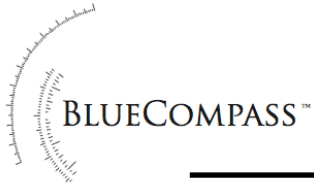


# Camper Application



## Camp DCO

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Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Mother/Guardian**

**Father/Guardian**

Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Address (if different from above):	

Who does the camper live with? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

## Camper Application

The following questions will help us to ensure that Camp DCO is a good fit for your child/adolescent and to assist her/him in the best way possible during camp. Please fill out as completely as possible. Feel free to use additional paper or the back of this page.

What are your child's greatest strengths?

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How does your child feel about attending Camp DCO? (i.e. excited, nervous, etc.)

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When was your child first diagnosed with OCD? \_\_\_\_\_

Is your child currently receiving treatment for OCD?  Yes  No

Does the treatment involve Exposure & Response Prevention?  Yes  No

If yes, who is treating your child for OCD?

\_\_\_\_\_  
Name of Provider Phone

How long has your child been treated for OCD? \_\_\_\_\_

Please list your child's current obsessions and compulsions in order of frequency and severity (most frequent and severe at top – use the back of this form if you need more room):

Obsessions (distressing thoughts)

Compulsions (rituals/behaviors)

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## Camper Application

Does your child have a history of physical or verbal aggression and/or self-harm behavior? If so explain frequency, severity, and date of last episode.

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Do you think your child can participate in both the high ropes course (requires some very basic ability to climb) as well as a day hike with a small backpack weighing up to 10 lbs.?

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Blue Compass programs run on a basic diet of healthy & satisfying foods, such as oatmeal for breakfast, sandwiches of peanut butter, tuna fish, chicken, or cheese for lunch, and rice & beans or pasta for dinner – all of which will provide ample nutrition and calories for this program’s activities. This menu is often highly regarded and enjoyed by our campers. How do you think your child will do with this menu for the program?

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Does your child have any medical restrictions or issues which would prevent he or she from participating fully in this program?

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### Payment and Refund Policy

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#### Payment Agreement & Enrollment Process

##### Fees & Application

The total program fee for Camp DCO is \$600. A \$200 non-refundable deposit check mailed with this completed application will be credited toward the program fees. If we believe your teen is not a good fit for our program, we will return 100% of your deposit. Our program coordinators will review your application, and may call you if we need more information.

## Camper Application

### Screening

If it appears on your application that your teen is a fit for our program, we will call to schedule a face-to-face or phone screening (cost included in program fees).

After the screening is completed and upon acceptance into the program, we will mail you our Preparation Packet, which will include all of the remaining paperwork and details you need to know in order for your teen to be ready for the program (i.e. what-to-bring lists, arrival & departure information, etc.).

### Cancellations/Early Withdrawal

The remainder of the program fees are due on April 1. From April 1 forward, we will not issue any refunds, but will issue a credit toward a program running the following summer. For applications submitted after April 1, full program fees are due upon application. If Parent withdraws prior to the April 1 cutoff date without the recommendations of the Program Director, Parent understands and agrees that any amounts still owed by the Parent as part of this Agreement will become immediately due.

I formally submit this application for my child to attend a Blue Compass Program. I attest that all information reported here is accurate and as complete as possible. I agree to pay the non-refundable deposit of \$200 upon application, and the remainder of the program fee by April 1. I acknowledge that my child does not have a reserved space in the program until Blue Compass has received program the \$200 deposit.

I have enclosed a deposit **check payable to Blue Compass, LLC** with this completed application.

Please feel free to make a copy of this form for your records and/or receipt.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed application, release of information, and deposit check, **payable to Blue Compass, LLC**, to:

ASRCS  
Attn: Dr. Travis Osborne  
1200 5th Ave. Suite 800  
Seattle, WA 98101

# Camper Application

## Release of Information Consent

Blue Compass, LLC  
 1725 SW Roxbury ST. Suite 2  
 Seattle, WA 98106  
 206-245-9975

Anxiety & Stress Reduction Center of Seattle (ASRC)  
 1200 5th Avenue, Suite 800  
 Seattle, WA 98101  
 206-374-0109

<b>This consent is between Blue Compass, ASRC, AND</b>	
Provider Name (psychologist, counselor, family physician)	Camper Name
Provider Phone Number	Camper DOB

Verbal Exchange of Information <input checked="" type="checkbox"/> Psychiatric Evaluation <input checked="" type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Client Progress <input checked="" type="checkbox"/> Other Mental Health Related Information
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I understand that:

- Only the client who had consented for services (including minors 13 years of age and older) can authorize for release of records. (RCW 70.02.130, RCW 71.34.200, and RCW 71.34.030)
- Any records that contain information regarding mental health are protected by state law (RCW 71.05.390); drug/alcohol abuse or treatment records are protected under federal confidentiality laws (42 CFR2); HIV/AIDS or confirmed STD tests or treatment records are protected by state confidentiality laws (RCW 70.24)
- I may cancel this authority at any time, except to the extent that action has already been taken. To revoke authorization to release Mental Health information, I must do so in writing. Unless I cancel earlier, this authorization will expire at discharge/termination of services.
- I do not have to sign this release in order to receive services
- Once the above information is disclosed, the information may not be protected by federal privacy laws and may potentially be re-disclosed by the recipient (HIPAA Privacy Regulations)

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_