

ORAL HULL FOUNDATION FOR THE BLIND
 43233 SE Oral Hull Road, PO Box 157, Sandy, OR 97055, (503) 668-6195
 www.hullparkfortheblind.org
ADULT CAMP & RETREAT REGISTRATION
 2016

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

PLEASE CHECK ALL THAT APPLY

___ I am applying for: **Friends and Alumni** – This is a relaxing and social summer retreat. Activities may include archery, fishing in our trout pond, walking our park trails, tandem bike riding, and other fun activities. **June 28 – July 3 \$450/session**

___ I am applying for: **Adult Moderate Adventure Retreat** -- This is a moderately physical retreat. Activities include white water rafting, horseback riding, kayaking, and other fun social interaction at the park. If you choose not to participate in an activity, you may stay back and enjoy the quiet relaxation of our facility.

Aug. 7 – Aug. 13 \$600/session

There may be Skydiving, Windsurfing, and Bungee Jumping options available for additional fees. These options may occur only if a minimum number of participants is met for each activity.

___ I am applying for: **Adult High Adventure Retreat**. This is a more physically demanding retreat than our Moderate Adventure. It includes white water rafting and many of the same activities as Moderate Adventure but adds a challenge course and outdoor rock climbing. If you choose not to participate in an activity, you may stay back and enjoy the quiet relaxation of our park. **Aug. 16 – Aug. 22 \$700/session**

There may be Skydiving, Windsurfing, and Bungee Jumping options available for additional fees. These options may occur only if a minimum number of participants is met for each activity.

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___I am applying for: **Adult Extreme Adventure Retreat**. This is a very physically demanding retreat. It include white water rafting, outdoor rock climbing, a 3-day, 2-night wilderness camping event which includes an all-day kayaking adventure, challenge course and some of the same events as High Adventure. If you choose not to participate in an activity, you may stay back and enjoy the quiet relaxation of our park.

Aug. 25 – Aug. 31 \$800/session

A \$100, nonrefundable, deposit is required with this completed application. Balance is due two weeks prior to camp/retreat dates. All transportation arrangements need to be received in office three (3) weeks prior to retreat start date. Participants must be age 18 or older, visually impaired and ambulatory. The Oral Hull Foundation promotes independence and participants must understand that staff is here to assist with basic needs in regards to mobility, direction and activities, only.

We are not a medical facility and are not able to serve participants with severe mental and/or physical problems that require trained staff. Staff supervision for daily living skills are not provided. The ability to self-bathe, dress, feed, self-medicate, follow directions, rules and policies is required. **If assistance is required with self-help skills or transitioning from a wheelchair, you must bring a caregiver or spouse. The fee for a caregiver or spouse is equal to the retreat fee per session.**

Oregon residents may receive financial assistance, depending on the need and the availability of funds. A financial assistance application must be submitted for financial aid. Please call the Oral Hull office for the application.

All participants may elect to use a payment plan to pay for the fees. Payment plans enable a person to spread out their fees over an extended period of time and to have camp fees paid two weeks prior to the start of the retreat. If you choose to pay this way, please be sure to complete the short Payment Plan form below.

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PAYMENT PLAN OPTION

I would like to use a payment plan. I can make _____ equal payments totaling \$_____ (tuition for 1 week of retreat) beginning month _____, 2016 and ending on month _____, 2016.

Signature _____ Date _____

VIA PHONE By _____ (Name)

Please fill in information below and circle or check anything that applies:

1. Will you bring a guide dog? Yes No Name of dog_____. There will be one or two adventure trips off the park property where it is not advisable to bring your guide dog. You may choose not to participate in these activities or you may utilize the services of a staff member who will care for your dog while you are gone.
2. Is it acceptable for photos to be taken of all you for possible use in promotional advertisements for Oral Hull Park? Yes No
3. Which is best for you to read? Regular print Large print Braille None
4. **Roommate preference:** List the name of another person with whom you would like to share a room. This person must also indicate they would like to share a room with you on their application. Please indicate your preference below. All rooms have twin beds and are double occupancy. For a single room there is an **extra nightly** charge of \$35 per night during retreat sessions. Single rooms are limited, to 5 per retreat. So register early!
 Roommate Name: _____
5. **Spending Money:** Be sure to bring enough money for one or two meals out on your own and some small bills for our store, which has everything from snack food to Oral Hull t-shirts, coffee mugs, etc. Prices range from \$1.00 on up. We also have a pop machine on site. All pop is \$1.00.

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Please read through all of the information below including the complete release and hold harmless agreement and sign at the bottom of this registration form.

Personal Property: The Oral Hull Foundation is not responsible for any loss or damage to personal property of participants, staff, volunteers or visitors during your stay. Valuables can be placed in the office safe.

Additional Nights: In some cases, retreat participants may want to attend two consecutive retreat sessions. For people who are continuing to stay in a dorm room between camps, the cost is \$35 per night for the additional stay. It is important to note that the **kitchen is closed when retreats are not in session** and you will need to provide your own food. You can arrange transportation via Sandy public transit to shops and markets in Sandy. Please note that no Oral Hull staff or volunteers will be available in between sessions, so we cannot provide transportation off park property.

Insurance: The Oral Hull Foundation does not provide health and accident insurance for participants. You must carry your own insurance or be prepared to pay the cost of any medical services or prescriptions obtained while at Oral Hull.

Zero Tolerance: Adults who are unable to care for personal needs, need more assistance than we can provide, or are not able to harmoniously live with others will be asked to leave by the director in order to ensure a successful experience for all. There are no refunds if asked to leave camp. We maintain and carry out a zero tolerance level for any type of violence whether verbal or physical. You will be asked to leave immediately if you physically harm someone or verbally threaten someone or abuse Oral Hull property.

Notice of Possible Changes: Oral Hull Park plans far in advance for its retreats with the full intention of holding each retreat as scheduled. It may become necessary to cancel a specific retreat in any of the following situations: a natural or manmade disaster or low number of applicants. Oral Hull Park assumes no financial liability for such occurrences.

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MEDICAL/EMERGENCY INFORMATION 2016

Required information by all who attend:

Name: _____ Age: _____ Gender: _____

Name of personal caregiver coming (if applicable):

Please check one of the following:

I take no medications.

I take medications and will self-administer them. Please provide a list of all your medications. Attach separate sheet if more space is necessary.

Does participant use a white cane? Yes No

Does participant use a wheelchair? Yes No

Does participant have a disability (other than vision) or chronic disease? Please explain:

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Meals/Diet – Please check all that apply

___ I am a vegetarian

___ I have special dietary needs. Please specify:

___ I have a medically prescribed diet. Please specify:

___ I have allergies to medications, environment (insect stings, hay fever, or food). Please specify:

___ Other information you feel is important for us to know:

Emergency Contact Person (Note: Must be available 24/7)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Cell # _____ Work # _____ Home # _____

Physician to consult in cases of accident or emergency

Name _____ Phone _____

Hosp. /Med. Office name _____ Phone _____

This health history is correct so far as I know and the person herein described has permission to engage in all activities, except as noted. I hereby consent to any radiological procedure, examination, anesthetic, medical/surgical diagnosis/treatment, and hospital service that may

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be rendered under the general/special instruction of above named physician/any hospital, or at Oral Hull. This consent shall remain in continuous effect until revoked in writing. A photocopy of this authorization shall be considered as effective and valid as the original. The Oral Hull Foundation does not provide health/accident insurance for participants. Participants must carry their own insurance or be prepared to pay the cost of any medical services or prescriptions obtained while at Oral Hull.

COMPLETE RELEASE AND HOLD HARMLESS AGREEMENT

By my signature on this document, I state that I have read all the above information and assume all liability from any cause whatsoever that may arise, out of or in connection with, Oral Hull Foundation for the Blind, Inc. including, but not limited to all liability from any cause whatsoever, for personal injury or property damage; in connection with, or during the time of my presence, at any businesses or other enterprise of this nonprofit organization. I release and hold harmless the Oral Hull Foundation for the Blind, Inc., its employees, agents, volunteers, assigns, and successors (hereinafter, "the protected parties") from all liability from any cause whatsoever as described above.

The consideration for this document is the services that the Oral Hull Foundation for the Blind is providing to me. This document shall be given a liberal construction, with all ambiguities resolved in favor of the protected parties. If any provision of this document is deemed to be partially void, invalid, or unenforceable, that provision shall continue in full force and effect to the maximum extent permitted by law, and all remaining provisions of this document is deemed to be completely void, invalid, or unenforceable, that provision shall be served from the remainder of this document, and all remaining provisions of this document shall continue in full force and effect.

 Name (print) _____ Date _____
 Signature _____

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Transportation: Please check one

1. I will provide my own transportation directly to Hull Park.

2. I need to be picked up at: Airport Train Station Bus Station

Arrival Date: _____ Time: _____ Airline _____ Flt/Trn/Bus# _____

Dept. Date: _____ Time: _____ Airline _____ Flt/Trn/Bus # _____

3. I need to be picked up at:

Pick Up Location:

12:45 p.m. **Jack in the Box** (4242 SE 82nd & Holgate)

1:15 p.m. **Gresham Max Station** (8th and Kelly, Gresham)

1:25 p.m. **Carl's Jr.** (1678 NE Burnside Rd, Gresham – 8th and Burnside)

Departure Time Last Day of Retreat: Leave Hull Park at 10:00 a.m.

10:30 a.m. Arrive at **Carl's Jr.** (1678 NE Burnside Rd, Gresham)

10:45 a.m. Arrive at **MAX:** Cleveland Ave, Gresham

11:15 a.m. Arrive at **Jack in the Box** (4242 SE 82nd and Holgate)

* All times are approximate. We strive to be on time.

Office Use only: Forms Received by Oral Hull Foundation for the Blind on: _____

Registration Registration fee paid in full

Other payment information

 Medical Information Release & Hold Harmless Transportation Information

Thank you for completing this form. You will receive an email, letter or phone call acknowledging that we have received your completed registration.