

2025 Vocational Rehabilitation Camp Participation Agreement

As a participant, you play a key role in ensuring a successful and productive experience during the camps. This form outlines your responsibilities and the expectations we have of campers during their time at a Vocational Rehabilitation Camp.

Please read each statement and initial beside it to confirm that you understand these responsibilities. This will help you make the most of your time with us and contribute positively during your time at camp.

****For participants 17 years old and under, or those 18 and up with a guardianship, will be required to complete this form with parent or guardian. Both participant and parent/guardian are to initial the statements below and complete the signature requirement at the end of the document.*

Camper's Initial	Parent or Guardian Initial	
		Participants are expected to actively participate in scheduled activities on the five pre-ETS modules: Job Exploration, Self Advocacy, Workplace Readiness, Work Based Learning, and Post Secondary Counseling.
		Camper agrees to maintain a safe, respectful and cooperative environment. Violations of the Code of Conduct may result in disciplinary actions including loss of privileges up to dismissal from camp. (e.g. respect for peers and staff, appropriate language and appropriate use of personal device)
		I understand that camp activities may involve physical tasks, group activities, and exercises that are part of vocational skill-building. I acknowledge and accept any risks associated with these activities.
		I agree to follow safety guidelines and use provided equipment as intended.
		I agree that any health concerns that may arise during my time at camp, will be discussed with the camps appropriate personnel.
		If I observe any safety concerns or potential hazards, I will promptly report them to the appropriate personnel to ensure the well-being of all participants and staff.
		I agree to arrive to camp on time and be in attendance the full duration of the camp.

I hereby agree to the terms stated in the Camp Participation Agreement. I understand that if I am not able to meet the requirements, I will contact the Camp Program Officers immediately to discuss.

Intern's Full Name (Printed): _____

Intern's Signature _____

Parent or Guardian's Full Name (Printed) _____

Parent of Guardian's Signature: _____

Date: _____