



**Recreation Unlimited  
2015 Autism Camper & Typical Sibling Weekend Camp  
August 14-16, 2015**



**Registration Form**

The Autism Camper & Typical Sibling Weekend Camp is for youth ages 8-22 on the Autism Spectrum and their typical sibling. The 2015 Autism Camper & Typical Sibling Weekend Camp published fee is \$412 per weekend camp, plus a \$35 non-refundable reservation fee. **However, due to the generosity of the Ingram-White Castle Foundation, the camp fee of \$412 will be waived for this camp.** If you are interested in attending this camp, please complete the form below for both the Autism camper and typical sibling and return, along with the **\$35 non-refundable reservation fee per family.** This reservation fee will be waived if you have already paid the \$35 reservation fee for a 2015 Year Round Respite Weekend Camp.

**Camp capacity for this weekend camp is 30 youth on the Autism Spectrum and 30 of their typical siblings. Registrations are held on a first-come, first-served basis.** After you send in your registration form and reservation fee per family, a camper application packet will be sent to you **for each camper attending** from your family. Acceptance to camp is based on review and approval of the camper application, camper's individualized needs, and camp capacities for both the camper with Autism and their typical sibling.

Camper Name \_\_\_\_\_

Camper Date of Birth \_\_\_\_\_  Male  Female

To help us prepare for your camp session, please answer the following questions:

Camper Primary Disability \_\_\_\_\_

Camper Secondary Disability \_\_\_\_\_

If appropriate, indicate functioning range:  High  Middle  Low

Level of Care:  Independent  Partial Assistance  Total Assistance

Any significant medical needs (other than medication):  Yes  No

Explain: \_\_\_\_\_

Any behavior support needs:  Frequent  Occasional  None

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Typical Sibling Name \_\_\_\_\_

Typical Sibling Date of Birth \_\_\_\_\_  Male  Female

Any significant medical needs (other than medication):  Yes  No

Explain: \_\_\_\_\_  
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Camper application and information should be mailed to the following:

Name of Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_

**If you are interested in attending this camp, please send registration form and \$35 reservation fee to:**

**Recreation Unlimited  
Autism Camper & Typical Sibling Weekend Camp Registration  
7700 Piper Road  
Ashley, Ohio 43003-9741  
Phone: (740) 548-7006 Fax: (740) 747-3139  
Email: [info@recreationunlimited.org](mailto:info@recreationunlimited.org)**