

## **2026: 360 Degrees Arts Camp Application**

For Info Call: 605-718-8338 or email [hpickering@bhws.com](mailto:hpickering@bhws.com).

### **Please consider the following when enrolling:**

We want to set all of our attendees up for a joyful and successful experience.

*Please read our tentative schedule of events (subject to change) to see what this experience looks like prior to applying.*

- This is a busy experience outside in the summer heat with little down time – it consists of a combination of physical activities: dance, theatre, and walking/hiking, with some seated activities: music, visual art classes, and attending a show at the Black Hills Playhouse. The sleeping quarters and the Black Hills Playhouse are the only airconditioned activities. WHEN possible, some modifications within reason/abilities will be considered per the individual to assist. Individuals are able to protect themselves from the sun by bringing an optional umbrella, or wearing a recommended hat with a brim.
- **Sunscreen and bug spray are required to be applied several times a day.**
- To accommodate personalized or specialized meal experiences, designated staff assistance is required.
- Please make sure to include all allergies - including food allergies - on this application.
- At the theater individuals will encounter bright lights, crowds, standing in long lines to use a restroom, and loud noises.
- Individuals share sleeping quarters with others, sleep unsupervised, and in most cases will have to walk some distance, on a boardwalk style incline to a restroom and/or to and from most of the sleeping quarters. Most participants will have to walk the equivalent of two to six city blocks at camp on a daily basis. This includes hikes (incline/uneven dirt path), possible mine tours (dirt/underground), visiting the BH Playhouse (concrete and dirt), and walking to and from sleeping quarters (ramped wooden boardwalks).
- The camp is two days, and one sleeping night\*, **Saturday July 25, 7:45 AM – Sunday, July 26 to 11:30 AM.**  
\*Sleep over night – staff on sight, but not awake. **DETAILED DRAFT SCHEDULE INCLUDED AT THE END OF APPLICATION**
- *Please note that full care 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 family members supporting, to cover lodging, food, and theater ticket.*
- In summation; this is an outdoor experience, with many transitions, which requires flexibility, and group participation. Please consider all of the above to maximize a favorable attendance for the applicant and all others in attendance. **PLEASE NOTE: the camp does not provide alternative activities for those not wishing to participate in scheduled activities.**

**\*\*\*NEW APPLICATION ONLY due: Friday, May 1, 2026.**

**The cost of the camp is \$225.00. Payment is not due with the application.**

Please mail: Completed application, image release, liability release, and health forms to:

**Flutter Productions Attn: CAMP  
3603 Range Road  
Rapid City, SD 57702.**

1. Once all applications have been submitted, Flutter staff will evaluate the applications and notify campers that have been chosen for the experience via email.
2. **Once one has been chosen**, payment(s) will be due as follows:
  - **Due Friday May 15, 2026: Non-refundable deposit of \$125** (can pay full amount if desired)
  - **Due Friday June 5, 2026: Remaining \$125**

#### Checks

**Payable to: Black Hills Works**

**In Memo write: AR#67-1021 Flutter CAMP & camper name.**

**Mail check(s) to:**

**Black Hills Works**

**Attn: Accounting/Amber Young/360 Camp  
3650 Range Road Rapid City, SD 57702**

#### **\*\*\*NEW Credit Cards M-F, 7:45 AM to 4:15 PM**

Call the Black Hills Works Main Line/Front Desk: 605.343.4550

Press 0 to reach the front desk.

Request accounting in order make a payment.

When paying accounting make sure you say: I am making a payment for Flutter's 360 Degrees Arts Camp for Camper \_\_\_\_.



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Name (PLEASE PRINT): \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Name of Group Home (if applicable): \_\_\_\_\_ Group Home Phone #: \_\_\_\_\_

Director of Home: \_\_\_\_\_ Front Line Leader of Home: \_\_\_\_\_

ISC: \_\_\_\_\_ ISC Phone #: \_\_\_\_\_ Nurse (Name & Phone #): \_\_\_\_\_

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: \_\_\_\_\_

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

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

Email of Individual filling out app.: \_\_\_\_\_ Phone # of individual filling out app.: \_\_\_\_\_

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

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

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**2026: 360 Degrees Arts Camp Application**

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

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

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

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

Email: \_\_\_\_\_

What sleeping accommodations are needed for support staff? \_\_\_\_\_

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**360 DEGREES ARTS CAMP CAMPER HEALTH RECORD – MUST BE COMPLETED IN FULL**

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

TODAY’S DATE: \_\_\_\_\_ APPLICANTS DISABILITY: \_\_\_\_\_ AGE OF ONSET \_\_\_\_\_

**This health record, including limitations indicated, is valid for the above-named individual’s participation in the 360 Degree Arts Camp, for one year, and is subject to review for camp and when required for special events.**

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: \_\_\_\_\_

<b>HEALTH HISTORY: Has this camper ever had...(Circle One):</b>	Chest pains	YES	NO	Insulin Dependent	YES	NO
Asthma	YES	NO	Contact Lenses	YES	NO	Type of Diabetic
Anemia	YES	NO	Convulsions	YES	NO	Therapy _____
Arthritis	YES	NO	Deaf	YES	NO	Earaches
			Diabetes	YES	NO	YES
						NO
						Fainting spells
						YES
						NO

Females: Monthly Period  
YES NO  
Glasses YES NO  
Hay fever YES NO  
Head injury YES NO  
YES, Describe: \_\_\_\_\_

Hearing Aids YES NO  
Heart attack YES NO  
YES, Date of last attack \_\_\_\_\_  
Heart murmur YES NO  
Hernia YES NO  
Hemophilia YES NO  
High Blood Pressure YES NO  
Low Blood Pressure YES NO  
Jaundice YES NO  
Motion sickness YES NO  
Skin problems YES NO  
Describe: \_\_\_\_\_  
Stomach aches YES NO  
Stroke YES NO  
YES, Date of last stroke \_\_\_\_\_  
Thyroid trouble YES NO

Toothaches YES NO  
Circulation Problems YES NO  
Describe: \_\_\_\_\_  
Tactile Sensation YES NO  
Describe: \_\_\_\_\_

Major operation YES NO  
What/Date(s)? \_\_\_\_\_

Bone/Joint Pain YES NO  
Describe: \_\_\_\_\_  
Muscular Problems YES NO  
Describe: \_\_\_\_\_  
Epilepsy YES NO  
Describe: \_\_\_\_\_  
Elimination YES NO  
Describe: \_\_\_\_\_  
Balance YES NO  
Describe: \_\_\_\_\_

**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

**360 Degrees Art Camp Health Record Con't.**

**Camper's Name** (Please Print):

\_\_\_\_\_

**DOES CAMPER HAVE FREQUENT** (circle one):

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

**Typical Treatment for any of the above health issues:**

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

**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/procedures to stop seizures? YES NO If yes, please explain in detail:

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


**360 DEGREES ARTS CAMP -HEALTH RECORD CONTINUED – MUST BE COMPLETED IN FULL**
**CAMPER'S NAME (Please Print):** \_\_\_\_\_

**IS THE CAMPER EASILY:**

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

**KNOWN ALLERGIES:**

Food(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_

Plant(s) \_\_\_\_\_

Animal(s)/Insect(s) \_\_\_\_\_

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

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

German Measles \_\_\_\_\_ Tetanus \_\_\_\_\_ Mumps \_\_\_\_\_

 Covid – 19 (Date of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> (if applicable) Inoculation) 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

 4<sup>th</sup>: \_\_\_\_\_ 5<sup>th</sup>: \_\_\_\_\_ 6<sup>th</sup>: \_\_\_\_\_

**OTHER PERTINENT PROTOCOLS, BEHAVIORAL, or HEALTH INFORMATION NOT COVERED ABOVE:**

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

**Is the camper able to self-medicate? YES NO**
**PLEASE NOTE – CAMPERS WILL HAVE TO PROVIDE AN APPROVED PRN LIST AND A PAPER EMARS WHEN CHECKING IN FOR CAMP – MAKE SURE YOU WORK WITH NURSING TO HAVE THESE READY AT THAT TIME.**
**HAS THE CAMPER EVER HAD A BAD REACTION TO:**

Aspirin	YES	NO	Sulfonamides (sulfa)	YES	NO	Barbiturates	YES	NO
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TYLENOL	YES	NO	PENICILLIN	YES	NO
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INSECT STINGS YES NO List Insect Stings \_\_\_\_\_

Other drugs (list) \_\_\_\_\_

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.

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

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: warning behaviors and 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: \_\_\_\_\_  
\_\_\_\_\_

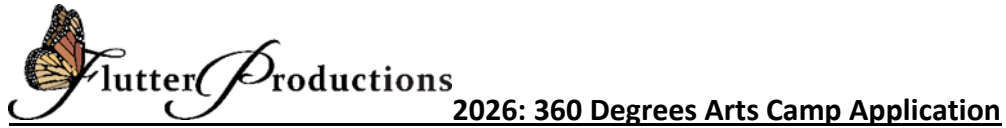
**Consent for Release of Information**

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



**360 Degrees 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 (And/or my guardians – full name, 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.

*If you are your own guardian, only your signature is needed below.*

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, (And/Or my guardians(s) (full name(s) – 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 or 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 a guardian signature is not needed): \_\_\_\_\_


**360 Degrees ARTS Camp – PACKING LIST**

Please note there is no internet or cell phone service at the camp site. There is a land line for emergencies only. With that knowledge, please bring any pertinent contact information along with you. **You do not need to pack: towels, pillows, or bedding – it is all provided by the camp. The sleeping cabins have fans, nightlights, and air conditioners.**

Check Off	ITEMS
	Medications and related supplies for 2 days and 1 night (If Applicable) Examples: CPAPS, Oxygen, Nebulizers
	Paper EMARS for medications (If Applicable)
	Approved PRN Medication List (If Applicable)
	Lock Box (If Applicable)
	Personal sized hand sanitizer
	Sunscreen – we highly recommend the spray on for quick and easy application
	Bug Spray
	A folder to collect handouts/projects/notes inside of
	Alarm Clock – If using cell phone bring charger
	Toothbrush
	Toothpaste and/or any pertinent oral care products such: as mouthwash, denture adhesives, mouth guards
	Shampoo/Conditioner (If taking a shower is necessary for a one-night stay)
	Deodorant
	Soap in zip lock bag or Body Wash/Shower Gel (If taking a shower is necessary for a one-night stay)
	Additional toiletries as needed by individual – hairbrush, contact solution, skin care products, etc.
	Sanitary products if needed
	Incontinence Supplies for Day and Night (If applicable)
	Long sleeve t-shirt for evenings or cold/rainy weather
	Sweatshirt for layering for evening or cold/rainy weather
	Light jacket for layering for evenings or cold/rainy weather
	short sleeve t-shirts or t-shirts and/or a tank tops (remember the sunscreen)
	Jeans, pants, or shorts suitable for the outdoors and movement for two days – plan for possible cool evening or rainy weather. We will be going to the theater – please make sure they are stain/hole free.
	If accident prone – consider packing an additional pair of clothes – including underwear and socks
	Pajamas – required – you will be sharing a sleeping space with others
	Socks for two days
	Under garments for two days/one night, plus an emergency pair
	Tennis shoes/shoes suitable for hiking
	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
	Metal whistle to wear on a lanyard around the neck
	Hat
	Sunglasses
	Umbrella (optional)

***The following items are optional to aide in personal comfort***	
	OPTIONAL: Resealable travel coffee mug
	IF you bring a music device or IPAD, earphones/buds are required so that everyone doesn't share in your personal entertainment.
	OPTIONAL: Camera/charger for camera/charger for phone to use as a camera
	OPTIONAL: Walking stick for hiking if assistance is required
	OPTIONAL: Neck Cooler and/or personal handheld battery-operated fan
	OPTIONAL: Rain poncho (not necessary if you have a waterproof jacket)
	OPTIONAL: Anti-itch bug bite products



### **2026 - 360 Degree Arts TENTAIVE Camp Schedule/Menu**

**Location:** Camp Meeting the Need 13380 Greyhound Gulch Road, Keystone, SD 57751 **605.666.4610**

Off of Playhouse Road @ 7 miles before the Black Hills Playhouse.

No cell service, land line available for emergencies.

***Please note some of these details may be subject to change!***

#### **Day One, Saturday, July 26:**

**7:45 AM** – Arrive & Check in at BHW (Take morning meds and eat breakfast before arrival at BHW)

Apply sun screed and bug spray prior to boarding for depature.

Make sure that water bottles are full, and any cooling devices are packed in a backpack.

**8:30 AM – Bus (or vans) Depart from BHW**

**9:00 AM** – Unload bus and restroom break. *Reminder: water bottle, optional neck wrap or personal portable fan, whistle, sunscreen and bug spray should be in backpack/bring on hike.*

**9:30 AM – 10:15 AM: Dance Workshop Part 1**

**10:00 – 10:15 AM** – Break – Snack: ½ banana and Gatorade, or water, or ice tea

**10:15 – 12:30 – Dance Workshop Part 2**

**12:30 – 1:00 – Lunch:** hot dog on a bun, cucumber salad (sour cream, cucumbers, onions with salt/pepper), watermelon.

Reapply sunscreen/bug spray/fill up water bottle/meds

**1:00 – 2:30- Music Workshop**

**2:30 – 2:45 Quick Break**

**2:45 – 5:00 – Music Workshop Part 2**

**5:15 – 6:45** – Dinner, in honor of the various food items in the musical, “Come From Away,”: Poutine: French fries with gravy and cheese curds, chicken tenders, side salad, and lingonberry jam tarts with water or iced tea.

Meds as needed.

During Dinner: review theatre etiquette, and provide summary of ***Come From Away***

**6:50** – Load Up for the Black Hills Playhouse

**7:30 – 9:45 SHOW TIME** at the Playhouse

**10:00** -Bed/Meds

#### **Day Two, Sunday, July 27, 2026:**

*Pack up their suitcase before breakfast & bring down to bus, leave out water bottle/neck wrap/backpack.*

**7:00 AM** – Wake Up Call/Meds

**8:00 – 9:00** – Breakfast: Egg/sausage bake, fresh fruit, coffee.

Apply sunscreen, bug spray, fill water bottles, neck wraps

**9:00 – 10:15– Suitcase Theatre Improvisation Workshop**

**10:30** – Depart from Camp with light snacks on the bus

**11:15/30** – Arrive back in Rapid City



360 Degrees Arts Camp

CAMP MEETING THE NEED CONTACT INFORMATION

**Mary Dietrich** (owner/operator of Camp Meeting the Need) **605-666-4610** (land line).  
***Cell phones do not work at Camp Meeting the Need.***

CAMP MEETING THE NEED DIRECTIONS

Do not use your GPS as it will, "Take you down a rugged road that you don't want to go down."

- Go to Keystone, take a left at the stop light – which is HWY40
  - You come through old Keystone and go @ 3 – 4 miles
  - Take a right on Playhouse Road – stay on this road for a while.
- Once you go through the weird S curve it isn't much further to Greyhound Gulch Road on your right.
- Take a right on Greyhound Gulch Road and follow it around @ 1/8 a mile on the gravel road.

IF YOU GET LOST:

Go to Keystone to the Goodtyme Photo store (605-666-4619) located in the center of the Keystone Mall.  
The employees there can help you.