

# Pegasus 2024 Camper Application

## Basic Information

Camper's full name: \_\_\_\_\_

Gender:  Female  Male  Other (please list preferred personal pronouns) \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian first name: \_\_\_\_\_

Parent/Guardian last name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Information

Medical/psychological diagnoses:

\_\_\_\_\_

Current medications and treatment:

\_\_\_\_\_

Diet limitations: (basic info, sensitivities, allergies, etc)

\_\_\_\_\_

Has he/she been hospitalized in the past year? (if yes, please provide details).

\_\_\_\_\_

Significant physical injuries in the past: (if yes, please describe and give dates).

\_\_\_\_\_

Vision or hearing problems? (If yes, please explain).

\_\_\_\_\_

\_\_\_\_\_

Activity/sports limitations? (If yes, please explain).

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Communication problems? (If yes, please explain).

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## Stress Management/Coping

What are the most successful preventative / preparation / recovery strategies for helping your child cope with stress before or during or after incidents?

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Common Triggers for Stress: :

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During times or situations in which your child has more difficulty, how does he/she respond?

- Becoming physically aggressive
- Frustration with a physical task
- Fleeing - leaving the room/building
- Disappointment; not getting what they want
- Becoming verbally aggressive
- Transitions between activities
- Withdrawing/not participating, but stays in same space
- Social situations
- Accepts help quickly
- Following adult directions
- Other: \_\_\_\_\_

Policies:

-No child who presents with or experienced any of the following symptoms in the last 24 hours: a cough (change from baseline), fever of 100.4°F , sore throat, difficulty breathing (change from baseline), diarrhea, vomiting, or severe headache, will be permitted into camp.

-All staff and children will wash their hands upon arrival and after any activities with shared equipment (ie, ball sports). Equipment will be sanitized as needed throughout the day.

-We will have continuous air circulation (windows open) during indoor activities, and play outside (weather permitting) as much as possible.

# Additional Information

How were you referred to camp?

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What do you hope will result from this camp experience?

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When has your camper been the most successful with peers in the past? (list types of activities, types of peers, etc). \_\_\_\_\_

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What activities do you think he/she will most enjoy?

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Has your child ever participated in a day camp before? \_\_\_\_\_

Please circle the areas of challenge that apply to your child:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sensory defensive     | <input type="checkbox"/> Motor planning     | <input type="checkbox"/> Social awareness |
| <input type="checkbox"/> Executive Functioning | <input type="checkbox"/> Oral motor         | <input type="checkbox"/> Emotional        |
| <input type="checkbox"/> Self-regulation       | <input type="checkbox"/> Fine motor         | <input type="checkbox"/> self-control     |
| <input type="checkbox"/> Self-awareness        | <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Transitions      |
| <input type="checkbox"/> Core Strength         |   |   |

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Signature of Parent/Guardian

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Date

## Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the 2021 Pegasus Therapy, PLLC Camp at 3500 Franconia Road, Alexandria, VA 22310, (hereinafter referred to as the "Activity") I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Pegasus Therapy, its officers, employees, and agents from liability from any and all claims including the negligence of Pegasus Therapy, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Pegasus Therapy, PLLC HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Accident, illness, or injury: In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give Pegasus Therapy, PLLC personnel permission to take action as deemed necessary by them in the best interest of my child. Parents/Guardians are responsible for notifying camp staff regarding any child's medical conditions, special needs, etc., in writing on the campers application.

I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require. I hereby authorize a representative of the Pegasus Therapy, PLLC to retain or acquire said medical care and treatment on my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages arising from the giving of such consent.

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Signature of Parent/Guardian

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Printed Child's name

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Date

# Emergency Information Sheet

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent Name (1) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent Name (2) \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Two persons to call if we cannot reach parents/caregiver in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Name

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Pediatrician's

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Conditions Which May Require Immediate or Emergency Care* (i.e., diabetes, epilepsy, bee sting reactions, allergies, etc.)

1. \_\_\_\_\_ Treatment \_\_\_\_\_

2. \_\_\_\_\_ Treatment \_\_\_\_\_

If your child is taking medication on a regular basis, please indicate name of the medication and the purpose of the medication as well as any other pertinent information below:

\_\_\_\_\_  
\_\_\_\_\_

If my child becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or above-named physician to give the emergency medical treatment required:

Hospital \_\_\_\_\_

Alternative Pick Up:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I give permission for the above named caregiver to pick up my child from Pegasus Therapy when group is finished. In the event that another person will pick up my child, I will notify Pegasus Therapy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_