



# 2026 Registration Form

## Autism Rocks Friends & Family Camp

### August 27-30, 2026



Friday 3:00pm - Sunday 1:00pm | Deadline to register and be *paid in full* by August 1

#### REGISTRATION FEES:

		Amount	TOTAL
Camper's Name (Person w/Autism): _____	Age _____	\$190.00	\$ _____
Caregiver's Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____
Family Member Name: _____	Age _____	\$90.00	\$ _____

#### OPTIONS:

Thursday 3:00 pm Early Arrival. Limited Activities/Meals - LIMITED TO 25 PEOPLE .....	Per Person	\$30.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - PERSON WITH AUTISM .....	PWA	\$80.00	\$ _____
Saturday Only: 10:00 am - 10:00 pm, 2 Meals, All Activities - CAREGIVER/FAMILY (Each).	Caregiver	\$40.00	\$ _____
		Limit = 2	

#### ACCOMMODATIONS:

Cabins: *LIMITED #/SHARED/FIRST COME-FIRST SERVED - Very Rustic!!* Per Person \$35.00 \$ \_\_\_\_\_  
*IF NOT IN CABIN, I (we: how many?) will stay in:* A Scout Tent \_\_\_\_\_ Our Tent \_\_\_\_\_ Your RV (limited) No Fee

#### VOLUNTEERING:

Guests and/or Family Members sometimes choose to enhance their experience at Camp by doing some volunteer tasks - helping in the kitchen, at the art tables or campfires or other activities. Check this box if you are interested and we will contact you.

#### DONATIONS:

Add a donation amount so others may attend (Optional) .....\$ \_\_\_\_\_

SO MUCH FUN!!

**Deposit:** \$175 minimum amount due with application: \$ \_\_\_\_\_  
 Paid with Credit Card via PayPal \$ \_\_\_\_\_  
**TOTAL ENCLOSED:** \$ \_\_\_\_\_  
 No Refunds after 8/1    Balance Due by 8/1: \$ \_\_\_\_\_

Hilyard Center may have limited transportation to and from camp. Fee based: 541-682-5010.

#### Camper's Information:

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_  
 Email \_\_\_\_\_

#### Send Confirmation & "What to Bring" Letter to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_  
 Email \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

If any person registering for camp has been convicted of a felony, please check here. We will contact you for details.   
 Failure to report such history will result in dismissal from the camp and ALL future Kind Tree Events. Report all incidents to 541-780-6950

**Special Needs?** Diet (be specific), sleeping arrangements, etc. For medical or behavioral issues, use the back of this form.

**Send Completed Registration and Payment to:**

**Kind Tree - Autism Rocks**  
**PO Box 40847**  
**Eugene, OR 97404**

*Full Payment is Required by August 1*

**Questions?**

**Phone: 541-780-6950    Email: admin@kindtree.org**

# KindTree – Autism Rocks Friends & Family Camp 2026

## HEALTH & SAFETY INFORMATION

**Medications?** Yes No | I am able to take my medication independently Yes No  
While at camp, I will use an audible alarm to remind me to take my medications. Yes No  
List any medicine and reason for taking: Use additional sheet and attach to this form, if necessary.

**Prescription Medication?** Yes No I give permission to the Kind Tree-Autism Rocks staff to assist me in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage, times and amounts.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Seizures?** Yes No | Are seizures controlled by medication? Yes No  
Describe Type & Frequency: \_\_\_\_\_

### **Please check all seizure triggers:**

Loud Noises      Large/Open Spaces      Internal Temperatures (hot/cold)      Weather  
Flashing/Bright Lights      Small/Closed Spaces      Odors/Smells      Other: \_\_\_\_\_

## BEHAVIORAL INFORMATION

Are you using a specific plan for behavior? Yes No If yes, please attach the plan to this form or summarize plan here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Please check any of the following situations or events that may be behavior triggers:**

Loud Noises      Large/Open Spaces      Internal Temperatures (hot/cold)      Weather  
Flashing/Bright Lights      Small/Closed Spaces      Odors/Smells      Other: \_\_\_\_\_

