

**SNEAK PREVIEW:** We recognize this is a long application form, so we wanted to let you preview the questions if that would be helpful.

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## 2021 RVRN-100 Family Program

Welcome to our 6th season at the A/U Ranches' 100 Elk Outdoor Center in Buena Vista, Colorado!

Thank you for taking time to complete this registration form. You may register all family members in the same form. Registration takes approximately 20–30 minutes and must be completed in one session. (If you'd like to write your answers in a separate file and then paste them into the registration form, you may preview the questions by clicking [here](#).)

**Registration is due September 16.**

### Loved One Information

We're so delighted your loved one will be joining us! Please complete this section on behalf of him/her. Following the "Loved one information" section, there is a "Household Information" section where you can add information about the rest of your family.

Loved one's name

Address

Loved one's date of birth

Loved one's grade next September (if applicable)

Loved one's gender

What is the current living situation of your loved one? (i.e. lives in family home, residential facility, group home, etc...)

### Help us get to know your loved one

This section helps us learn more about your loved one so we can do our best to embrace and engage him/her lovingly. Please feel free to share as much detail as you'd like so we can better meet your family's needs.

- [If this is your child's first RVRN program, please complete all of the questions below.](#)
- [If your child has participated in a previous program, please feel free to share as much detail as you'd like, or simply write "already on file."](#)

- Please share your loved one's likes, dislikes, interests, talents, hobbies etc. in the box below. (The more info the better!)
- What goals does your loved one have for this program? Is there anything in particular they are looking forward to?
- Would you be willing to share how your loved one engages with Christian Science and what their favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
- Please tell us about the school or the program your loved one is in (if applicable) and how he/she interacts with their community or other individuals with special needs.
- How does your loved one respond to large- and small-group situations?
- How does your loved one like to receive information about new activities? (i.e. the use of visual schedules, visual demonstration, list of rules, Picture Communication Symbol, etc.)
- When does your loved one like to receive information about new activities? (i.e. before they arrive, when they arrive, etc.)
- Are there activities or situations that frustrate, agitate, or excite your loved one? If so, please share what they are and different ways to handle them so we can best support your family.
- How can staff best support your loved one in situations or environments that may be new, stressful, or unpredictable? Are there any behaviors your loved one demonstrates that would help staff to recognize if an adjustment is needed?
- Is your loved one prone to sudden, dramatic, or violent behaviors? If so, what situations seem to precipitate such behaviors?
- What is the first thing that must be done to help calm your loved one?
- If applicable, please share any behavior plans implemented at home, school, or work.

## 100 Elk Activity Offerings

100 Elk offers a wide variety of indoor and outdoor activities that are grounded in metaphysics and led by a staff of active Christian Scientists. Below are questions about your loved one's preferred activity choices. We will work closely with your family to create a schedule that is flexible; and all activities will be adapted to meet the individual needs, interests, and readiness levels of your loved one.

To see detailed activity descriptions click [here](#).

- Please indicate which activities your loved one is interested in. Check all that apply. We will do our best to schedule participants in as many activities as the schedule allows. Activities with an \* are new this year.
  - Archery
  - Arts and crafts

- Canoeing
  - Ceramics
  - \*Chipmunk Feeding in St. Elmo
  - Cooking
  - Goat Farm
  - High Ropes Course
  - Horseback riding
  - \*Hot springs
  - Humane Society
  - \*Job-coaching projects
  - \*Leadville - Historic mining town
  - \*Mini-Blessings Farm (healing and inspiring activities with mini horses)
  - Music class
  - Photo shoot
  - \*Pickleball
  - River walk
  - Shopping in Buena Vista (BV)
  - Small group hike/nature walks
  - Square dancing
  - Theater games
  - \*Yoga
  - Zumba
- Are there any activities from which your loved one should be exempt?
  - If you answered "yes" to the above question, please list the activities your loved one should be exempt from, and if you would like, a brief explanation.

## Everyday Living Skills

- How would you describe your loved one's level of communication? (Please check all that apply.)
  - Speaks clearly
  - Speaks with some articulation difficulty
  - Understands conversations
  - American Sign Language (ASL)
  - Deaf
  - Signed English
  - Nonverbal
  - Hard of hearing
  - Uses assistive technology for communication
- Does your loved one use mobility aids? (Please check all that apply.)
  - Cane

- Manual wheelchair
  - Electric wheelchair
  - Crutches
  - Walker
  - Use of ramps
  - N/A
- Is there any further information related to "Everyday Living Skills" that would help us support you or your loved one? (i.e. adaptive equipment, supplies such as shower chairs, etc.)
  - Is there any information related to housing you'd like us to consider (i.e. light sleeper needs to be in a quiet area, wakes up at night to eat/drink/toilet, may wander, may have outbursts, would like a fan, would like extra blankets, etc.)

## Care and Emergency Contact Information

The A/U Ranches has always been a place of healing and growth at which prayer is the first and primary means of care. We welcome all students of Christian Science, without judgment. To facilitate a harmonious experience please let us know how we can support you.

- Is there any "dietary restriction," "allergy," or meal preference (i.e. vegetarian, vegan, etc...) information for your loved one, which we should know about?
- Does your loved one have any health conditions or needs we should be aware of?
- Are there any activities that your loved one should be exempt from for health reasons?
- If you answered "yes" to any of the questions above, please explain anything you would like us to know to better prepare and help care for your loved one.
- Medications: The Christian Science care providers do not dispense medicine, and per ACA requirements, prescription and over-the-counter medicines must be kept under lock, except when under the control of a parent/caregiver managing this.
  - My loved one will not bring any medications to camp.
  - My loved one's medications will be managed by our family/caregivers.
- Permission to Treat (loved one):
  - I authorize and request 100 Elk in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my loved one into a

clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission to receive such emergency care.

- I refuse to authorize any form of medical treatment beyond what is required by state law, and I release 100 Elk from all liability if I cannot be reached in an emergency.
  
- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of your loved one. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
  
- In the event that your loved one needs the support of a Christian Science practitioner, would you like to use your own practitioner, or the RVRN-provided practitioner?
  - We will use our own practitioner.
  - We will utilize the RVRN-provided practitioner.
  - Other

If you'd like to share your loved one's practitioner's information, please do so below.

- Practitioner's name
- Practitioner's phone number
  
- Primary contact in the unexpected case of an emergency:
- Primary emergency contact relationship to your loved one
- Primary emergency contact phone number
- Secondary contact person if primary contact cannot be reached in the unexpected case of emergency:
- Secondary emergency contact relationship to your loved one
- Secondary emergency contact phone number
  
- Is there any other information you would like us to know about your loved one in order to prepare for a harmonious experience?
- In the case of minors: I grant permission for my loved one to participate in all activities at 100 Elk, except as noted above. Parent/Guardian or Caregiver Name:
- Parent/guardian or Caregiver e-signature

## Household Information

Please provide parent/caregiver information below.

- Parent/caregiver name
- Address

- Email
- Phone number
  
- Are there any other family members or support people that will be attending? Please list their name(s) and relationship to your loved one, i.e. "Jane Smith, sister."
  
- Would you be willing to share how your family engages with Christian Science and what your favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
  
- Is there any "dietary restriction," "allergy," or meal preference (i.e. vegetarian, vegan, etc...) information for anyone attending in your family, which we should know about?
  
- Does anyone in your family have any health conditions or needs we should be aware of?
  
- Are there any activities that anyone attending in your family should be exempt from for health reasons?
  
- If you answered "yes" to any of the questions above, please explain anything we need to know to help better prepare and help care for anyone attending in your family.
  
- Permission to treat (household members):
  - I authorize and request 100 Elk in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my loved one into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission to receive such emergency care.
  - I refuse to authorize any form of medical treatment beyond what is required by state law, and I release 100 Elk from all liability if I cannot be reached in an emergency.
  
- If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of the members in your household. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
  
- In the event that you need the support of a Christian Science practitioner, would you like to use your own practitioner, or the RVRN-provided practitioner?
  - We will use our own practitioner.
  - We will utilize the RVRN-provided practitioner.

- Other

If you'd like to share your practitioner's information, please do so below.

- Practitioner's name
- Practitioner phone number
  
- Emergency contact if different from your loved one
- Emergency contact phone number if different from your loved one
  
- Is there any other information that we should know in order to make this experience enjoyable for you and your family?

How did you hear about us?

- RVRN website
- Attended an RVRN event or gathering
- From a friend or family member
- From my/a church
- Social media
- Other

## Multimedia Photo Release Agreement

Rainbow Valley Resource Network reserves the right to use photos, video footage, and/or footage of staff, adult participants and guests from RVRN funded activities in printed and electronic publications.

This agreement grants Rainbow Valley Resource Network the right to publish, distribute, and share such images, as described above for the following uses:

- Print
  
- Electronic media, including publications in PDF format, Websites and Social Media
  
- Audio/Video
  
- Promotional Uses (without attributions)

Submitted images become the property of Rainbow Valley Resource Network and will not be shared with other organizations without written consent of the person(s) appearing in the photo(s) and/or video(s).

Rainbow Valley Resource Network reserves the right to modify such images, at its discretion. This agreement also authorizes RVRN to store images internally for future reference and reuse.

It is our policy not to credit individuals whose images and/or fruitage have been submitted for use in these publications, unless specifically requested and authorized.

All shared images shall be the original work of the person sharing the images and are not to violate any copyright, contract, or other property rights of any person or organization.

The signee is not to share such images with other organizations for commercial use without RVRN's explicit written consent. Such images can be used for personal and professional portfolio purposes.

Acceptance of this policy is assumed unless otherwise communicated in writing to Rainbow Valley Resource Network. It is the responsibility of participants, chaperones, guests, or their legal guardians/conservators/caregivers to submit, in writing, exclusion from all multimedia/photo publications.

## Tuition and Payment

- **Tuition** for this program includes all meals, accommodations, activities, and a t-shirt.
  - \$1400/person (includes airport shuttle)
  - \$1300/person (does not include airport shuttle)
- **Registration** is due by Thursday, September 16
- **Payments** are due by Friday, October 1

Payments may be made by check or PayPal.

At this time, I will:

- make an online payment (\*Use button below).
- mail a check for the partial or full amount.
- apply for financial assistance.

**To pay by check**, make check payable to:

Rainbow Valley Resource Network

Mail payment to:

RVRN

PO Box 1051

Queen Creek, AZ 85142

**\*To pay online:**



Press **submit** after completing this registration form and follow the link to the "Buy Now" button on the 100 Elk Events page of our website.

Finances should not prohibit your family's participation in this opportunity. As with all of our programs, financial assistance is available by completing the RVRN Financial Assistance Application which can be found on the website by clicking [here](#).



Thank You!

**Please click [here](#) to make an online payment.**

<https://rvrnetwork.org/events/100elk/>

We can't wait to see you at 100 Elk!