



## Highbrook Lodge

### Fall Weekend 2021 Registration Packet

As many of our campers say, “Coming back to Highbrook is like coming home!” We’re excited to welcome folks back home.

#### Cost

Fall Weekend this year is from September 24-26<sup>th</sup>. The cost of the weekend is \$75. We will be offering transportation from Cleveland Sight Center (CSC) to Highbrook and back for an additional fee of \$15.

#### Start + End Times

Arrival time at CSC for transportation is 4:00-4:15pm on September 24<sup>th</sup>, and arrival time back at CSC on the 26<sup>th</sup> will be 12:30pm.

Drop-off at Highbrook (24<sup>th</sup>) will be 5:30pm, and pick-up from Highbrook (26<sup>th</sup>) will be 11:45am.

#### Registration Steps

Because of COVID-19 restrictions, we have 15 total spots available—this means that spots are extremely limited. As such,

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*your camper's spot is not considered saved until the entire registration process has been completed.*

**Step 1:** Fill out the Registration Form/Waiver

**Step 2:** Have a physician fill out and sign the Physician Form

**Step 3:** Return Registration Form, Physician Form and Copy of COVID-19 Vaccination Card to Leisure & Lifestyle Manager via email, fax, or in-person

**Step 4:** Upon receiving confirmation from the L&LS Manager, pay the relevant fees (either \$75 or \$90) to the Eyedea Shop (216 658 4666)

**Step 5:** L&LS Manager will contact you to confirm your full registration for the weekend after receiving proof of payment from the Eyedea Shop

Once registration has been completed, the camper or contact person for the camper will receive a packet of information including a packing list, acceptable medication packaging, and other pertinent information.



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### **Registration Conditions**

Due to changing conditions in COVID-19, Cleveland Sight Center reserves the right to cancel Fall Weekend at any time leading up to the event. In case of cancellation, all money will be refunded or will be put toward future Highbrook Lodge sessions (at the discretion of the camper). Campers and their families will be contacted by the Leisure & Lifestyle Manager by phone and email with all COVID-19 related updates.

After payments are made, refunds will only be given if the event is cancelled or in other extenuating circumstances, as determined by the Cleveland Sight Center team.

In case of a spot opening up, we will be keeping a waitlist of interested or partially registered campers.

### **COVID-Safety Information**

Cleveland Sight Center reserves the right to change the safety procedures related to COVID-19 at any point in time. At this time, the information is as follows:

- All participants of Fall Weekend must be fully vaccinated and show proof of vaccination as part of the registration process
- Upon arrival, all campers, volunteers, etc., will have their temperature checked and will verbally go through a

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COVID-19 symptom check. Masks must be worn by all participants while indoors at Highbrook Lodge—except when eating, drinking, showering, or within one’s own space (room, bed); all efforts will be made to keep activities outdoors so that participants will have time without their masks on; should someone present with COVID-19 symptoms, they will be isolated until a safe plan can be made for their return home

- There will be no more than 3 campers in the communal sleeping spaces, and no more than one camper per private sleeping spaces (campers may make rooming requests, but the final decision is at the discretion of the Camp Manager)
- Shower times will be scheduled in advance to reduce the amount of people unmasked in a bathroom at a time, and showers will be cleaned after each use
- Program areas will be cleaned after each use, and bathrooms will be cleaned 3x daily

### **Eligibility**

Highbrook Lodge seeks to serve all qualified individuals with vision loss who meet the essential eligibility requirements listed below. These criteria are necessary to ensure the safety of all

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and also to allow campers to receive maximum benefits from camp.

Should it become clear that the camper no longer meets applicable eligibility criteria while at camp, accommodations will be made in conjunction with the camper's family to return the camper home. This will be done at the discretion of the CSC team.

Campers must meet the following criteria:

- Campers must have a clean criminal background from convictions that would exclude them from participation
- Campers must be able to function safely in a group environment, such as follow directions of staff and rules of camp, participate in camp activities, maintain appropriate hygiene, take medication as prescribed, and remain with assigned group
- Campers **MUST** be able to complete all Activities of Daily Living *independently*—ambulating (with reasonable accommodation), feeding, toileting, and continence
- Campers must be able to follow all camp policies and procedures without 1:1 support, abusive behaviors towards others and towards oneself, running off, physical or sexual aggression, and the like
- Campers must be at a level of health and wellness that allows them to participate in activities without technical

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life sustaining equipment, 1:1 nursing care, overnight medications, and the like

- Campers must be stable in both physical and mental health
- Campers must be free of bed bugs
- Campers must be free of COVID-19 symptoms and free from exposure to others with COVID-19 for at least two weeks prior to camp (If camper shows symptoms of COVID or is feeling unwell, the camper will be isolated with a volunteer and camper's family or contact person will be called to have camper picked up immediately)

A more detailed Camper Eligibility Guideline can be provided upon request, but the final decision about eligibility is to be made by the Cleveland Sight Center team.

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### **About the Forms**

#### **Registration Form (pages 10-13)**

The Registration form not only gives us vital information about the camper—including two emergency contacts—but it also gives us permission to perform first aid or contact the appropriate medical emergency professionals. Two or more emergency contacts must be listed, or the camper will not be able to participate in Fall Weekend.

The form **MUST** be filled out in its entirety. The only section that is optional is “IV. Consent for Photographs, Interviews, and/or Audio/Video Taping”. If the camper does not consent to photographs and the like, please write “Does not consent”.

#### **Physician Form (pages 14-15)**

A physician must fill out this form in its entirety. It is vital that the form be filled out in as much detail and with as much honesty as possible so that we are able to provide our campers with the care that they need and/or determine if they are the correct fit for our program.

#### **COVID-19 Vaccine Proof**



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A copy of the camper's COVID-19 vaccine card or immunization record showing COVID-19 vaccination must be either attached to the forms, or scanned or emailed to the Leisure & Lifestyle Services Manager separately. If the camper has previously submitted their COVID-19 vaccination proof, it does not need to be sent again.

### **Return To**

Forms and COVID-19 Vaccination proof should be emailed to [bszabo@clevelandsightcenter.org](mailto:bszabo@clevelandsightcenter.org), dropped off at the Front Desk with directions to give to Bobbie Szabo, or faxed to 216 791 1101. (Because spots are not held until registration is complete, mailing them will probably take too long.)





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### Payment Directions

If you have already registered for Fall Weekend (by filling out the WAIVER and PHYSICIANS FORM and you have received confirmation from the Camp Manager that they have been processed), you may proceed to paying for the weekend. Payment is due by September 17<sup>th</sup>, 2021.

#### **Amount due:**

\$75 if camper is being dropped off and picked up from Highbrook Lodge

\$90 if camper is taking Cleveland Sight Center-provided transportation from CSC to Highbrook Lodge and back

Payments can be made to the Eyedea Shop via credit card, cash, or check. For information on how to pay in-person or over the phone, call 216 658 4666.



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## Registration Form & Participation Waiver

Reviewed 8/20/2021

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

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

Does the camper require transportation?

\_\_\_\_ Camper will be dropped off at Highbrook Lodge and picked up from Highbrook Lodge by: \_\_\_\_\_  
(Name of person and phone number)

\_\_\_\_ Camper will be paying the \$15 fee to be transported from Cleveland Sight Center to Highbrook Lodge and back

### I. Authorization to Attend Program, Activity, Event

I understand that my participation in programs, activities or events offered through Cleveland Sight Center and Highbrook Lodge is voluntary and at my own risk. I understand and assume the risks and hazards associated with such participation, which may include injury, death, property damage, or other harm. I agree to release, forever discharge, and hold harmless the Cleveland Sight Center and Highbrook Lodge, its employees, agents, volunteers, administrators and trustees from any and all claims or causes of action that may be brought by me or by any other person, including all liability for personal injury, damage to personal property, or loss arising out of or related to my participation in programs, activities or events offered through Cleveland Sight Center and Highbrook Lodge and my transportation to and from such programs, activities and events by a



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Cleveland Sight Center and Highbrook Lodge volunteer or employee, to the fullest extent permitted by the law.

I also certify that I am legally authorize to register the individual names on this form for Cleveland Sight Center and Highbrook Lodge programs, activities or events.

\_\_\_\_\_  
(Adult Participant Signature or Parent/Guardian)

\_\_\_\_\_  
(Date)

## II. Medical and Emergency Information

Special Dietary Needs \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Concerns or Problems (i.e. diabetic, seizure disorder, mobility challenges) \_\_\_\_\_

\_\_\_\_\_

Activity Restrictions \_\_\_\_\_

\_\_\_\_\_

Does the camper need assistance with any of the following: ambulating, feeding, toileting, continence, and the like? Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts (list **TWO** or more):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_



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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### III. Authorization for Medical Care

In the event of injury or illness, I give permission to Cleveland Sight Center and Highbrook Lodge to obtain emergency medical treatment and provide first aid and/or CPR for myself or my child/ward. I acknowledge that no guarantees have been made to me as to the effect of such treatment and that I am responsible for all reasonable charges in connection with the treatment rendered to the above named participant.

\_\_\_\_\_  
(Adult Participant Signature or Parent/Guardian)

\_\_\_\_\_  
(Date)

### IV. Consent for Photographs, Interviews, and/or Audio/Video Taping

I hereby consent to allow the above-named participant to be photographed, interviewed, and/or recorded on audio/video tape by the Cleveland Sight Center (CSC), Highbrook Lodge (HBL), and/or the news media for the purposes of distribution, replay, and/or broadcast in any and all media. The use of the visual image of the above-named participant, or information obtained from him or her in an interview is hereby permitted, provided that any news media presence and/or queries are approved by CSC's spoke-person. I understand that the image



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may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein it appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the use of the image or recording. I hereby release and hold harmless CSC, HBL, and its officers, directors, employees, agents, volunteers, administrators, trustees, successors, and assigns from any and all liability for any damages or injury which might arise from the foregoing gathering and/or use of images of or information from the above-named participant.

\_\_\_\_\_  
(Adult Participant Signature or Parent/Guardian)

\_\_\_\_\_  
(Date)

## V. Confirming Eligibility

I hereby confirm that the above-named participant meets or exceeds the participation eligibility requirements listed by Cleveland Sight Center and Highbrook Lodge. I agree that should the above-named participant stop meeting these requirements, arrangements will be made to return the participant to their home.

\_\_\_\_\_  
(Adult Participant Signature or Parent/Guardian)

\_\_\_\_\_  
(Date)

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## HIGHBROOK LODGE PHYSICIAN FORM

(expires one year from date signed)

**Physicians:** This form is required for all campers attending Cleveland Sight Center's Highbrook Lodge. Please read this form thoroughly and complete to the best of your ability. We appreciate your time and diligence in completing this form.

**-PLEASE PRINT CAREFULLY-**

CAMPER'S NAME: \_\_\_\_\_

MALE     FEMALE     OTHER

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    AGE: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_    WEIGHT: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_ / \_\_\_\_

DATE OF LAST PHYSICAL \_\_\_\_\_ (MONTH/DAY/YEAR)

MEDICAL DIAGNOSES CURRENTLY BEING TREATED FOR:

\_\_\_\_\_

HAS THE CAMPER EVER BEEN DIAGNOSED WITH MENTAL HEALTH CONCERNS?     YES     NO

IS THE CAMPER CURRENTLY BEING TREATED FOR MENTAL HEALTH CONCERNS?     YES     NO

IF YES, HOW ARE MENTAL HEALTH CONCERNS CURRENTLY BEING MANAGED?

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES (please list all allergies and their reactions below):

\_\_\_\_\_

DIETARY RESTRICTIONS:

\_\_\_\_\_

ACTIVITY RESTRICTIONS:

\_\_\_\_\_

MEDICATIONS – AT LEAST ONE OF THE FOLLOWING BOXES MUST BE CHECKED AND COMPLETED.

The above-named camper **will not** be taking any medications while at Highbrook Lodge.

I have attached separate sheet(s) indicating all medications the above-named camper is to take while at Highbrook Lodge.

The above-named camper is to take the following medications, as listed below, while at Highbrook Lodge:

	Name of Medication	Dosage Amount	Time to Be Given
1.			
2.			
3.			
4.			

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5.		
6.		
<p>Highbrook Lodge is a residential summer camp for individuals with vision loss, including those with additional disabilities. Our campers spend several nights living in a community setting with their peers under supervision of our staff. Days are spent in programming including active, physical activities such as archery, canoeing, hiking, swimming and more. Our facility is located on 60+ acres and includes hills and unpaved areas. We have a Registered Nurse on-site as well as staff trained in first aid and CPR. While we are able to serve a variety of campers Highbrook Lodge may not be a safe, healthy choice for all our applicants. Please use your professional judgment when indicating if the camper is physically/emotionally/medically able to safely attend.</p>		
<p><b>After reading the above, I have discussed the camp program with the camper and/or their parent(s)/guardian(s). It is my opinion that the camper is physically, emotionally/mentally, behaviorally, and medically able to attend and participate in Highbrook Lodge's programming (except as noted above).</b></p> <p>Name of Licensed Provider (print): _____</p> <p>Signature: _____ Title: _____</p> <p>Office Address: _____</p> <p>_____</p> <p>Telephone: (_____) _____ Date Completing Form: _____</p>		

Reviewed 8/20/2021