



Dear Potential Camp Spark Session 8 Attendees and Families,

We are thrilled to invite you to Camp Spark Session 8, an exciting program through the Northwest Association for Blind Athletes (NWABA). This transformative new session of Camp Spark will be held June 16-20 at the Montana School for the Deaf and Blind in Great Falls, MT, and is open to students ages 8-18 throughout Montana.

At Camp Spark, our mission is to provide life-changing opportunities through sports and physical activity. We are delighted to bring this unique experience to Montana and can't wait to share an unforgettable week with our campers.

Program Details:

- **Arrival:** Campers will arrive on campus on June 16, with programming officially starting on June 17.
- **Activities:** Throughout the session, participants will enjoy a variety of sports and activities, including swimming, goalball, tandem biking, track and field, and much more.
- **Cost:** In partnership with the Montana School for the Deaf and Blind, Camp Spark is offered at no cost to families and campers.

Registration Information: Space is limited, so we encourage families to register early to secure their camper's spot. All paperwork must be completed and submitted by **May 1**. Families can register their camper in one of the following ways:

- Complete the included paperwork and mail it to:

Kirsten French
805 Broadway St. Ste. 750
Vancouver, WA 98660

- Register online by visiting:
<https://nwaba.org/programs/camp-spark/camp-spark-registration/>

If you have any questions, please don't hesitate to reach out to Kirsten French at **kfrench@nwaba.org** or **360-859-3116**.

We are excited to create an inclusive and empowering environment where campers can explore their potential, build new skills, and make lasting memories. Don't miss this



opportunity to be a part of the Camp Spark community. We look forward to seeing you in June!

Warm regards,

Kirsten French

Senior Programs Manager, Camp Spark & Sports Adaptations
Northwest Association for Blind Athletes



Parent/Guardian Information

Camp Spark Paperwork must be completed by a parent or guardian. The Parent/Guardian Information is for parents and guardians of campers to fill out. Primary parent or guardian is defined as the parent who will manage communications and the registration process up and through camp sessions.

- Primary Parent First Name:
- Primary Parent Last Name:
- Current Residential Address:
- City:
- County:
- State:
- Zip Code:
- Is the street address the same as mailing address?: If not, please list the mailing address:
- Primary Language:
- Primary Parent Phone call/text:
- Primary Parent Email:
- Do you need to add a second parent or guardian? If so, please list all their information:

- Do you need to list more than one parent household residential address? If so, please list their information:

- Please provide any information that would be helpful for our records, including major life transitions, no-contact orders, moving, etc.:

- Who does camp correspondence go to?:
- Preferred Family Contact Method (Email, phone call, mail) Note all that apply:



Camper Registration

We ask that all parent or guardians of the athlete read through materials with the camper as applicable. All answers are specific to the camper registering for a session of Camp Spark.

Camper Information

All information required should be the camper's information unless noted.

- Camper First Name (Legal Name):
- Camper Middle Initial:
- Camper Last Name (Legal Name):
- Camper Current Name or Nickname (If Different from Legal Name):
- What are your camper's pronouns? (**optional**):
- Current Residential Address:
- City:
- County:
- State:
- Zip Code:
- Birth Month:
- Date of Birth (MM/DD/YYYY):
- Primary Language:
- Preferred Athlete Medium (braille, large print, electronic):

Leave blank if you do not want your camper to receive any updates about camp or other programs.

- Camper Phone call/text:
- Camper Email:

Emergency Contact

In the case of an emergency, Camp Spark requires three emergency contacts. Your primary emergency contact should be local or able to be local, to assist with any unforeseen emergencies that result in the camper being picked up early from camp.

Primary Emergency Contact

- Primary Emergency Contact Name:
- Primary Emergency Contact Relationship:



- Primary Emergency Contact Cell Phone:
- Primary Emergency Contact Work Phone:

Secondary Emergency Contact

- Secondary Emergency Contact Name:
- Secondary Emergency Contact Relationship:
- Secondary Emergency Contact Cell Phone:
- Secondary Emergency Contact Work Phone:

Third Emergency Contact

- Third Emergency Contact Name:
- Third Emergency Contact Relationship:
- Third Emergency Contact Cell Phone:
- Third Emergency Contact Work Phone:

- NWABA will only release campers and their information to those listed as emergency contacts in the case of an emergency. If there are any no-contact orders in place with family or friends that we need be aware of please let us know here.:

- In addition to parents or guardians, are there any other individuals, family members or teachers, that you would feel comfortable releasing your camper to at the end of camp? Please provide their names and relationship to the camper.:

Visual Acuity

- What is your corrected vision?:
- Please describe or provide any information about your visual impairment that you feel is important for our staff or volunteers to know. (color vision, depth perception, facial recognition etc.):
- Do you use a white cane?:
- Do you have a guide dog?:
- Current Height:
- Current Weight:



Health History

For any answers you respond "yes" to, please provide additional information. All answers should be answered from the camper's perspective.

- Do you have any associated conditions or secondary disabilities? (Autism, CP, CVI, Down Syndrome, Fetal Alcohol etc.):
- Do you have any assistive devices? (Pacemaker, inhaler, support cane, hearing aid, wheelchair etc.):
- Have you ever been hospitalized?:
- Have you had any broken bones?:
- Have you had surgery?:
- Have you had a heart attack, or any heart related illnesses?:
- Are you prediabetic or diabetic?:
- Do you have any problems with shortness of breath, fatigue, or dizziness?:
- Do you have any muscle or joint pain, cramping, or chronic pain?:
- Do you have epilepsy or any type of seizure disorder?:
- Do you have any neurological symptoms such as numbness, head tilt, paralysis, or difficulty controlling your bowels or bladder?:
- Have you had any head injuries?:
- Do you have or are you at risk of a retinal detachment?:
- Do you have cortisol insufficiency?:
- Has a doctor ever limited your participation in sports or physical activity?:
- Do you currently have any activity level restrictions?:

Mental Health History

- Has the camper engaged in self-injurious behavior during the past year? If yes, please explain.:



- Has the camper presented aggressive behavior during the past year? If yes, please explain.:
- Has the camper been diagnosed with anxiety? If yes, please explain.:
- Has the camper been diagnosed with depression? If yes, please explain.:
- Has the camper ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? If yes, please explain.:
- Has the camper ever been treated for an emotional disorder? If yes, please explain.:
- Has the camper ever been treated for behavior difficulties? If yes, please explain.:
- Has the camper ever been treated for an eating disorder? If yes, please explain.:
- During the past 12 months, has the camper seen a professional to address any mental/emotional health concerns? If yes, please explain.:
- Has the camper had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family dynamic shift, adoption, foster care, survived a natural disaster, etc.) If yes, please explain.:
- Is there any additional information you would like to provide us with your campers mental health history?:

Emergency Medication Support

- Do you have an EpiPen? Can you self-administer?:
- Do you have an inhaler? Can you self-administer?:
- Do you have a cortisol injection in case of an adrenal crisis?:
- Do you have diabetes?:
- Do you have any other emergency medication we need to be aware of?:

Allergies (Food, Drug, Environmental, Insect, Airborne, Etc.)

Please list all allergies and dietary restrictions as well as the reaction.



Physician Forms - Health History

Please give a copy of the attached Healthcare Professional Recommendations Form to your camper's healthcare provider. This form must be completed within one year of the first day of the session the camper is attending. This form is mandatory to attend camp. This form must be returned to NWABA by the paperwork due date for your camper to attend camp.

Medical Insurance Information

Please also provide a photo copy of the front and back of the insurance card.

- Insurance Company:
- Policy Number:
- Subscribers Name
- Insurance Company Phone Number:

Medications

Please list all medications, including dosages and times taken, that your camper is currently prescribed. All medication brought to camp must be in the original packaging with the prescribing information from the pharmacy on the packaging.

Please provide a copy or picture of your camper's current medications list from their healthcare provider.

Immunizations

Please provide a copy of your camper's current immunization list from their healthcare provider.

Over the Counter Medication

Please cross off all OTC medications that your camper CANNOT be administered as needed.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Bismuth Subsalicylate (Pepto-Bismol)
- Phenylephrine (Sudafed PE)



- Laxatives for Constipation (Ex-Lax or MiraLAX)
- Pseudoephedrine (Sudafed)
- Hydrocortisone 1% Cream
- Topical Antibiotic Cream
- Guaifenesin
- Calamine Lotion
- Dextromethorphan
- Aloe
- Diphenhydramine (Benadryl)
- Loratadine (Claritin)
- Cetirizine (Zyrtec)
- Fexofenadine (Allegra)
- Vitamin C
- Melatonin
- Generic Cough Drops
- Chloraseptic (Sore Throat Spray)
- Lice Shampoo or Scabies Cream (Nix or Elimite)

Authorization of Medical Care & Consent

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will 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. By checking this box, I consent to authorization of care. By signing below, I certify all Health History information is true and accurate.

Signature: _____

Date: _____



Contact Information Release Form

This release form is so that post-camp, campers and families can connect with all the people they met at camp. You can choose to share some contact methods, or none. This form is optional.

- Camper's First Name:
Camper's Last Name:
Camper's Email Address:
- Camper's Phone Number:
- Street Address:
- City:
- State:
- Zip Code:

I authorize the following above contact information to be shared with the following. (Campers, staff, both):

Camper Background Information - Let's Get to Know You!

Please fill this out with your camper, or have your camper fill it out directly. This form is used for our staff to get to know campers before coming to camp.

- Where were you born?:
- Where do you go to school?:
- What is your favorite subject at school?:
- Have you ever been to camp overnight before? If so, where and when?:
- What are you looking forward to at camp?:
- Is there anything that makes you feel uneasy about going to camp?:
- If you are homesick, how can your counselor help you?:
- Tell us about your family.:
- When given free time, what two things do you enjoy doing?:
- Tell us about some of your favorite foods, music, activities, sports, etc.:



- What would you like your counselors to know about you before you arrive?:
- What is your T-Shirt Size?:
- What is your present grade level?:
- Do you have a camp roommate request or preference?:
- What influenced your decision to attend Camp Spark?:
- What is a goal you have for yourself while attending Camp Spark this year?:

For Parents & Guardians

- Do you have any concerns about your child attending camp?
- What suggestions do you have for the counselor to help your child?
- Are there any behaviors or special circumstances that you would like your child's counselor to be aware of or sensitive to? (Ex. bedwetting, sleepwalking, nightmares, recent divorces, or loss of loved ones, fears, adoption):

Independence Inventory

This form helps our camp staff know the needs and supports of the camper. It also provides us with post-camp contact information to ensure camp assessments reach their vision service provider to further their learning and education.

- Does your camper receive vision services? Please explain what services.:
- First & Last Name of TVI/Vision Teacher:
- TVI /Vision Teacher Phone Number:
- TVI /Vision Teacher Email:
- First & Last Name of O&M Teacher:
- O&M Teacher Phone Number:
- O&M Teacher Email:



- Does your camper have a one-on-one aide at school? If so, for how many years?:
- Does your camper accurately describe their visual impairment without prompting?:
- How would you describe your camper's visual impairment?:
- Describe how your camper tells time.:
- Does your camper have a long, white mobility cane?:
- Does your camper walk any routes by themselves (either at school or at home)? Do these routes include street crossings?:
- Has your camper ever been on a city bus? How often?:
- What meals can your camper prepare without any assistance?:
- How does your camper make phone calls independently?:

Swimming Background Information

At Camp Spark all swimming instruction is done in small groups or through one-to-one ratios with a focus on instructional swimming as well as competitive swimming when applicable. The information below will help us determine your camper's support needs while swimming.

- Is your camper comfortable in or near water? If no, please describe their behaviors and stressors when in or around water.:
- Please describe your camper's current swimming ability. If they have completed any swim lessons, please include that information.:
- Does your camper have any medical conditions that would prohibit them from swimming while at camp?:



Questionnaire Consent Form

At Camp Spark, we provide a short survey to research the effects of Camp Spark on the camper's quality of life. Northwest Association for Blind Athletes (NWABA) believes that physical activity and sports can be used as a catalyst for increased independence and quality of life. By having your camper take part in this survey we can assess the quality of life and independence for youth who are blind or visually impaired. This will help support the need for additional resources in physical activity and sports for youth who are visually impaired. Our hope is to provide campers and families with the resources to increase their quality of life and independence, now and in the future. Taking part in the survey is voluntary and I and/or my camper am free to withdraw at any time. NWABA does not collect any personal information during the quality of life survey process. Campers and families who have further questions about the survey are encouraged to reach out to our NWABA Camp Spark staff members.

I hereby give my camper permission to take part in the Camp Spark quality of life survey. I confirm that I have read and understand the information above.

Signature: _____

Date: _____

Release and Waiver of Liability and Indemnity Agreement

Carefully review our terms & conditions before agreeing below. PLEASE READ THIS RELEASE AND WAIVER CAREFULLY AND IN ITS ENTIRETY. THIS RELEASE AND WAIVER AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE RELEASING NORTHWEST ASSOCIATION FOR BLIND ATHLETES ("NWABA") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Athlete Release & Waiver of Liability and Indemnity Agreement

PLEASE READ THIS RELEASE AND WAIVER CAREFULLY AND IN ITS ENTIRETY. THIS RELEASE AND WAIVER AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS RELEASE AND WAIVER, YOU ARE RELEASING NORTHWEST ASSOCIATION FOR BLIND ATHLETES ("NWABA") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.



Assumption of Risk

I acknowledge and agree that any use of NWABA facilities, services, equipment, and premises ("Facilities") and any participation in NWABA programs and activities, including virtual programs and activities ("Programs"), comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this Release and Waiver.

Consultation with a Medical Provider

YOU SHOULD ALWAYS CONSULT WITH YOUR DOCTOR BEFORE BEGINNING ANY TYPE OF EXERCISE OR PHYSICAL ACTIVITY.

I understand NWABA recommends that I consult with a physician before commencing in the participation of any Programs. If I have chosen not to consult a physician prior to participating, I fully accept the risks involved in this decision. At no time has a physician or any other person advised me that I should not participate in physical activity. I affirm that, to the best of my knowledge, I am in good physical condition and do not suffer from any condition that would prevent or limit my participation in the Programs. I acknowledge that if my health changes, it is my responsibility to inform NWABA of any conditions or changes in my health, now and ongoing, which might affect my ability to participate safely and with minimal risk of injury.

Waiver, Release, Indemnification, & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs, I, the undersigned, agree that NWABA, along with its affiliates, predecessors, successors, officers, directors, agents, consultants, employees, volunteers, insurers, representatives, and assigns (collectively, "Releasees") will not be liable for any personal injury, property damage, disability, accident, death, loss, sickness, or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring, including, but not limited to, the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or disease sustained from the use of Facilities and participation in



Programs. I further agree, on behalf of myself and any and all legal successors, assigns, and proxies, to release and HEREBY DO RELEASE, WAIVE, AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases, or accidents of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, and however the injury or damage occurs, including, but not limited to, the negligence of Releasees. This Release and Waiver does not extend to claims for gross negligence, intentional or reckless conduct, or any other liabilities that applicable law does not permit to be excluded by this Release and Waiver.

I also agree not to sue or make a claim against the Releasees for personal injury, property damage, disability, death, sickness, diseases, or accidents of any kind, arising out of or in any way related to the use of Facilities or participation in Programs.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, judgments, settlements, awards, interest, penalties, liabilities, or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents, or guests, including any minors. In accordance with these promises, I will reimburse the Releasees for any damages, reasonable settlements, and defense costs, including attorneys' fees, that they incur because of any such claims made against them. I agree that in the event of my death or disability, the terms of this Release and Waiver, including the indemnification obligations, will be binding on my estate, and my personal representative, executor, administrator, or guardian will be obligated to respect and enforce them. I also agree not to sue or make a claim against the Releasees for personal injury, property damage, disability, death, sickness, diseases, or accidents of any kind, arising out of or in any way related to the use of Facilities or participation in Programs.

In further consideration of the use of Facilities and participation in Volunteer Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, judgments, settlements, awards, interest, penalties, liabilities, or costs of any nature whatsoever, including claims of



negligence, arising out of or in any way related to the use of Facilities and participation in Volunteer Programs by myself, my family members, dependents, or guests, including any minors. In accordance with these promises, I will reimburse the Releasees for any damages, reasonable settlements, and defense costs, including attorneys' fees, that they incur because of any such claims made against them. I agree that in the event of my death or disability, the terms of this Release and Waiver, including the indemnification obligations, will be binding on my estate, and my personal representative, executor, administrator, or guardian will be obligated to respect and enforce them.

Use of My Likeness

I hereby grant NWABA and its assigns permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I further license NWABA and its assigns the right to use photos or likenesses of me for the purposes described in this authorization.

I understand and agree that all photos will become the property of NWABA and will not be returned. I hereby irrevocably authorize NWABA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the use of the photo. This authorization specifically includes the right to take and record photographs or likenesses of me, and the right to use my name and any such photographs or likeness for the purposes described in this authorization.

Severability and Termination

I expressly agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the law in the state the Programs take place. Any portion of this Release and Waiver deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining portions of this Release and Waiver, or this Release and Waiver as a whole, to the full extent authorized by law.

This Release and Waiver shall remain in full force and effect unless and until terminated by written notice delivered to NWABA. Any termination of this Release and Waiver shall apply prospectively only and shall not serve to invalidate the terms of this Release and Waiver as to any claim, activity, or event occurring prior to the date of such termination.



Please sign your first and last name to agree to NWABA's Release & Waiver of Liability and Indemnity Agreement.

Parent/Guardian Signature: _____

Date: _____

Athlete Signature: _____

Date: _____

Camper & Family Demographic Questions (Optional)

The following questions support NWABA in providing their programs & services to our athletes and families at no cost. NWABA is funded through individual giving, foundations, and grants. 85% of our grant requests ask for this information. The following questions are optional and anonymous. We do not share this information with any external parties specific to you. We collect this data and quantify it in percentages to support NWABA in funding requests to keep our programs at no cost to our athletes. This data is crucial to cultivating financial support in the work we do. Thank you for taking the time to answer these questions. Answering these questions is optional.

Youth Athlete Demographic Questions

- What is your Camper's age?:
How does your Camper identify?:
- What is your Camper's sexual orientation?:
- What race or ethnicity best describes your camper? (List All that Apply):
- What support does your camper have in their education? (IEP, 504, etc.):
- How many family members currently live in your household?:
- Family Household Income:



Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

I have reviewed the camper's health history and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office
Address

Street

City

State

Zip Code

Telephone: (_____) _____

Date: _____

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