



A Division of: **Black Hills Works**
creating opportunities through community

2022: 360 Degree Arts Camp Application

Please mail: Completed application, deposit, image release, liability release, and health forms to:
Flutter Productions Attn: 360 Degree Arts Camp 3603 Range Road Rapid City, SD 57702 For Info Call: 605-718-8338.

NEW: This year we are offering two different 360 Degree Arts Camp experiences – FULL CAMP and DAY CAMP.
Please take a look at our tentative schedule of events (subject to change) to see what those experiences could look like.

Please consider the following when enrolling:

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

- This is a busy experience outside in the summer heat. A combination of physical activities: dance, theatre, and walking, with some activities where participants will be able to sit: music, visual art classes, and attending a show at the Black Hills Playhouse. Modifications and accessibility will be considered per individual so that they can be accommodated to maximize their outdoor experience.
- Some outdoor accommodations are available to protect from the sun, that being said, screen and bug spray are required to be applied several times a day. Air conditioning is available in the sleeping quarters only.
- Participants are encouraged to participate in all group activities, as we do not have the additional staff for alternative activities for those who do not wish to participate.
- In order to accommodate personalized or specialized meal experiences designated staff assistance is required.
- Please make sure to include all allergies, i.e. food allergies, on this application.
- At the theater individuals will encounter bright lights, crowds, standing in long lines, and loud noises.
- Individuals do have to share sleeping quarters with others, sleep unsupervised, and will have to walk some distance on an incline to a restroom.
- In summation; this is an outdoor experience, with many transitions, which requires flexibility, and group participation. Please consider all of above to maximize a favorable attendance for the applicant and all others in attendance.

I am applying for (Please check one): **FULL CAMP** **DAY CAMP**

FULL CAMP: Two days, and one sleeping night*, Saturday July 23 7:00 AM – Sunday, July 24 to 5:00 PM.

*Sleep over night – staff on sight, but not awake.

DAY CAMP: One Day only, Saturday, July 23 from 9:45 AM – 10:30 PM

DETAILED SCHEDULE BREAKDOWN INCLUDED AT THE END OF THIS APPLICATION

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 #): _____

Check are payable to: Black Hills Works. Mail check and application to address at top of application.

FULL CAMP - Non-refundable deposit of \$125 due on Friday, June 3, 2022, remaining \$100 due on Friday, July 1, 2022

DAY CAMP – Non-refundable deposit of \$75.00 due Friday, June 3, 2022, remaining \$75.00 due on Friday, July 1, 2022

CK # _____ AMOUNT: _____ NAME ON CHECK: _____

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:

Personal Goals that the camper would like to accomplish?

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

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? _____

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

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 the support staff/family member, to cover lodging and food.

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 Degree 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: _____

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 of 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 DEGREE ARTS CAMP - CAMPER HEALTH RECORD – THIS FORM 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: _____

HEALTH HISTORY: Has this camper ever had... (circle answer)	Earaches	YES	NO	Hemophilia	YES	NO
Asthma	Fainting spells	YES	NO	High Blood Pressure	YES	NO
Anemia	Females: Monthly Period	YES	NO	Low Blood Pressure	YES	NO
Arthritis	Glasses	YES	NO	Jaundice	YES	NO
Chest pains	Hay fever	YES	NO	Motion sickness	YES	NO
Contact Lenses	Head injury	YES	NO	Skin problems	YES	NO
Convulsions	YES, Describe: _____			Describe: _____		
Deaf	Hearing Aids	YES	NO	Stomach aches	YES	NO
Diabetes	Heart attack	YES	NO	Stroke	YES	NO
Insulin Dependent	YES, Date of last attack _____			YES, Date of last stroke _____		
Type of Diabetic	Heart murmur	YES	NO	Thyroid trouble	YES	NO
Therapy _____	Hernia	YES	NO	Toothaches	YES	NO

(HEALTH RECORD continued)

CAMPER'S NAME (PLEASE PRINT)

Circulation Problems YES NO

Describe: _____

Tactile Sensation YES NO

Describe: _____

Major operation YES NO

What/Date? _____

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

DOES CAMPER HAVE

FREQUENT:

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:

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 1st, 2nd, 3rd, and 4th (if applicable) Inoculation) 1st: _____ 2nd: _____ 3rd: _____ 4th: _____

OTHER PERTINENT BEHAVIORAL or HEALTH INFORMATION NOT COVERED ABOVE:

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.

Is the camper able to self-medicate? YES NO

HAS THE CAMPER EVER HAD A BAD REACTION TO:

Aspirin YES NO Sulfonamides (sulfa) YES NO Barbiturates YES NO

TYLENOL YES NO PENICILLIN YES NO

INSECT STINGS YES NO List Insect Stings_____

Other drugs (list)_____

PHYSICAL NEEDS

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.

3)Are there any social or behavioral concerns? If so, please describe in detail, including: warning behaviors and coping mechanisms of choice.

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:_____

360 Degree ARTS Camp – PACKING LIST **OVERNIGHT FULL CAMP ATTENDEE LIST**

Please note there is not internet service at the camp site, nor is their cell phone service. There is a land line for emergencies only. Please bring any pertinent contact information along with you with that knowledge in mind. **You do not need to pack towels, pillows, or bedding – it is all provided by the camp. There are already fans, nightlights, and air conditioners in the sleeping quarters.**

Check Off	ITEMS
	Medications and related supplies for 2 days and 1 night (If Applicable)
	Paper EMARS for medications (If Applicable)
	Approved PRN Medication List (If Applicable)
	Lock Box (If Applicable)
	2 Face masks – one for each day (If needed we will mask per current CDC guidelines)
	Personal sized hand sanitizer
	Sunscreen – we highly recommend the spray on style for quick and easy application
	Bug Spray
	A folder to collect handouts/projects/notes inside of
	Alarm Clock – If using your phone bring your charger
	Toothbrush
	Toothpaste and/or any pertinent oral care products such as mouthwash or denture adhesives
	Shampoo/Conditioner (If taking a shower is necessary for a one-night stay)
	Deodorant
	Soap in zip lock bag/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 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
	The following items are optional to aide in personal comfort
	OPTIONAL: Hat
	OPTIONAL: Sunglasses
	OPTIONAL: Umbrella
	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

360 Degree ARTS Camp – PACKING LIST ONE DAY CAMP ATTENDEES

Please note there is not internet service at the camp site, nor is their cell phone service. There is a land line for emergencies only. Please bring any pertinent contact information along with you with that knowledge in mind.

Check Off	ITEMS
	Medications and related supplies for the day and evening (If Applicable)
	Lock Box (If Applicable)
	Paper EMARS for medications (If Needed/Applicable)
	Approved PRN Medication List
	1 Face mask – (IF needed we will mask per current CDC guidelines)
	Sunscreen – we highly recommend the spray on style for quick and easy application
	Bug Spray
	A folder for any handouts or art projects
	Sanitary products if needed
	Incontinence Supplies for Day and Night (If applicable)
	HOW to CONSIDER DRESSING for the DAY CAMP <ul style="list-style-type: none"> - Consider layering in the event of incimate weather – so one can adjust with a change in temperature: long sleeve with a shorter sleeve shirt or tank top underneath, or bring a sweatshirt or light jacket. - Jeans/pants or shorts. (We will be going to theater – please make sure they are stain/hole free) - We will be outdoors – make sure that one has shoes that are appropriate for the outdoors - In the event that an individual is accident prone – please consider having an extra set of clothing, socks, and undergarments on hand in the vehicle.
	Backpack to hike with – Place the following items into the backpack:
	Large water bottle with a strap to wear around neck/carry
	Metal whistle to wear on a lanyard around the neck
	The following items are optional to aide in personal comfort
	OPTIONAL: Hat
	OPTIONAL: Sunglasses
	OPTIONAL: Umbrella
	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 cream/anti-itch bug bite

2022 - 360 Degree Arts TENTATIVE 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 23:

6:45 AM – FULL CAMP ATTENDEES ARRIVE Check in at BHW (Take morning meds before arrival at BHW)

7:30 AM – Bus (or vans) Depart from BHW

8:00 AM – Check In/Unpack in cabin

Reminder: water bottle, neck wrap, whistle, sun screen and bug spray down in backpack down to mess hall.

8:30 AM – Muffin, fruit (cutie), and coffee/water/Gatorade fill up following check in

Apply bug spray, sun screen, fill water bottles, neck wraps

9:00 AM – 10:00 AM: HIKE* or MINE TOUR *AN ALTERNATIVE OUTDOOR WALK will be provided if unable to do hills or uneven surfaces.

9:45* AM – ONE DAY CAMP ATTENDEES ARRIVE at CAMP MEETING THE NEED

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

10:15 – 12:30 – Art Workshop

12:30 – 1:00 – Lunch: hot dog, chips, pasta salad Reapply sunscreen/bug spray/fill up water bottle/meds

12:30 – 1:30 - Art Workshop Part 2

1:30 – 1:45 - Break/Photo with Art Instructor

1:45 – 3:00 – Music Workshop Part 1

3:00 – 3:15 Quick Break

3:15 – 5:15 – Music Workshop Part 2 and Photo with Instructor

5:15 – 6:45 – Dinner & Camp Fire S'mores: pulled pork sandwich, cucumber salad, watermelon, water or ice tea. Meds as needed. During Dinner will review theatre etiquette, and provide summary of Cinderella.

6:50 – Load Up for the Black Hills Playhouse

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

FOLLOWING SHOW: **ONE DAY CAMP ATTENDEES RETURN TO THEIR HOME**

FOLLOWING SHOW: **FULL CAMP ATTENDEES RETURN TO CAMP MEETING THE NEED FOR OVERNIGHT**

10:00 -Bed/Meds for FULL CAMP ATTENDEES

FULL DAY CAMP ATTENDEES - Day Two, July 24, 2020:

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, piece of fruit, coffee.

Apply sun screen, bug spray, fill water bottles, neck wraps

9:00 – 9:45 - Load Up to go to Old Time Photo in Keystone.

10:00 – 11:45 - Dress Up and do Old Time Photo in Keystone

12:00 – 1:00 - Lunch: – Chili (mild), cornbread, salad, dessert Reapply sun screen, bug spray, refill water bottle

1:00 – 2:00 – Dance Workshop Part 1

2:00 – 2:15 – Break/Snack: granola bars, water/ice tea/Gatorade

Reapply sun screen, bug spray, refill water bottle

2:15 – 3:30 – Dance Workshop Part 2

3:30 – 4:30 – Final Wrap Up Activity – Theatre Workshop

4:30 – Load Up and Drive back to Rapid City

@5:00 – 5:15 – Arrive back at BHW/Unload

Camp Meeting the Need Contact Information/Driving Directions

Mary Dietrich (owner/operator of Camp Meeting the Need) 605-666-4610

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

Cell phones do not work. If you get lost go to Keystone and go to Goodtyme Photo store (605-666-4619) in the center of the Keystone Mall. The employees there will help you.

CAMP MEETING THE NEED DIRECTIONS

- 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.