

**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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## 2023 RVRN-100 Family Program

We're so glad you'll join us for our 8th season at the **A/U Ranches' 100 Elk Outdoor Center in Buena Vista, Colorado!**

The dates of this year's program are:

**Monday, October 16 – Saturday, October 21**

Thank you for taking time to complete this part of the registration process. All family members participating in the program can be registered on this form. It takes approximately 20–30 minutes to complete this form, and it must be done in one session. (If you'd like to type your answers in a separate file and then paste them into the registration form, you may preview the questions by clicking [here](#).)

Questions with a **red \*** require a response.

**Registration is due by Saturday, 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 ones's date of birth

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 them 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 loved one's first RVRN program, please complete all of the questions below.
- If your loved one 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 are some of your loved one's "super powers"?
- 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 a typical day for your loved one. Do they go to school? Are they homeschooled? Do they work and/or participate in day-programs or other specialized programs? What is their interaction with their community?
- 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, far in advance, just before an activity, etc.)
- How can staff best support your loved one in activities, situations, or environments if they become overly excited, agitated, or overwhelmed? Are there any behaviors your loved one demonstrates that would help staff to recognize if an adjustment is needed?
- 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 would be interested in. Check all that apply. We do our best to accommodate as many activities as the schedule and staffing allow.

- Archery
- Ark-Valley Humane Society (volunteer with animals)
- Arts and crafts
- Bread making
- Canoeing
- Ceramics
- Cooking
- Goat Farm

- High Ropes Course
  - Horseback riding
  - Hot springs
  - Leadville - Historic mining town
  - Music and movement
  - Photo booth
  - Pickleball
  - River walk
  - Shopping in Buena Vista (BV)
  - Small group hike/nature walks
  - Square dancing
  - Theater games
  - Work experience projects
  - Yoga
- 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 your family.

- Does your loved one have any dietary restrictions or preferences (i.e. vegetarian, vegan, etc.) that 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 "A" to the previous question, simply type "N/A" in the space below. 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.)
- 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 and Signature

## Household Information

Please provide parent/caregiver information below.

- Parent/caregiver name
- Address (if different from your loved one)
- 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.?
- Does anyone in your family have any dietary restrictions or preferences (i.e. vegetarian, vegan, etc.) that 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 you answered "A" to the previous question, simply type "N/A" in the space below. 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.)
  
- Primary emergency contact
- Primary emergency contact phone number
- Secondary emergency contact
- Secondary emergency contact phone number
  
- 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 program or event
- 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 fruitage 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.

- I have read and agree to the Multimedia Photo Release Agreement
- Please exclude my family and me from all multimedia/photo publications.

## T-shirts

Adult S, M, L, XL, 2XL, 3XL

- Please choose your \*LOVED ONE's\* t-shirt size below.
- Please choose your \*YOUR\* t-shirt size below.
- Please choose your \*OTHER FAMILY MEMBER's\* t-shirt size below.
- If you have a group of four or more, please list each person's name below and their t-shirt size.

## Tuition and Payment

**Tuition** for this program includes all meals, accommodations, activities, and a t-shirt.

- \$1425/person

- \$1525/person (includes airport shuttle)
- **Registration** is due by Saturday, September 16
- **Payments** are due by Sunday, October 1

**Payments may be made by check or online.**

- **To pay by check**, mail a check payable to:
  - Rainbow Valley Resource Network  
PO Box 1051  
Queen Creek, AZ 85142
- **To pay online**, use the payment button below.

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!**

Yay!—you're registered! 🥳

Have you completed the other required forms? 🧐

Please click [here](#) and scroll down to the bottom of the page to access them. 😊

Stay tuned for more information as we get closer to the program. 🎉