



# 2025 Registration Form

## Autism Rocks Friends & Family Camp

### August 21-24, 2025



Friday 3:00pm - Sunday 1:00pm | Deadline to register and be *paid in full* by August 1

#### REGISTRATION FEES:

		Amount	TOTAL
Camper's Name (Person w/Autism): _____	Age _____	\$190.00	\$ _____
Caregiver's Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____

#### OPTIONS:

Thursday 3:00 pm Early Arrival. Limited Activities/Meals - LIMITED TO 25 PEOPLE .....	Per Person	\$30.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - PERSON WITH AUTISM .....	PWA	\$80.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - CAREGIVER/FAMILY (Each).	Caregiver	\$40.00	\$ _____
		Limit = 2	

#### ACCOMMODATIONS:

Cabins: *LIMITED #/SHARED/FIRST COME-FIRST SERVED - Very Rustic!!* Per Person \$35.00 \$ \_\_\_\_\_  
*IF NOT IN CABIN, I (we: how many?) will stay in:* A Scout Tent \_\_\_\_\_ Our Tent \_\_\_\_\_ Your RV (limited) No Fee

#### VOLUNTEERING:

Guests and/or Family Members sometimes choose to enhance their experience at Camp by doing some volunteer tasks - helping in the kitchen, at the art tables or campfires or other activities. Check this box if you are interested and we will contact you.

#### DONATIONS:

Add a donation amount so others may attend (Optional) .....\$ \_\_\_\_\_

SO MUCH FUN!!

**Deposit:** \$175 minimum amount due with application: \$ \_\_\_\_\_  
 Paid with Credit Card via PayPal \$ \_\_\_\_\_  
**TOTAL ENCLOSED:** \$ \_\_\_\_\_  
 No Refunds after 8/1    Balance Due by 8/1: \$ \_\_\_\_\_

Hilyard Center may have limited transportation to and from camp. Fee based: 541-682-5010.

#### Camper's Information:

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_  
 Email \_\_\_\_\_

#### Send Confirmation & "What to Bring" Letter to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_  
 Email \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

If any person registering for camp has been convicted of a felony, please check here. We will contact you for details.   
 Failure to report such history will result in dismissal from the camp and ALL future Kind Tree Events. Report all incidents to 541-780-6950

**Special Needs?** Diet (be specific), sleeping arrangements, etc. For medical or behavioral issues, use the back of this form.

#### Send Completed Registration and Payment to:

Kind Tree - Autism Rocks  
 PO Box 40847  
 Eugene, OR 97404

Full Payment is Required by August 1

#### Questions?

Phone: 541-780-6950    Email: admin@kindtree.org

# KindTree – Autism Rocks Friends & Family Camp 2025

## HEALTH & SAFETY INFORMATION

**Medications?**    **Yes**    **No**    |    I am able to take my medication independently    **Yes**    **No**  
While at camp, I will use an audible alarm to remind me to take my medications.    **Yes**    **No**  
List any medicine and reason for taking: Use additional sheet and attach to this form, if necessary.

**Prescription Medication?**    **Yes**    **No**    I give permission to the Kind Tree-Autism Rocks staff to assist me in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage, times and amounts.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Seizures?**    **Yes**    **No**    |    Are seizures controlled by medication?    **Yes**    **No**  
Describe Type & Frequency: \_\_\_\_\_

### **Please check all seizure triggers:**

Loud Noises                  Large/Open Spaces                  Internal Temperatures (hot/cold)                  Weather  
Flashing/Bright Lights                  Small/Closed Spaces                  Odors/Smells                  Other: \_\_\_\_\_

## BEHAVIORAL INFORMATION

Are you using a specific plan for behavior?    **Yes**    **No**    If yes, please attach the plan to this form or summarize plan here:

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

### **Please check any of the following situations or events that may be behavior triggers:**

Loud Noises                  Large/Open Spaces                  Internal Temperatures (hot/cold)                  Weather  
Flashing/Bright Lights                  Small/Closed Spaces                  Odors/Smells                  Other: \_\_\_\_\_

