



Dear Marbridge Summer Camp Applicant:

In an effort to better serve the needs of your camper and ensure that camp is a fun and enjoyable experience, please note the following:

- The application should be completed and returned with all supporting documentation as soon as possible. Any incomplete applications could be returned and will delay the registration process. We only have 60 openings and camp fills up quickly.
- **After May 1st, we will notify you to confirm your scheduled session.**
- Although we will try to accommodate one of your top three session preferences, please note that applicants will be grouped and placed based on similar interests, abilities, and level of functioning so that we can ensure a safe and fun session for all.
- If a specific question does not pertain to the applicant, please write N/A in the space, otherwise please make every effort to complete the application in full with the most up-to-date information

Please closely review the information for Marbridge Summer Camp before completing the application and sign the acknowledgement.

Eligibility and General Camp Information:

- Camp is for ages 16 and older who are interested in future admission to Marbridge or wish to begin a transition to a more independent life
- Campers have a primary diagnosis of an intellectual difference, developmental disability, or cognitive challenge (Down Syndrome, Williams Syndrome, Autism, etc.)
- Campers must be able to independently walk longer distances and navigate uneven surfaces without assistance.
- Campers must be free of medical conditions that require the assistance of medically trained personnel. Our camp is staffed with direct care staff who are not medical professionals.
- Campers must be able to participate in a regular dietary plan without exceptional modifications. Marbridge does offer gluten-free, heart-healthy, and diabetic-friendly plans.
- We offer 6 separate weeks of camp each summer
- Each session consists of 10 campers.
- Campers must be appropriate for a 1:10 ratio (Campers requiring a 1:1 for any reason may not be appropriate for camp).
- Campers must be independent with personal care (showering, toileting, dressing, feeding, menstrual care, etc.), or at maximum, need verbal prompts. Marbridge camp staff will not be showering or providing incontinence care or wiping to campers.
- Campers must be free of aggressive or threatening physical or verbal behaviors (hitting, kicking, pinching, scratching, yelling, cursing).
- Campers must be free of problematic sexual behaviors.

Marbridge Summer Camp Application –All campers

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Marbridge does not discriminate on the basis of race, color, ethnicity, religion, age, or gender, in its admissions policies or residential programs.

- Campers must be able to participate in camp activities independently without 1:1 assistance.
- Our 1500 square foot camp house, where the campers sleep, is not ADA accessible. The sleeping spaces, a bedroom for males and a bedroom for females, are shared sleeping spaces, meaning no camper has a private sleeping space.
- We usually have a combination of male and females. There have been years where we have had a session containing only one gender.
- The camp house is located on the outskirts of Marbridge’s main campus. Campers will sleep in this location and use it for leisure time, but the rest of the time, they are participating in on-campus activities like sports, art, equine, cooking, or fishing. They eat their meals in the residence dining halls on campus. We also do some evening recreation in the form of putt-putt golf, bowling, snow cone outings, swimming, or similar activities.
- Families send all medications pre-packed and labeled for each day of camp either in individual daily packs or in a weekly pill organizer, and our staff helps pass out meds at designated times.
- Campers arrive on Sunday afternoon and leave on Friday at noon.
- Marbridge Summer Camp is not an ACA Accredited Camp.

I have read and acknowledge the Marbridge Summer Camp Eligibility Criteria and General Camp Information.

Printed Name	Signature	Date
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Please feel free to contact me **(Will Hoermann at ext. 1204) or our Admissions Coordinator, Rosie Dunlap (ext. 1203)** with any camp-related questions at 512.282.1144.

Sincerely,
The Admissions Team

2025 Marbridge Summer Camp
Tuition and Deposit Information

The fee for each one-week camp session is **\$1,100.00** and is due upon submitting your application to reserve your camper's session. The explanation of refund policy is below:

Withdrawing your application prior to May 1st	Entire \$1,100 refunded
Withdrawing your application 2 weeks prior to camp date	\$550 is refunded
Withdrawing your application less than 2 weeks prior to camp date	No refund

Please make checks payable to Marbridge and write your camper's name in the memo line of the check.

While we are proud to serve a wide range of abilities and needs during our camp, a careful assessment of your applicant's particular abilities is necessary before placement in one of our sessions. ***We do not have a nurse with the campers and will not be able to accommodate individuals with medical issues that require nursing supervision.*** In the event that we are full or that your loved one is not selected for admission into our camp program, your tuition will be returned in full.

Policy Regarding Third Party Funding for Summer Camp at Marbridge

- If you are planning to pursue reimbursement from a third party agency, please sign and date below to indicate your understanding of our policy.

Some of our camp families may qualify for respite services and have been successful in getting the full or partial reimbursement for camp costs *by a third party agency*. At Marbridge summer camp, **the family is responsible for paying for the full tuition at the time of the application.** We will not reserve a camp session without receiving full payment at the time the application is submitted. Upon request, we will gladly provide the family with a receipt of service that they can submit to their agency for the camper/client to be reimbursed. Families are responsible for ensuring that paperwork is sent to and from the agencies. **Please note that Marbridge is not an ACA Accredited camp, and this may affect eligibility for reimbursement.**

Name

Date

Mail your application and deposit to: (checks payable to Marbridge-please note your camper's full name on the Memo line)

Marbridge Foundation
Attn: Admissions
P.O. Box 2250
Manchaca, TX 78652

Marbridge Summer Camp Documents Checklist

(please return checklist along with application)

The following items are necessary, incomplete applications will not be considered*:

- Completed Summer Camp Application (w/ \$1,100 fee, payable by check or money order to Marbridge)
- Documentation of a medical physical evaluation completed within last two years. We will also accept a copy of a Special Olympic physical completed within the last two years.
- Immunization record
- Copy of current medical insurance card
- Copy of current guardianship or Power of Attorney (if applicable)
- Current photo (taken within the last year) - we need a photo for our camper profile book
- Completed Marbridge Swimming Consent Form signed (included)
- Completed Horseback Riding release signed (included)
- Dismissal Policy Acknowledgement Signed (included)
- Third Party Payments Policy signed (if applicable)

We cannot reserve a spot until we have all of this information



2025 Summer Camp Application-All campers

(Please Print or Type)

Date of Application: _____

Camp Sessions

The following are the dates for Summer Camp sessions. Please note that the **\$1,100** camp tuition fee is due with this application.

Please indicate your **First, Second and Third session choices** in order of preference: (Camp is Sunday 3pm to Friday at noon)

_____ Session 1 (June 8-13)

_____ Session 2 (June 15-20)

_____ Session 3 (June 22-27)

_____ Session 4 (July 6-July 11)

_____ Session 5 (July 13-18)

_____ Session 6 (July 20-25)

If applying for the first time, how did you become aware of Marbridge? _____

Are you interested in full-time Marbridge residency for your loved one? _____ What time-frame are you looking at? _____

Applicant Information

Name: _____

Phone: _____

Address: _____

Date of Birth: _____ Current Age: _____

Gender _____ Race: _____ Height: _____ Weight: _____ T-Shirt size: _____

Primary language: _____ Secondary language(s): _____

Primary Diagnosis(es): _____

Parent/Guardian Contact Information

Name: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Mailing Address (including city, state, and zip code): _____

Relationship to Applicant: _____

Additional Emergency Contact Information (We will always contact parents/guardians first, so please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to Applicant: _____

Email Address: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Relationship to Applicant: _____

Email Address: _____

Applicant's Current Educational Situation

Is the applicant currently enrolled in school? _____

If yes, what school does he/she attend? _____

Does (or if graduated, did) the applicant participate in Special Education services? _____

Contact Person at School _____ Phone/Email _____

What was the ratio of staff to students at this program? _____
(Please attach a service report from the school for us to review if applying for the first time)

Applicant's Current Day Programming Situation

Does the applicant currently attend a day program? _____

If yes, what program does he/she attend? _____

Contact Person at the program _____ Phone/Email _____

What is the staff to participant ratio at this program? _____
(Please attach a service report from the program for us to review if applying for the first time)

Applicant's Current Residential Situation

1. Is the applicant currently residing in the family home? _____

2. If not, name of residential program or group home _____

Years residing _____

What ratio of support does the applicant receive at this program? _____

May we contact this program if we need additional information? _____

Contact information for this program _____

(Please attach a service report from the program for us to review if applying for the first time)

Summer Camp Attendance History (Other than Marbridge)

Has the applicant ever been dismissed from a summer camp program? _____

Please list attendance in any past summer camps OTHER than Marbridge:

1. Name of summer camp program _____

Dates/years attended _____

Briefly describe the applicant's overall experience with this program. _____

Staff to camper ratio provided: _____

Contact information for this program _____

May we contact this program? _____

2. Name of summer camp program _____

Dates/years attended _____

Briefly describe the applicant's overall experience with this program _____

Staff to camper ratio provided: _____

Contact information for this program _____

May we contact this program? _____

Health Insurance Info

Please list the types of medical coverage that the applicant has and provide the corresponding policy numbers (Insurances, Medicaid, Medicare, etc.):

Name of Provider	Policy Number	Group Number
_____	_____	_____
_____	_____	_____

Name of Applicant's Primary Care Physician: _____

Physician's Phone: _____

Address: _____

Does the applicant have a history of seizures? yes no

If yes: Type of seizures (grand mal, petit mal, other): _____

Date of most recent seizure: _____

Seizure frequency: daily weekly monthly semi-annually other

Are the seizures suppressed or controlled by prescribed medication(s)? yes no

Please list any limitations or risks that may result from a seizure: _____

Please list known possible triggers, causes, or strategies that may be helpful to the camp staff:

Specialized Dietary Needs: _____

Please note that Marbridge cannot accommodate any extreme dietary restrictions. We do currently offer gluten-free, diabetic-friendly, and heart-healthy meal options for campers to enjoy.

Applicant's Medical History: Please examine the list below and note applicant's experiences with any of these factors or conditions. If possible, note the year of occurrence and elaborate briefly on the severity or frequency of the condition.

Yes	No	Condition	Year(s)	Additional Description
yes	no	Speech disorders	_____	_____
yes	no	Anxiety disorder	_____	_____
yes	no	Depression	_____	_____
yes	no	Diabetes	_____	_____
yes	no	Bi-Polar Disorder	_____	_____
yes	no	Headaches	_____	_____
yes	no	Hearing problems	_____	_____
yes	no	Asthma	_____	_____
yes	no	Digestive problems	_____	_____
yes	no	Head Injury	_____	_____
yes	no	Balance problems	_____	_____
yes	no	ADHD	_____	_____
yes	no	Muscular/Balance problems	_____	_____
yes	no	Urinary or fecal incontinence	_____	_____
yes	no	Swallowing difficulty	_____	_____

Yes	No	Condition	Year(s)	Additional Description
yes	no	Sleep disorders	_____	_____
yes	no	Incontinence	_____	_____
yes	no	Use of prosthetics, canes, walkers, lifts, and other devices	_____	_____

(Please note that the Marbridge Camp House is not ADA accessible)

Other significant health concerns: _____

If you marked yes to incontinence, does the camper wear an incontinence product?_____

Can he/she clean self after an accident and dispose of the product independently?_____

Please list all current prescribed medications and supplements being taken while at camp and reasons. Also include what time of day, with meals, before meals, after meals and the dosage for each medication administered. If this changes prior to camp, please send an updated list. We administer medications at the times listed in the chart below. Please mark the time closest to the camper’s med time. **NEW REQUIREMENT: Campers will be required to bring pre-packed pill packs or pill planners for each day they are attending camp. Each individual pack or planner(s) will be clearly labeled with the camper’s name, medication name, time of day for dosage. It is the responsibility of the family to arrive at camp with these medications pre-packed and clearly labeled.**

Drug/Medical Allergies: _____

Seasonal/ Animal Allergies _____

Applicant's Leisure Interests-Circle All that Apply

Sports participation Sports Spectator Arts&Crafts Reading Listening to Music

Watching Movies Dancing Singing Exercising Fishing Horseback Riding

Other: _____

Personal and Social Development

Reading Level: _____

Communication Limitations: _____

Can the applicant maintain focus and participation in a 1-hour seated activity? _____

The applicant learns best by: Listening _____ Observing _____ Touching _____

Does the applicant socialize well with others? _____

How does he/she handle disagreements? _____

Does the applicant have a history of aggression or threatening physical or verbal behavior?

yes no If yes, please explain the frequency of this behavior, the possible causes/ environmental triggers, and the current consequences of such activity. _____

Does the applicant feel remorse for his/her aggressive or threatening behavior? _____

Please describe any problems (behavioral, psychological, emotional, medical or otherwise) that we should be aware of. Be sure to include any helpful recommendations, treatments, or practices that might better assist us in serving your camper.

Have you ever experienced issues with wandering off from the group? _____

Has the applicant ever attempted to elope from home or school? _____

Please describe current sleeping patterns and share any concerns. (light sleeper, sound sleeper, snores, wakes up early, sleeps in late, needs prompts/redirection, etc.)

Has your applicant ever shared a sleeping space with a roommate? _____

Current Therapeutic Supports (Check all that apply):

- ABA Therapy Psychotherapy (Talk Therapy) Physical Therapy Speech Therapy
 Occupational Therapy Respiratory Therapy DBT Therapy Equine therapy

Behaviors (Check any that apply. If yes, indicate frequency below)	
Pacing	
Repetitive verbalizations	
Stemming (flapping, spinning, running back and forth, etc))	
Staring at lights	
Ritualistic behaviors (lining up objects, performing tasks in a certain order)	
Wandering	
Taking things that do not belong to individual	
Hoarding	
Cursing	
Focusing on particular topics	
Involving self in other's drama	
Self-injurious behaviors (head banging, biting self, etc)	
Destruction of property	
Difficulty maintaining personal boundary space with others	

Frequency of Noted Behaviors:

Person-Centered Supports

Person-centered support calls for including the individual in decision making and looking at what is both helpful for *and* important to the individual. Please help us start developing person-centered supports by answering the following prompts with as much detail as you think beneficial:

The applicant is motivated by: _____

The applicant is triggered by: _____

The applicant struggles with: _____

What to watch for: _____

How to help _____

Special note (any further information you feel should be provided which is a factor that could influence the care, health, and well-being of this individual at Marbridge, please explain):

Of the following choices, which is the best approach to positively reinforce your loved one?

- Words of Affirmation
- Acts of service
- Quality time
- Physical touch
- Tangible gifts

Tobacco/Alcohol: (Please note that Marbridge is a tobacco and alcohol-free campus)

Does the applicant currently use tobacco products? yes no

Does the applicant consume alcoholic beverages? yes no

Criminal History

Has the applicant had any arrests, convictions, probations, probation violations, or pending criminal charges? If yes, please elaborate: _____

Have the police or mental health officers ever had to be involved to support or redirect your loved one? If so, please explain. _____

Activities of Daily Living: *

	Independent	Verbal Prompting Needed	Hands-on Assistance Needed
Showering			
Washing Hair			
Teeth Brushing			
Selecting clothes/dressing			
Toileting			
Cleaning self and bathroom after incontinence accident			
Menstrual care hygiene			
Hand washing			
Setting shower water			
Picking up clothing/belongings			
Making bed			
Completing a seated activity for one hour			
Staying with a group			
Identifying prescriptions			
Swallowing pills			
Eating/feeding			
Socializing with peers			
Initiating a leisure activity			
Completing a cash transaction			
Clearing plates from a table			

*Please share any tips or strategies you use with any of the ADL areas above to help your loved one be successful.

Swimming Policy

In order to insure their safety, Marbridge campers with a history of seizure activity may not be permitted to swim. If your loved one does have an active seizure disorder, please review the following guidelines carefully.

A camper who has had *no seizure activity for a minimum of 12 proceeding consecutive months prior to camp* may be permitted to swim under the following conditions:

- An examination by their physician within the previous 30-90 days that specifically addresses the status of their seizure disorder along with a written statement from the doctor clearing the camper to swim without restrictions
- The Swimming Consent signed by the parent/guardian or designated responsible party.

Note: Even if these conditions are met, Marbridge reserves the right to restrict/deny access to swimming by any camper if we determine that their safety or the safety of other campers and staff could be compromised.

Swimming Consent

I hereby request that my applicant, _____, be allowed to participate in swimming and other water activities offered to the campers of Marbridge. I have been informed and understand that if my applicant has an active seizure disorder, he or she will not be permitted to swim. I understand that there are risks and dangers involved in engaging in swimming/water activities included but not limited to injury from others who are also engaging in the activity, injury from diving, falling, slipping, or jumping, and injury from inhaling/swallowing water which could result in infection, brain damage, or even death from drowning.

As consideration for being permitted by Marbridge to engage in swimming or water activities, I do hereby waive any claim and release Marbridge for any injury or death caused by or resulting from my camper's participation in these activities.

This contract shall be legally binding upon me, my heirs, my estate, assigns and my personal representatives. I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Parent/Guardian's Signature

Parent/ Guardian's Printed Name

Date

Does your camper know how to swim independently in shallow water (4ft or less)?
yes no

Does your camper know how to swim independently in deeper water (4 ½ ft or more)?
yes no

Does your camper need to wear a lifejacket in the pool?
yes no

Does your camper need to wear ear plugs?
yes no (if yes, earplugs need to be provided)

Consent to Treat

I hereby authorize physicians, nurses, hospitals, and their authorized personnel, whether employed, contracted, or paid on a fee basis by the Marbridge Foundation, Inc., to perform treatments and procedures as deemed necessary; and, release all medical or hospital records to The Marbridge Foundation, Inc. from existing hospital and medical records; and, release all medical and hospital records possessed by The Marbridge Foundation, Inc., to other physicians, nurses, hospitals and their authorized personnel. All releases and authorizations are for performance of treatment, procedures and medications as deemed necessary for my applicant.

Parent / Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

Affirmation of Completeness and Accuracy of Application

I/We, _____, hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. We give consent for our applicant _____ to attend the Marbridge Summer Camp and to participate in all programs and activities of the Marbridge Summer Camp Program. I have read and understand all policies of Marbridge. I further understand that Marbridge is not responsible for lost, misplaced, or damaged personal items.

Parent/ Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

Release of Medical Information:

Permission to get records or speak with a representative:

I, _____, with a date of birth, _____, give my permission to
(Applicant Name) (patient's DOB)

_____ to give information or records to Marbridge so that they can
(Marbridge will fill this line as needed)
better understand my condition and determine my appropriateness for admission to Summer Camp.

I understand that:

- I do not have to give my permission to share these records.
- If I want to take away the permission for my doctor to get these records, I need to talk to my doctor or a staff person and sign a paper.
- This form is only good for 12 months from the date I sign it.

Patient's Signature (if no guardian) _____ Date _____

Authorized Representative's Signature _____ Date _____

Relationship of Authorized Representative _____

Photographic Authorization

Camper's Name _____

Marbridge maintains a photographic history including videos of on and off campus activities in which residents and campers participate. Some activities or events may be published in various types of appropriate and professional presentations. On occasions, photographs may be necessary for medical and/or identification purposes. Marbridge's use of the photographic materials will not be used to exploit and is protective of the residents' and campers' rights and dignity.

I/We understand the above and agree with the use of photographs for the stated purposes.

Parent / Guardian Signature

Date

MARBRIDGE FOUNDATION INC.
SUMMER CAMPER – Horseback Riding
Acknowledgement of Risk
Acceptance of Responsibility & Release of Liability

I, the undersigned, hereby acknowledge that I have voluntarily permitted my child/ward _____, to engage in an activity of horseback riding while at Marbridge.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I further understand that an animal, irrespective of its training and usual past behavior and characteristics may act or react unexpectedly at times, and I also assume such risks.

I understand that my child/ward may encounter variations in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man-made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

As consideration for being permitted by Marbridge to engage in the activity of horseback riding, I do hereby waive any claim and release Marbridge for any injury or death caused by or resulting from my child/ward's participation in the activity of horseback riding.

This contract shall be legally binding upon me, my heirs, my estate, assigns and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Legal Guardian's Signature

Legal Guardian's Printed Name

Date

Dismissal Policy

To ensure your loved one has a safe and enjoyable experience, please review the Dismissal Policy. Our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our priority. By reviewing and signing the Dismissal Policy form, you acknowledge your understanding of this policy.

It is the Marbridge Summer Camp policy to dismiss a camper in the following circumstances:

- Upon direct orders of a physician
- When camp administration determines that the camper needs services and supervision beyond those provided by our camp and our staff.
- When the camper exhibits any of the following behaviors or conditions:

Aggressive or threatening behaviors	Refusal of prescribed medications
Non-compliant behavior	Inappropriate sexual behavior
Throwing objects	Incontinence of bowel and bladder
Biting, scratching, kicking, fighting	Destruction of property
Behavior that disrupts or scares other campers	Inability to complete self-care tasks (bathing, toileting, feeding, etc.)
- Requested voluntary discharge by the camper, family, or legal guardian

Please note: The family or responsible party must pick up the resident on the day of dismissal.

Should a camper be dismissed, the total fees paid (\$1,100 tuition) will not be refunded.

Please sign below to indicate that you have read, understand, and agree to this dismissal policy.

Parent / Guardian Printed Name

Applicant Printed Name

Parent / Guardian Signature

Date

Marbridge Summer Camp

PHYSICAL EXAM – Date _____

Please have a physician use this form or a similar form for the applicant’s physical examination results if the candidate has not had a physical in the last two years. Please note: We will also accept a Special Olympic physical form completed in the last 2 years.

Name _____ Sex _____ Age _____ DOB _____

Ht _____ Wt _____ Temp _____ Pulse _____ Resp _____ BP _____

WNL	ABN		WNL	ABN	
_____	_____	Skin & Hair	_____	_____	Breath sounds
_____	_____	Head	_____	_____	Heart rhythm
_____	_____	Eyes – external	_____	_____	Heart sounds
_____	_____	Ears – external	_____	_____	Heart size
_____	_____	Ears – canal	_____	_____	Abdomen
_____	_____	Tympanic membrane	_____	_____	Genitalia
_____	_____	Hearing tests	_____	_____	Extremities – structure
_____	_____	Nose	_____	_____	Extremities – strength
_____	_____	Mouth	_____	_____	Extremities – ROM
_____	_____	Tongue	_____	_____	Lymph nodes
_____	_____	Teeth	_____	_____	Neuro. – reflexes
_____	_____	Gums	_____	_____	Neuro. – coordination
_____	_____	Throat	_____	_____	Neuro. – balance
_____	_____	Neck	_____	_____	Neuro. – motor
_____	_____	Chest – appearance	_____	_____	Hernia

Primary Diagnosis of the applicant _____

Secondary Diagnosis(es) _____

Please list any additional health concerns. _____

Printed Name of Physician completing this form

Physician’s telephone number and address:

Signature of Physician completing this form