activities 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.**

2 weeks of adult camp ages 18+
1 week of teen camp ages 13-18
4 weeks of kids camp for children ages 6-21

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. For those requiring more involved support we request the camper to provide. 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 _____ Evening _____ 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.

Please return completed application and fees to:

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

MEDICATION INFORMATION & WAIVER – *Signature Required*

This form must be completed by all participants who require medication while attending a City of Spokane activity (referred to herein as "Participant"). **Please complete the Medication Information Form & Waiver of Liability even if Participant will not take medication while at the activity.** This information will help us better assist Participant with medications.

- The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.
- Participant must be able to take his/her own medications while at the activity.
- Please package medication by dose in individual extra small zip lock 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 Participant takes six different medications at dinner time there should be six small zip lock bags or blister cards, each with the label information listed above. Then put all bags in a larger zip lock bag labeled with Participant's name, date, day, and time to take; e.g. Sam Jones, Saturday, June 15, 6:00 pm.
- Please send only the amount of medication needed for the dates of the activity. Do not send excess dosages.
- If Participant has a medical insurance card, please bring it in case of emergency.

WAIVER OF LIABILITY: I understand that personnel from Parks & Recreation will administer only the prescribed medication mentioned in this Medication Information Form. I hereby waive any and all claims against the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party"), and agree to hold Released Parties harmless from any and all liability which may arise in connection with Participant's use of medication.

BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement.

Signature

Date

MEDICATION TAKEN	Type:	Dosage:	Time(s):

List any special instructions/cautions/side effects:

CITY OF SPOKANE PARKS & RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

1. Each person participating in the City of Spokane Parks & Recreation Division's activity identified herein (referred to as "Activity") is referred to as "Participant." I, the undersigned, am a Participant and, if a Participant is under 18 or has a guardian, I am the Participant's parent or legal guardian. I understand that participating in the Activity referenced herein can be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. I understand the dangers and risks of the Activity and that Participant ASSUMES ALL INHERENT DANGERS AND RISKS of the Activity.
3. In consideration for being permitted to participate in the Activity, I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE, OR EXPENSE, WHICH I, OR PARTICIPANT, MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY except only for injury or damage caused by the sole negligence of the City of Spokane, its employees, or agents. To the extent Participant's damages were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives, the obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of Participant.

I UNDERSTAND THAT I AM ENGAGING IN AN ACTIVITY THAT HAS NUMEROUS INHERENT RISKS THAT COULD LEAD TO MY SERIOUS INJURY (INCLUDING COMPLETE PARALYSIS) OR DEATH. I ACKNOWLEDGE THAT REMOVING THOSE RISKS IS NOT POSSIBLE AND ELIMINATING THOSE RISKS WOULD FUNDAMENTALLY CHANGE THE NATURE OF THE ACTIVITY AND WOULD JEOPARDIZE THE ESSENTIAL QUALITIES OF THE ACTIVITY.

IN FURTHER CONSIDERATION FOR ALLOWING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

4. I AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM, OR LAWSUIT BROUGHT BY OR ON PARTICIPANT'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
5. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition that would enhance the risks of my participation in the Activity, that would increase the likelihood of my injury and/or death, or that would interfere with my safety in the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.

6. I grant the Released Parties the right of publicity to own and use any image collected of Participant while participating in the Activity. Yes No

7. I agree that any and all claims for loss, injury, and/or death arising from Participant's participation in the Activity shall be governed by the law of the State of Washington and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State of Washington, County of Spokane.

8. BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. I acknowledge that the Activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to Participant as well as damage to property, or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness, or liability resulting from Participant's participation. I waive any claims and agree to hold harmless and not sue Released Parties from all claims or liability arising out of Participant's participation. I have been made aware of the itinerary and give permission for Participant to ride in the vehicle designated by the staff of the City of Spokane Park & Recreation Division while attending or participating in the Activity, and I understand this release/waiver applies with equal weight to any claim arising from riding in a vehicle, including entering or exiting the vehicle. I certify that the Participant has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In case of emergency involving Participant, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by City of Spokane personnel to examine and in the event of injury or serious illness administer emergency care to the above-named participant which may include hospitalization, anesthesia, surgery, or injections of medication for Participant. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for City of Spokane Parks & Recreation staff or volunteers to obtain emergency care for Participant, I agree that neither the City of Spokane nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

9. I understand that this Agreement will apply for each and every day Participant participates in any Activity. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR PARTICIPANT INFORMATION – requires Parent/Guardian to complete, sign & date below

Minor – Last Name, First name, M.I. (print)

Date of birth (MM-DD-YYYY)

ADULT PARTICIPANT INFORMATION – required to complete, sign & date below

Adult/Parent/Guardian - Last, First, M.I. (print)

Date of birth (MM-DD-YYYY)

Signature

Date

Emergency Contact (print)

Relation

Phone number

PLEASE MARK EACH SESSION NUMBER YOU WISH TO ATTEND.

	NO.	AGE	FUNSHINE CAMP SESSION	PRICE	DATES	LOCATION	FRIDAY FIELD TRIP
<input type="checkbox"/>	20550	Ages 18+	Game Week – Adult #1	\$279.00	June 29 – July 3	Shadle Park	Southside Family Aquatics Facility
<input type="checkbox"/>	20557	Ages 18+	Art Week – Adult #2	\$279.00	Aug 3 – Aug 7	Shadle Park	Franklin Park & Northtown Mall
<input type="checkbox"/>	20551	Ages 13 - 18	Teen Week	\$279.00	July 13 – July 17	Stone Park	Stone Park Field Trips Daily
<input type="checkbox"/>	20553	Ages 6 - 21	Jurassic Park – Kids #1	\$279.00	July 6 – July 10	Shadle Park	Ice Age Playground Riverfront Park
<input type="checkbox"/>	20552	Ages 6 - 21	Under the Sea – Kids #2	\$279.00	July 20 – July 24	Shadle Park	Southside Family Aquatics Facility
<input type="checkbox"/>	20554	Ages 6 - 21	Super Science! – Kids #3	\$279.00	July 27 – July 31	Shadle Park	Mobius
<input type="checkbox"/>	20559	Ages 6 - 21	Lights, Camera, Action – Kids #4	\$279.00	Aug 10 – Aug 14	Shadle Park	Annual Carnival & Potluck

Each person needs to bring their own lunch.

To register online go to spokanerec.org. If using DDA funding no online registration is available.
Send completed forms to smbryant@spokanecity.org.

Please indicate size of t-shirt included in camp fee:

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 will send funds. Yes No Please contact your case manager to send verification of payment to smbryant@spokanecity.org

CASE MANAGER: Name _____ Phone# _____ Email _____

Give confirmation receipt to case manager. Verification in Provider One required prior to start of camp.

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

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

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

Mailing address: **Spokane Parks & Recreation Dept.**
My 311 Parks Registration
808 W. Spokane Falls Blvd
Spokane, WA 99201-3317

I plan to pay by credit card. For TRS customers wanting to pay via credit card, MySpokane 311 will contact the payee by phone after registration is submitted and approved.

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 8:45am and is picked up by 2:30pm.

Additional supervision fees will be applied if camper arrives before 8:45am and is picked up after 2:30pm.
Shadle Park Library, 2111 W. Wellesley.

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, or fax to 363.5450.
2. Payment can be processed from the payment listed on registration form, or accepted over the telephone via My Spokane 755-CITY(2489) with Visa/MC/Discover/AmEx only.
3. Once registration form is processed and payment is received, confirmation receipt will be sent 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. Spokane Parks and Recreation is the fortunate recipient of a private donation for funding camper scholarships. If interested in applying for funding please send request to smbryant@spokanecity.org

Process to use DDA funding:

1. Contact your DDA case manager and inform them of price.
2. Have case manager send funding approval to smbryant@spokanecity.org
3. Fill out registration form. On pg. 5 Indicate DDA as payment source and list case manager's name, email and phone number
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 cancelled 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 Library, 2111 W. Wellesley. For Friday field trips, camper will need to 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

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

Address Service Requested

Volunteers are always welcome.

Call 625-6245 or email
smbryant@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.