



**Thank you for choosing Westonwood Ranch for your child this summer! We are delighted to have you join us at the Ranch for our Ranch Round Up Day Camp. We are happy to offer two camp sessions this year for children and teens ages 5-22 yo. Campers will be grouped according to age.**

**Session I: June 24<sup>th</sup>-28<sup>th</sup>**

**Session II: July 22<sup>nd</sup>-26<sup>th</sup>**

### **About:**

Our Ranch Day Camp will focus on developing, strengthening, and maintaining social relationships with peers in a fun and interactive ranch environment. The program utilizes the principles of Applied Behavior Analysis (ABA) to teach teens specific skills required for successful social interaction. Our goal is to provide a positive, motivating, therapeutic and FUN social environment!

Please review the following policies and complete the application. Space is limited to ensure the small staff to teen ratio and overall benefits of attending the day camp. We encourage you to complete the packet as soon as possible. Once we receive your packet and review it, we will send you email notification of acceptance. Please send your teen's completed packet to our Program Services Coordinator, Mazie@westonwood.org or drop it off on campus Monday-Friday from 8:30-4:00pm. If you have any questions/concerns while completing this application packet, please contact us at 850-880-2220.

### **Payment:**

The cost for 1 week session of day camp is **\$220**. Camp hours are 10am-2pm each day. Payment in full is due to Westonwood Ranch prior to or the first day of the program. Once you receive email notification of acceptance to the camp, you may mail your payment. Please **make checks payable to Westonwood Ranch, Inc and mail to 4390 US Highway 20 W Freeport, FL 32439.**

### **Cancellation & Dismissal:**

75% of your payment will be refunded if a written request of cancellation is received 10 days prior to the first day of camp. No refunds after this time. Westonwood Ranch reserves the right to dismiss a participant from the day camp due to inappropriate placement. Should your teen be dismissed from the program, the remaining paid balance will be refunded.

### **Supplies**

Parents should supply a snack, lunch, and drinks. Water will be provided. We will not store any food items so please pack them in a lunch bag/cooler if the snacks need to remain cold.



**2024 Summer Ranch Round Up Day Camp Application**

Applicant's Name	
Date of Birth	
Height and Weight	
Guardian's Name	
Guardian's Cell	
Email	
Primary Emergency Contact and Phone #	
Authorized Pick up other than listed Guardian (Please list all names and cell number)	

Please circle any of the following behaviors that the applicant frequently exhibits:

- Crying/tantrums      Property Destruction      Self-injury      Elopement  
Stealing/Taking      Throwing/Breaking objects      Physical Aggression      Verbal Aggression  
Non-cooperative/Task Refusal      Food Hoarding/Rigidities around eating

**If the applicant exhibits self-injurious behaviors, please describe.**

**If the applicant exhibits physical aggression, please describe.**

**Please describe any additional behavioral concerns:**

Applicant will be able to sit & follow directions in group instructions for at least 15 minutes without engaging in problem behavior **Yes**    **No**

Does the applicant have a way to self-calm? Is there any object or activity that helps him/her return to a calm state?



What are the applicant's preferred items? (Foods, games, activities....)

**HEALTH INFORMATION & HISTORY**  
**(To be filled out by Parent/Guardian)**

Height and Weight:	
Emergency Contact Name and Phone Number:	
Emergency Contact Address:	
Please list ALL allergies and describe reaction:	
Please list and DIETARY Restrictions or Food sensitivities	
Does the participant use the bathroom independently? If no, please describe level of assistance needed.	

Does the applicant take prescribed medications daily? Yes\_\_\_\_ No\_\_\_\_

**Please List them Here:**

Med Name:	Dose, Directions
1.	
2.	
3.	
4.	
5.	
6.	

**Does the applicant need any special accommodation (i.e. physical)?**

**IN CASE OF EMERGENCY**

Physician Name	
Physician Address	
Physician Phone Number	



**SUMMER DAY CAMP RELEASE,**  
**ASSUMPTION OF RISK AND INFORMED CONSENT FORM**

I, on behalf of my child and myself or personal representatives assigned, hereby represent, and agree as follows:

1. **POTENTIAL DANGER, HAZARD & RISK of INJURY:** I am aware that participation can potentially be dangerous and/or hazardous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation.

2. **STUDENT'S CURRENT HEALTH:** I represent and warrant that my child has no physical, health-related or other problems which would preclude or restrict their participation or otherwise render their participation dangerous or harmful to themselves or others. My child's fitness level and overall state of health is adequate to participate safely. I further represent and warrant that my child has adequate medical, health, and/or other insurance coverage.

4. **ASSUME RESPONSIBILITY:** Knowing the dangers, hazards and risks associated, and with sufficient knowledge of my child's physical conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation

5. **MEDICAL TREATMENT:** If an injury or medical emergency occurs during the program, Westonwood Ranch Staff has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the child to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

8. **RELEASE & INDEMNITY:** To the fullest extent permitted by law, I hereby release and forever discharge and agree not to sue and to indemnify and hold harmless Westonwood Ranch and their governing boards, officers, agents, employees, sponsors and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation, whether due to the negligence, mistake or other action or inaction of Westonwood Ranch staff, or any other person or entity involved in any way with Westonwood Ranch. I acknowledge that I am giving up valuable rights by signing this document.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Photograph and Video Release

I/We do hereby authorize Westonwood Ranch Inc. to take photographs and videos of our child \_\_\_\_\_, for both classroom use and for promotion, publicity and donor relations

Parent/guardian acknowledges that any recording of group activity is exclusively for the use of Westonwood Ranch as outlined above. Use of classroom video for any other purposes must be specifically reviewed and approved by the director and parents. At any time, the teen can decline to be photographed or videotaped if he/she chooses even if a photo and video release form permits photos and videos of the student.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our facility is under 24-hour audio and video surveillance for the protection of our students, staff, animals, and physical facilities. Additionally, administration may use this footage for training, data collection, and supervision of staff and students. All footage and audio will be stored in a HIPAA compliant manner and will not be released to anyone for purposes other than the above mentioned without your express written consent. **By signing below, you are granting Westonwood Permission to record audio and video footage of your teen via camera on the property.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Informed Consent & Protocol Development**

Instruction and activities at Westonwood Ranch are conducted in a manner consistent with the science of Applied Behavior Analysis (ABA). All our programs are built utilizing empirically based research. In addition to reinforcement procedures, behavior reduction procedures may be utilized daily to help address problem behaviors that may arise. These behavior reduction procedures may include time out, Professional Crisis Management (PCM) add lingo and positive punishment techniques (where something is added to your teen's program that decreases the problem behaviors.) While we are not targeting behavior reduction with our programs, we may utilize these procedures if a problem behavior arises. Our therapists are thoroughly trained in all these procedures. Successful implementation of these methodologies is critical to our success in mediating any forms of self-injurious, aggressive, and other problem behaviors.

Therapists collect and monitor data on any maladaptive behaviors to ensure the student's success within the Westonwood programs. The Clinical Director will assess the severity of the behaviors and determine the right course of action to take. The Clinical Director is responsible for communicating with the parents/legal guardians within 24 hours about such problem behaviors and recommendations for more intensive behavioral treatment. If the Clinical Director deems Westonwood not the most appropriate program, Westonwood will then help the student and their family find a program/facility that will best accommodate the student's needs. It is the mission and drive of Westonwood Ranch that all our students receive the best and most appropriate treatment for their diagnosis therefore upon further assessment, our program may not suit the needs of all students.

As a parent/legal guardian of \_\_\_\_\_ (camp applicant's name), I  
\_\_\_\_\_ (parent/legal guardian's name) understand the protocol development procedure and authorize the staff of Westonwood Ranch to implement empirically validated and research based behavior reduction procedures if my child engages in a behavior that is dangerous to themselves or others. For the safety of the staff and other campers, I understand that the behavior reduction procedures may be utilized during the after-school program on a trial basis without prior permission. However, I understand that I will be notified within 24 hours with a course of action from the Clinical Director that aims to address the problem behavior.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_