

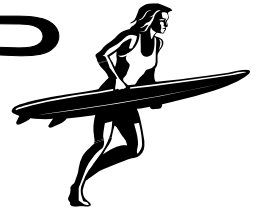


# SURF CAMP

For Children With Autism

SPONSORED BY:

Aqua Pros Swim School and  
The San Diego Chapter of The Autism Society of America



We have made a few changes to our registration, so please read carefully.  
Campers will be enrolled in the order registrations are received.

**PLEASE NOTE:** All weeks of surf camp will be held at La Jolla Shores location.

**Applications will be accepted by mail in only! No drop off.**

**Application must be postmarked June 3rd and later.**

**Applications postmarked before June 3rd will be processed last.**

**We will not be responsible for lost or misdirected mail.**

In the event that we are not able to accommodate your request for surf camp, fees will be returned.

**All applications should be mailed to:**

Aqua Pros Swim School  
P.O Box 17612  
San Diego, Ca. 92177

**To apply:**

- Please fill out the 2 page application and evaluation form. (DO NOT SEND THIS PAGE)
- Included a one page copy of either your child's school IEP stating autism spectrum disorders OR a Dr.'s medical diagnosis of autism spectrum disorder. This must accompany your registration. We do not need the entire IEP or other multi-page documents.
- Surf Camp Fees per participant are \$400.00 for 4 day camp and \$500 for 5 day camp.

## **WAYS TO PAY FOR CAMP**

1. Pay the full amount: \$500 for 5 day camp or \$400 for 4 day camp.
2. Members of the Autism Society of San Diego may apply for a scholarship of \$200.00. The remaining amount is due with this registration packet. Number of scholarships awarded is contingent upon fundraising by the chapter.
3. Apply for private foundation grant funding. Contact the ASA office for an application. (858) 715-0678 or info@sd-autism.org. You must do this as soon as possible to secure funding. Funding is based on financial need and must be approved at least one week before week of enrolled camp.

Once we have received your registration forms and fees, you will be notified with a confirmation letter and be given camp details no later than June 15th.

Camp times are from 9 am - 2 pm, Monday - Thursday (4 day weeks) or Mon- Fri (5 day weeks) at La Jolla Shores. During your camp week you will need to provide a sack lunch each day for your camper. You should pack a beach towel, hat, sunscreen and sweatshirt along with your child's beach gear.

We will provide snacks, juice and water during the day. We also will provide all equipment. This year each participant will receive a T-SHIRT. Your child will be provided with a one-on-one aide for the entire week. High functioning and Asperger's campers may have a 2/1 or 3/2 student/staff ratio.

Daily camp activities include...

One-on-One Surfing Instruction,

Surfing Practice Sessions,

Beach and Ocean Safety, Beach Arts & Crafts and

Beach Sporting Activities

Campers will receive:

A group photo, T-shirt

and memories that will last a lifetime.

**This year all weeks of surf camp**

**will be held at**

**La Jolla Shores.**

**For more information call**

**Aqua Pros Swim School**

**(619) 209-2990 or**

**SDASA (858) 715-0678**

# SURF CAMP APPLICATION

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

PARENT(S) NAME(S) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PLEASE LIST YOUR 1ST, 2ND and 3RD CHOICES.

- WEEK 1** July 12 - July 16 Mon-Fri  1st  2nd  3rd .....This is a **5** day camp Cost \$500
- WEEK 2** July 19 - July 23 Mon-Fri  1st  2nd  3rd .....This is a **5** day camp Cost \$500
- WEEK 3** July 26 - July 30 Mon-Fri  1st  2nd  3rd .....This is a **5** day camp Cost \$500
- WEEK 4** Aug 2 - Aug 5 Mon - Thur  1st  2nd  3rd.....This is a **4** day camp Cost \$400
- WEEK 5** Aug 9- Aug 12 Mon-Thur  1st  2nd  3rd .....This is a **4** day camp. Cost \$400
- WEEK 6** Aug 16- Aug 19 Mon-Thur  1st  2nd  3rd.....This is a **4** day camp Cost \$400
- WEEK 7** Aug 23 - Aug 26 Mon-Thur  1st  2nd  3rd .....This is a **4** day camp Cost \$400

**Payment Options (Three choices): Please make selection and send check with application. No credit cards.**

1. Full amount : Weeks 1, 2, 3  \$500 Weeks 4, 5, 6, 7 \$400  **Guaranteed enrollment.**
2. SDASA Scholarship: Weeks 1, 2, 3  \$300 Weeks 4, 5, 6, 7  \$200 (SD Autism Society funds remaining \$200)
3. Private grant funding: Contact SD ASA office for application, You will be responsible for any unfunded camp tuition.  
 \*\*Remember you are still required to send a \$200 or \$300 deposit to hold your spot. This will be refunded upon grant approval.

**WAIVER:** I the undersigned parent/person having legal custody/guardianship of the above said minor give permission for the minor to participate in all Aqua Pros Swim School, Inc and San Diego Chapter of The Autism Society of America programs. As a legal guardian I agree and understand that swimming and surfing is a HAZARDOUS activity. I recognize that the risks inherent in the Surfing camp program activity, including but not limited to, paralyzing injuries and death.

- Releases the Aqua Pros Swim School, Inc. San Diego Chapter Of The Autism Society of America, The City of San Diego its directors, officers, employees and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person. whether caused by Releases or otherwise and while such minor is participating in any program.
- I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases And each of them from any loss, liability, damages incurred arising from any claims, demand, action or cause of action or cost they may incur due to said minor's presence during said programs.
- The participant authorizes any representative of Aqua Pros Swim School, Inc. City of San Diego or The San Diego Autism Society to have the participant treated in any medical emergency during their participation in the program. Further, the participant agrees to pay all cost associated with medical care and transportation for the said minor. I understand that the Aqua Pros Swim School, Inc The San Diego Chapter of The Autism Society and the City of San Diego is not responsible for the costs incurred for medical care.

I grant full permission to The Aqua Pros Swim School, Inc and the San Diego Autism Society of America to obtain photographs, motion pictures, video recordings of my child for promotional purposes.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND VOLUNTARILY SIGN THIS DOCUMENT WITH FULL KNOWLEDGE OF IT'S CONTENT AND SIGNICANCE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

MAIL TO:

**AQUA PROS SWIM SCHOOL  
P.O. BOX 17612  
San Diego Ca. 92177-7612**

# AUTISM SURF CAMP PARTICIPANT ASSESSMENT FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**SIZES: WETSUIT** Child XS S M L XL Adult M L XL **T-SHIRT** Child M L Adult S M L XL

## MEDICAL INFORMATION:

Diagnosis: (circle) AUTISM HIGH FUNCTIONING AUTISM ASPERGER'S OTHER \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Diet/Feeding restrictions: \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

## **BEHAVIOR INFORMATION: To be used to place your child with the appropriate staff. Please be very specific and detailed.**

(CIRCLE)

Aggressive behavior: YES NO If yes, please explain: \_\_\_\_\_

Behavior Plan: YES NO If yes, Please attach \_\_\_\_\_

Sensory Diet/Plan: YES NO If yes, Please explain: \_\_\_\_\_

Flight Risk: YES NO If yes, Please explain: \_\_\_\_\_

## **SKILLS INFORMATION: Please give details if assistance is needed.**

**I = Independent SA = Some assistance TA = Total assistance**

(Circle One)

Feeding: I SA TA \_\_\_\_\_

Toileting: I SA TA \_\_\_\_\_

Dressing: I SA TA \_\_\_\_\_

Swimming I SA TA \_\_\_\_\_

## **COMMUNICATION INFORMATION: Circle all that apply**

Expressive: Verbal Verbal (limited) Non-Verbal Sign Language Other/Explain \_\_\_\_\_

Talking: PECS Augmentative Device \_\_\_\_\_ Other \_\_\_\_\_

Receptive: Follows simple directions: YES NO VERBAL WRITTEN GESTURAL  
Other/Explain \_\_\_\_\_

Understanding: Uses visual schedule: YES NO PICTURE WRITTEN OBJECT  
Other/Explain \_\_\_\_\_

## **SPECIAL INTEREST/FAVORITE THINGS (please list):**

Sports: \_\_\_\_\_ Toys: \_\_\_\_\_

Games: \_\_\_\_\_ Music: \_\_\_\_\_

Books: \_\_\_\_\_ Shopping: \_\_\_\_\_

Positive reinforces: \_\_\_\_\_

## **FEARS/DISLIKES:**

Please tell us what your personal goals are for your child during this week of surf camp. \_\_\_\_\_

***PLEASE REMEMBER TO ATTACH:***

***A SINGLE PAGE COPY OF THE SCHOOL IEP OR DR.'S MEDICAL DIAGNOSIS WITH PROOF OF DIAGNOSIS OF AUTISM.***

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **SURF CAMP APPLICATION CHECK LIST**

**This is for your personal use do not return with your application**

- I have filled out and signed both pages of application and evaluation forms completely.**
- I have included a copy of my child's IEP or medical diagnoses stating an autism spectrum disorder.**
- I have included payment with my application.**
- My check is made out to: Aqua Pros Swim School./NO credit cards.**
- I have noted on the application form if I am to pay the full amount, ASA scholarship or grant funding.**
- I am mailing my application in no earlier than June 3, 2010 .**
- I realize if I send my application in before June 3rd, my application will be processed last.**
- I have noted on the application my 1st, 2nd and 3rd choices for week of camp.**
- I have noted on the application my child's t-shirt and wet suit size.**
- I am applying for a scholarship from the San Diego ASA, I have checked and know my membership is current as of May 15th 2010.**
- I am applying for private foundation funding and am sending a check to secure my spot until grant funding is approved. This check will not be cashed and will be returned upon receipt of full grant funding.**