

INGEBORG A. BIONDO MEMORIAL FOUNDATION

The following release must be signed by the parent or guardian of each child attending camp.

LIABILITY RELEASE

I hereby give permission for _____ to participate in camping programs sponsored by the Ingeborg A. Biundo Memorial Foundation. (The "Foundation"). In so granting my permission, I agree to indemnify, save and hold the said Ingeborg A. Biundo Memorial Foundation free and harmless from any liability arising out of or in any way connected with my child's participation at _____ (camp).

In releasing the Foundation from any liability I acknowledge that the Foundation's role is merely one of sponsorship and not implementation of the program for which I am granting permission for my child to participate. I further understand that the Foundation sponsorship is not to be interpreted by me, either directly or indirectly, as an endorsement that the particular program under consideration meets my child's specific needs and that I have made the decision for my child to participate based upon my own inspection, investigation and examination and in consultation with the camp itself relative to the program to be offered.

Date _____ Signature of Parent or Guardian _____

Sharing information provided with this application with camp staff will help ensure a successful camp experience for your child. Please sign the following in order for us to release the information provided to the camp of your choice.

AUTHORIZATION FOR RELEASE/EXCHANGE OF MEDICAL INFORMATION

Child's Name: _____ D.O.B.: _____
 I hereby authorize Ingeborg A. Biundo Memorial Foundation to exchange written or verbal information with: Camp: _____

Address: _____ Phone: _____
 For the purpose of: consultation on the above-named child's medical needs.
 If for other reason(s), please describe: _____

- The information to be RELEASED is:
- General Information (directory information, school district, days attending school)
 - Medical Report (evaluations & summaries only - no charting needed)
 - Individual Education Program (IEP)
 - Speech Report
 - Audiological Report
 - Behavior Plan
 - Evaluation Report (ER)
 - Educational Report
 - PT Report
 - Other (specify) _____
 - Psychological Report
 - OT Report
 - Vision Report

HIV related information contained in the parts of the record indicated above will not be released through this consent. A separate consent is required in order to release HIV related information. I have been told that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the person listed above, and will be effective for one (1) year after the date of my signature, unless specified below. I also understand that I may revoke this Authorization in writing except to the extent that action has been taken in reliance thereon. Refusal to sign this authorization will not impact educational programming.

This consent shall be in effect from _____ until _____

Signature of Parent/Legal Guardian _____ Authority/Relationship _____ Date _____

Signature of Parent/Legal Guardian _____ Authority/Relationship _____ Date _____

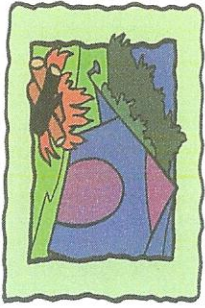


**SUMMER CAMP FOR KIDS
WITH SPECIAL NEEDS**

The Ingeborg A. Biundo Memorial Foundation is a not for profit organization devoted to providing assistance to challenged individuals in the tri-state area. The Foundation was created in 1986 as a memorial to Ingeborg A. Biundo, who was very actively involved in the lives of young children, particularly those in need. The Foundation provides summer camperships through local camps in the tri-state area. These programs provide a fun, educational and rewarding experience for kids with special needs.

If you are interested in applying for funding from the Biundo Foundation for a summer camp experience for your child, please fill out the application to determine your child's eligibility for this unique program. Applications will be accepted on a first come, first considered basis. The Foundation Board reserves the right to limit the number of applicants and to select all campers based solely on it's own criteria. For more information, please call Maria Crawford at (570) 686-2402 or visit us at www.biundofoundation.org.

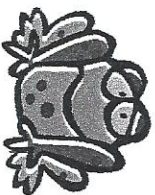
Application Deadline: May 15, 2012



ANSWERS TO FREQUENTLY ASKED QUESTIONS

1. This application is for funding purposes only. Camps will require completion of applications also.
2. A maximum of \$1,000 for day camp OR \$1,500 for overnight/residential camp is allocated for each child's camping experience.
3. The parent or guardian AND child must visit the camp and meet with a camp representative prior to the camping experience.
4. The parent or guardian is required to sign a release of liability PRIOR to the camping experience and are encouraged to sign a Publicity Permission form.
5. The Foundation expects a contribution from the parent or guardian towards the cost of the camp fee based upon the ability to contribute. The contribution is accepted as an indication of the parent's commitment to the program.
6. To obtain specific information about the camping programs offered by the camp in which you are interested, including dates of camp sessions, you may call the camp directly. The participating camps and their telephone numbers are:
 - Blue Mountain Day Camp, Stillwater, NJ** (973) 209-9622
 - Camp Lee Mar, Lackawaxen, PA** (570) 685-7188
 - Camp Nejedda, Stillwater, NJ (Diabetes Camp)** (973) 383-2611
 - Camp Shohola for Boys, Greeley, PA** (570) 685-7186
 - Camp Speers-Eljabar YMCA, Dingmans Ferry, PA** (570) 828-2329
 - Camp Watonka, Hawley, PA** (570) 226-4779
 - Country Ark Farms, Milford, PA** (570) 686-3480
 - G.A.I.T., Milford, PA** (570) 409-1140
 - PEEC, Dingmans Ferry, PA** (570) 828-2319
- * Every camp is not suitable for every child. The Foundation may consider requests for other camps which are approved by the American Camping Association and which address your child's specific needs.
7. The Foundation does not provide transportation of any type.
8. Application must be accompanied by a copy of child's IEP and a doctor's note indicating child's diagnosis. IEP and doctor's note are good for two years. Additional documentation may be required.
9. Completed application, parent contribution and copies of IEP and doctor's diagnosis must be returned to:

Ingeborg A. Biondo Memorial Foundation
 PO Box 231
 Milford, PA 18337



INGEBORG A. BIONDO MEMORIAL FOUNDATION CAMPSHIPS

CHILD'S NAME _____ AGE: _____
 PARENT'S NAME _____ PHONE: _____
 WORK PHONE _____ CELL PHONE _____
 ADDRESS: _____

County: _____ Pike _____ Sussex _____ Western Orange EMAIL: _____

Physician's Diagnosis of Child: _____

**Please provide a copy of child's IEP as well as proof of diagnosis from your physician.

Child's Physician (Name and Address) _____

Please check and describe all that apply to your child:

_____ Allergies _____ Medication _____ Diet Restriction _____ Seizures

_____ Restriction on camp activities _____ Non-Verbal _____ Wheelchair

_____ Tends to Wander Off _____ Physical/Verbal Outbursts of Anger

Please describe: _____

Please describe the amount of assistance your child requires with the following, if any:
 Meals, Ambulantes, Works/Participates, Toileting Needs, or any other information that would be helpful: _____

Does your child display challenging behaviors at times? Yes/No _____

If so, please describe what those behaviors are, what is likely to 'trigger' them and what works well to help him/her overcome those behaviors: _____

Would you like a member of the Camp to contact you about how best to meet your child's emotional and behavioral needs? Yes/No _____ If so, please provide contact information and best times to call: _____

Does your child receive TSS support? _____ If yes, how many hours a week? _____

What portion of the camp fee are you willing to contribute? _____10% _____30% _____how much?

Camp choice: _____ # of weeks your child would like to attend: _____

Childs T-Shirt Size: (please circle one) Youth: XS S M L Adult: S M L XL XXL

PUBLICITY PERMISSION

The Biondo Foundation encourages parents/guardians to give permission for including their children in publicity materials. Our goal is to inform the parents/guardians of every eligible child about the Foundation's Camperships. Granting permission for publicity is not required for your child to attend camp but will be appreciated.

I give permission to the Ingeborg A. Biondo Memorial Foundation to use pictures, stories, tapes, documentaries, articles or other media pertaining to _____ (camp). I understand that these materials will be used with discretion for the purpose of fundraising and public education conforming with the stated purposes of the Ingeborg A. Biondo Memorial Foundation.

Date _____

Signature of Client, Parent or Guardian _____