



## 2019: 360 Degree Arts Camp Application

**Please mail: completed application, deposit, image release, liability release, health forms, and physical to:  
Flutter Productions Attn: 360 Degree Arts Camp 3603 Range Road Rapid City, SD 57702  
or call 718.8338 for more information or assistance**

### PLEASE PRINT

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_ Secondary (if applicable): \_\_\_\_\_

Check are payable to: Black Hills Works. Mail check and application to address at top of application.

**A non-refundable deposit of \$125.00 is due with application by Friday, May 24, 2019**

CK # \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**Remaining amount of \$175.00 is due on Monday, July 1<sup>st</sup>, 2019.**

NAME ON CHECK: \_\_\_\_\_

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Emergency Contact(s) Name(s) (First, Last): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ AND/OR \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian Name(s) (First, Last): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Primary): \_\_\_\_\_ Secondary (if applicable): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

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Full Name of the person filling out this application: \_\_\_\_\_

Relationship to the Camper: \_\_\_\_\_

Email of Individual filling out application: \_\_\_\_\_

Phone# of individual filling out application: \_\_\_\_\_

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How did you hear about this camp? \_\_\_\_\_

Previous experience with Visual Arts, Music, Theatre, and/or Dance? Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Goals that the camper would like to accomplish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What previous camping and outdoor/camping experience does the camper have?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be attending the camp with a support staff in place? YES NO

Support Staff Name:\_\_\_\_\_ Phone Number:\_\_\_\_\_

What kind of sleeping accommodations needs to be made for your support staff member (please describe in detail)?

\_\_\_\_\_

\_\_\_\_\_

If any type of vehicle traveling is done during the 360 Degree Arts Camp, what kind of travel accommodations do you need?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note support staff is not provided at the 360 Degree Arts Camp. Support staff, or a qualified family member, will have to attend the camp to support the camper with medical, feeding, and restroom/showering needs if necessary. An additional, reduced fee, will be charged to the support staff/family member, to cover lodging and food.*

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Consent for Release of Information

I hereby authorize the release of information from the records of the above name participant. The information is to be released to the 360 Degree Arts Camp at Flutter Productions, A Division of Black Hills Works, for the purpose of providing support to those who are participating in the camp.

Signature of parent, legal guardian, or authorized person if applicant is not their own guardian

Witness \_\_\_\_\_ Date \_\_\_\_\_

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## **360 Degree Arts Camp IMAGE RELEASE**

In the event that a photo or video clip is used of me and/or my child/children, I give permission for the photo to be used to help promote Flutter Productions/Black Hills Works/Suzie Cappa Art Center to be used to help promote the organization in print, banners, signs, websites, social media, news media, and/or programs for productions in addition to any promotion for an indefinite amount of time.

I (please print) \_\_\_\_\_,

and my guardian(s) (if applicable – if you are your own guardian you do not need to sign) (please print)

\_\_\_\_\_

Hereby grant that Flutter Productions, the Suzie Cappa Art Center, or Black Hills Works has the irrevocable and unrestricted right to use and publish and video or photographs of me, or in which I may be included, for any advertising or media purposes and in any manner and medium; and to alter the same without restrictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_



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## **360 Degree Arts Camp LIABILITY WAIVER**

(Must be signed prior to participation)

I, (full name – please print) \_\_\_\_\_,

And/or my guardian(s) (full name – please print): \_\_\_\_\_ Hereby  
agree to the following on (Today's Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

1. That I am participating in 360 Degree Arts Camp that is being offered by Flutter Productions, a division of Black Hills Works, Inc. The activity could include, but not be limited to: theatre, dance, music and or painting, visual arts and crafts, hiking, camping, cooking, attending possible events outside of the camp grounds, and evening camp fires. Many of these activities will have a physical component to them. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in any program that has physical requirements. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in said activities.
2. In consideration of being permitted to participate in any physical activity, including both dance, movement, music, speaking, visual arts/crafts, cooking, painting, hiking, camping, events outside of the camp grounds, and evening camp fires - I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the 360 Degree Arts Camp.
3. In consideration of being permitted to participate in the 360 Degree Arts Camp, **I knowingly, voluntarily, and expressly waive any claim I may have** against Flutter Productions, 360 Degree Arts Camp, Camp Meeting the Need, Black Hills Works, their sponsors, affiliates, advertisers, production team members, instructors, promoters, employees, board members, advisory committee members, and any other individuals associated with Flutter Productions at Black Hills Works Inc., or Camp Meeting the Need, for any claim for injuries, losses, or damages that I or my child/children/protected person may sustain as a result of participating in the 360 Degree Arts Camp. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue Flutter Productions, Black Hills Works, Camp Meeting the Need employees, advertisers, instructors, affiliates, and any other individuals associated with Flutter Productions a division of Black Hills Works, Inc. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE: \_\_\_\_\_ Birthdate: \_\_\_\_\_

GUARDIAN(S) SIGNATURE (If you're your own guardian you do not need to have a guardian signature):

\_\_\_\_\_

In case of Emergency, Contact: \_\_\_\_\_

Phone: \_\_\_\_\_



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### 360 DEGREE ARTS CAMP - CAMPER HEALTH RECORD

CAMPER'S NAME (PLEASE PRINT) \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANTS DISABILITY: \_\_\_\_\_ AGE OF ONSET \_\_\_\_\_

**This health and medical record, including limitations indicated, is valid for the above named individual's participation in the 360 Degree Arts Camp, for one year, after date of physician's examination and is subject to review for camp and when required for special events. Please complete this form, have your physical examination, and return the form to: Flutter Productions/360 Degree Arts Camp 3603 Range Road, Rapid City, SD 57702**

#### **THIS FORM MUST BE COMPLETED IN FULL**

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Is the camper covered by MA? YES NO MA# \_\_\_\_\_ Medicare? YES NO Medicare # \_\_\_\_\_

If applicant is covered under MA, does applicant have any other health insurance coverage, please list: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

If applicant is not covered by MA or Medicare, please list: Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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#### **HEALTH HISTORY:** Has this camper ever had... (please circle answer)

Asthma	YES	NO	YES, Date of last attack _____	Describe: _____		
Anemia	YES	NO	Heart murmur	YES NO		
Arthritis	YES	NO	Hernia	YES NO		
Chest pains	YES	NO	Hemophilia	YES NO		
Contact Lenses	YES	NO	High Blood Pressure	YES NO		
Convulsions	YES	NO	Low Blood Pressure	YES NO		
Deaf	YES	NO	Jaundice	YES NO		
Diabetes	YES	NO	Motion sickness	YES NO		
Insulin Dependent	YES	NO	Skin problems	YES NO		
Type of Diabetic			Describe: _____	Bone/Joint Pain	YES NO	
Therapy _____			Stomach aches	YES NO	Describe: _____	
Earaches	YES	NO	Stroke	YES NO	Muscular Problems	YES NO
Fainting spells	YES	NO	YES, Date of last stroke _____	Describe: _____	Describe: _____	
Females: Monthly Period	YES	NO	Thyroid trouble	YES NO	Epilepsy	YES NO
Glasses	YES	NO	Toothaches	YES NO	Describe: _____	
Hay fever	YES	NO			Elimination	YES NO
Head injury	YES	NO	Circulation Problems	YES NO	Describe: _____	
YES, Describe: _____			Describe: _____		Balance	YES NO
Hearing Aids	YES	NO			Describe: _____	
Heart attack	YES	NO	Tactile Sensation	YES NO		

(HEALTH RECORD continued)

CAMPER'S NAME (PLEASE PRINT) \_\_\_\_\_

**DISEASES:**

Chicken Pox    YES    NO  
Mumps        YES    NO  
Tuberculosis   YES    NO  
Measles       YES    NO

Rheumatic Fever        YES    NO  
Whooping Cough        YES    NO  
Hepatitis B carrier       YES    NO  
HIV positive            YES    NO

**DOES THE CAMPER HAVE FREQUENT:**

Severe headaches	YES	NO	Nosebleeds	YES	NO	Urination	YES	NO
Sinus trouble	YES	NO	Shortness of breath	YES	NO	Indigestion	YES	NO
Constipation	YES	NO	Diarrhea	YES	NO	Chest pains	YES	NO

**Treatment for previous problems:**

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**SEIZURES**

Type \_\_\_\_\_ Frequency \_\_\_\_\_

Behavior/Aura Prior to Seizure \_\_\_\_\_

Length of Seizure \_\_\_\_\_ Recovery Time/Behavior \_\_\_\_\_

Frequency of Seizures \_\_\_\_\_

Date of Last Seizure \_\_\_\_\_ Further disability/condition instructions: \_\_\_\_\_

Are emergency measures needed to stop seizures? YES NO

If yes, please explain in detail:

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**IS THE CAMPER EASILY:**

Sunburned	YES	NO	Fatigued	YES	NO	Dehydrated	YES	NO
Chilled	YES	NO	Overheated	YES	NO	Constipated	YES	NO

**KNOWN ALLERGIES:**

Food \_\_\_\_\_  
Medication \_\_\_\_\_  
Plants \_\_\_\_\_  
Animals \_\_\_\_\_

**IMMUNIZATIONS: (Date of last inoculation)**

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_  
German Measles \_\_\_\_\_ Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_

**OTHER PERTINENT INFORMATION NOT COVERED ABOVE:**

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**MEDICATION AND TIMES TO BE ADMINISTERED:**

**Is the camper able to self-medicate?**    YES    NO

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**HAS THE CAMPER EVER HAD A BAD REACTION TO:**

Asprin	YES	NO	Sulfonamides (sulfa)	YES	NO	Barbiturates	YES	NO
TYLENOL	YES	NO	PENICILLIN	YES	NO			
INSECT STINGS	YES	NO	List Insect Stings	_____				
Other drugs (list)				_____				

**MAY THE CAMP NURSE OR FIRST AIDER GIVE THE FOLLOWING MEDICATION TO THE CAMPER (AS NEEDED):**

Aspirin	YES	NO	Kaopectate	YES	NO	Cough Syrup	YES	NO	Tylenol	YES	NO
Exlax	YES	NO	Cough Drops	YES	NO	Milk of Magnesia	YES	NO	Pepto Bismol	YES	NO
Decongestant	YES	NO									

**PHYSICAL NEEDS**

- 1) Does the camper have specific hygiene needs (including restroom and shower needs) that they need assistance with? If so, please describe and note the frequency of need.

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- 2) Does the camper have any specific dietary needs or restrictions? If so, please describe in detail.

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- 3) Are there any social or behavioral concerns? If so, please describe in detail, including coping mechanisms of choice.

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This health record is correct so far as I know and the person herein described has my permission to engage in all activities, except as noted by self/adult guardian/parent or physician.

In the event of an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injections, surgery, or medication for my son/daughter/ward/self.

PLEASE PRINT FULL NAME (Parent/guardian/adult camper): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/guardian/adult camper)

EMERGENCY TELEPHONE NAMES/ NUMBERS: \_\_\_\_\_  
\_\_\_\_\_





A Division of:



### **360 DEGREE ARTS CAMP PHYSICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN**

**\*\*If a physical examination has been performed in the past year for athletics, school, etc, please attach a copy to this form.\*\***

**IT IS UNDERSTOOD THAT THIS SCREENING PROCEDURE DOES NOT CONSTITUTE A COMPLETE PHYSICAL EXAMINATION; THE SCREENING PHYSICIAN ATTEMPTS TO IDENTIFY ONLY READILY APPARENT MAJOR PHYSICAL PROBLEMS. THERE IS NO IMPLIED GUARENTEE FROM THE EXAMINATION THAT SPORTS ACTIVITY WILL NOT RESULT IN PHYSICAL DETRIMENT.**

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**URINALYSIS: Protein:**\_\_\_\_\_ **Sugar**\_\_\_\_\_ **Other**\_\_\_\_\_

**BLOOD PRESSURE**\_\_\_\_\_ **HEIGHT**\_\_\_\_\_ **WEIGHT**\_\_\_\_\_

**NOSE**\_\_\_\_\_ **EARS**\_\_\_\_\_ **THROAT**\_\_\_\_\_

**LUNGS**\_\_\_\_\_ **HEART**\_\_\_\_\_

**HERNIA? NO YES If YES, are there limitations?**\_\_\_\_\_

**MUSCULO-SKELETAL CONDITION:**

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**RECOMMENDATIONS FOR CARE, TREATMENT AND/OR FOLLOW-UP:**

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**Should be seen by family physician: YES NO**

**LIMITATIONS ON CAMPING OR PHYSICAL (dance, hiking) ACTIVITIES (IF ANY):**

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**OTHER COMMENTS:**

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**NAME OF EXAMINATING PYSICIAN (PLEASE PRINT):**\_\_\_\_\_ **PHONE**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_ **CITY/STATE/ZIP**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

## 360 Degree ARTS Camp – PACKING LIST

Please note there is not internet service at the camp site, nor is their cell phone service. There is a land line for emergencies only. Please bring any pertinent contact information along with you with that knowledge in mind.

CheckOff	ITEM
	Sunscreen
	Bug Spray
	Anti-Itch Cream/Anti-Itch bug bite
	A note pad or journal – unlined pages to take notes in/write down thoughts/feelings/ideas and sketch in
	A pen, a pencil, and an eraser
	A folder to collect handouts/projects/notes inside of
	Alarm Clock – If using your phone bring your charger
	Toothbrush
	Toothpaste
	Shampoo/Conditioner
	Deodorant
	Soap in zip lock bag/Body Wash/Shower Gel
	Additional toiletries as needed by individual
	Sanitary products
	Meds
	Long sleeve t-shirt
	Sweatshirt for layering
	Light jacket for layering
	2 short sleeve t-shirts or a t-shirt and a tank top (remember the sunscreen)
	Jeans/pants suitable for the outdoors
	shorts
	Pajamas
	Socks
	Under garments
	Tennis shoes/shoes suitable for hiking
	Sunglasses
	Hat
	Backpack to hike with – Place the following items into the backpack:
	Large water bottle with a strap to wear around neck/carry
	Flashlight with new batteries
	Umbrella
	Metal whistle to wear on a lanyard around the neck
	Additional snacks for hiking/breaks – NO NUTS
	Personal mini first aide kit – optional to bring a snake bite kit
	<b>*****The following items are optional, but recommended, to aide in comfort*****</b>
	Resalable travel coffee mug
	Book to read
	Music device or IPAD and earphones – you must bring earphones so that everyone doesn't share in your personal entertainment.
	Camera/charger for camera/charger for phone to use as a camera
	Walking stick for hiking
	Hand held/battery powered personal fan to carry (optional)
	Neck cooler (optional)
	Cards
	Silver emergency blanket
	Rain poncho (not necessary if you have a waterproof jacket)