



**Able Trek
(TOURS)**
P.O. Box 384 Reedsburg, WI 53959
608-524-3021 1-800-205-6713 Fax 608-524-8302
www.abletrektours.com

2019	
<u>OFFICE USE</u>	
<input type="checkbox"/> LIFT	<input type="checkbox"/> T/D
<input type="checkbox"/> ADA ROOM	
<input type="checkbox"/> (1:1)	
P/U <u> </u> <u> </u> <u> </u>	

2019 TRAVELER APPLICATION

Please complete this application in full. Attach additional pages and/or any behavioral programs.
All information will be held in confidence and is required to ensure a safe, enjoyable, and positive travel experience. **Print or type clearly.**

Traveler's FULL LEGAL NAME: _____
(Last) (First) (Middle) (Common First Name)

Indicate the Traveler's **FULL LEGAL NAME EXACTLY AS IT APPEARS ON THEIR I.D. CARD OR PASSPORT.** This is **CRITICAL** for flight, rail and cruise trips.
Not providing the EXACT FULL LEGAL NAME will result in security issues at airports, etc., and financial penalties for name change fees. **Attach a copy of the Traveler's photo ID or passport (whichever is applicable) if they are attending a flight, cruise or international vacation.**

Address: _____
(Street and/or Box #) (City and State) (Zip code)

Traveler's Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Birth date: ____/____/____ Age: ____ Height: ____ Weight: ____ Male ____ Female

An AMBULATION choice MUST be indicated or the application is incomplete and will not be accepted.

____ **AMBULATORY** (Able to walk a distance of 1 to 2 blocks at a time, can independently climb 10 stairs.)

____ **PARTIALLY AMBULATORY** Uses a walker or cane? Yes / No Can climb 10 steps? Yes / No
 Unsteady, easily fatigued, lacks strength or needs assistance walking Yes / No

Briefly explain: _____

____ **NON-AMBULATORY** Uses a wheelchair Yes / No (Describe in detail on page 2 of Ambulation section)

Accommodations (sleeping)Option (MUST CHOOSE): ____ Double (Private bed) ____ Quad (Shared bed) ____ Single (Private/ADA room)
ROOM ROOM ROOM Circle room type

Traveler's Parent or Guardian: (name) _____

Address: _____
(Street and/or Box #) (City and State) (Zip code)

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email address (print clearly): _____

Traveler's Doctor: (name) _____

Doctor's Phone: (days) (____) _____ (evenings) (____) _____

In the event of an **emergency contact** (Indicate two people):

Name: _____ Relationship: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Name: _____ Relationship: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

To whom should ALL travel correspondence be sent? (FINAL ITINERARY, PACKING LIST, ETC.)

Agency Name: _____ Contact Person: _____

Address: _____
(Mailing Address -Street and/or Box #) (City and State) (Zip code)

Phone: Days (____) _____ Evening (____) _____ Cell (____) _____

Email address (print clearly): _____

Who will be paying for the trip? (Traveler, guardian/parent, agency, etc.) _____

* The Traveler's name and SPECIFIC trip title MUST be indicated with ALL payments.

ABILITIES AND DISABILITIES: (Check all that apply) Not Disabled Learning Disabled
 Developmentally Disabled
 Mild Moderate Severe Profound
 Physically Disabled
 Blind Hearing Impaired Non-Verbal Limited Mobility

AMBULATION

DOES THE TRAVELER HAVE LIMITED MOBILITY? No YES - If YES complete below.

Manual Wheelchair Electric Wheelchair Uses Walker Tires Easily

Does the Traveler require a wheelchair lift to access the motorcoach (5 steps)? Yes No

Do the Traveler & their wheelchair require a tie-down location in the bus? Yes No

Can the Traveler transfer from their w-chair into and ride in a bus/vehicle seat? Yes No

*Does the Traveler require a roll-in shower stall at the hotels? Yes No

Can the Traveler independently transfer (on/off toilet, in/out of bed)? Yes No

**Travelers who require fully accessible lodging accommodations (roll-in showers, wide door entrances, grab bars in bathroom, etc. may be required to pay the "Single/ADA" rate.*

(Travelers who require specific mobility related care and/or transferring, etc. are required to supply their own staff who are familiar with their cares and needs. Please provide/send a gait belt for any transferring requirements.)

BASIC INFORMATION (Please check any of the following that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Reads | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Wears Dentures |
| <input type="checkbox"/> Writes | <input type="checkbox"/> Terminally Ill | <input type="checkbox"/> Wears Hearing Aids |
| <input type="checkbox"/> Poor Coordination /Balance | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Trips/Falls Easily | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Non-verbal |
| <input type="checkbox"/> Episodes of Dizziness | <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Uses Sign Language |
| <input type="checkbox"/> Uses Adaptive/Assistive Equip. | <input type="checkbox"/> Mood/personality disorder | <input type="checkbox"/> Irregular Sleeping |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Snores Loudly |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Autism | <input type="checkbox"/> Smokes (Amount?) |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Obsessive/Compulsive Disorder | <input type="checkbox"/> Swimmer |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Wanders (Describe below) |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Fear of Heights |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Fear of Water |

Describe, **in detail**, any item checked above that will help our staff provide quality care: _____

Can the Traveler take: Aspirin – Yes / No Tylenol – Yes / No Pepto Bismol – Yes / No
 Loperamide – Yes / No Kaopectate – Yes / No Dramamine – Yes / No Ibuprofen – Yes / No

DETAILED INFORMATION: Provide as much **SPECIFIC** information and **DETAILS** as you can. This helps our staff to provide the best possible care for the Traveler. Attach additional pages if necessary.

TOILETING: Independent Needs assistance Wears Depends Incontinent Catheterization

DRESSING: Independent Partial Assistance (describe) Total (physical) Assistance (describe in detail)

SHOWERING: Independent Requires physical assistance Set water temp Assistance shampoo
 Requires a roll/walk in shower _____

GROOMING: Independent Assist brushing teeth Assist shaving Assist with hair care

MEAL TIME: Independent Cut/chop food Mechanical soft Pureed Staff Must Feed
 Assistance ordering Assistance paying Food Allergies Special Diet

DIABETIC? **NO** **YES** If YES, complete the rest of this section. Type 1 Type 2
Does the Traveler test glucose levels? NO YES If YES, do they test independently? NO YES
Requires insulin injections? NO YES If YES, do they self-inject or need assistance? SELF ASSIST
Describe in **DETAIL** diabetic care – typical levels, are levels normally stable or unstable, dietary details, etc.

MONEY MANAGEMENT: Independent (Traveler will handle, count and budget own money on the trip)
 Semi-independent (can carry a small amount of money but staff need to hold the majority of their money)
 Complete Assistance (staff need to hold onto all money and assist with all purchases)

TIME MANAGEMENT:
Getting “ready” in the morning: 30 minutes or less 30 minutes to 1 hour Over 1 hour
Eating/meal time: 30 minutes or less 30 minutes to 1 hour Over 1 hour

EPILEPSY/SEIZURE DISORDER? **NO** **YES** If YES, complete the rest of this section.
TYPE: Atonic (drop seizures) Petit Mal (Absence seizures) Tonic Clonic (Grand Mal) Partial
Are the Traveler’s seizures well controlled? NO YES Describe in **DETAIL** (frequency, length, recovery time, care after seizure, when EMT or hospitalization should be sought, etc.).

MEDICATION MANAGEMENT: Will the Traveler be taking medication on the trip? NO YES
Is the Traveler completely self-medicating (be aware routines can be distorted on trips)? NO YES

Reason(s) for medication(s): _____

ANY ALLERGIES TO MEDICATIONS? : _____

EVENING/SLEEPING ROUTINE: Normal time to bed _____ PM Normal wake-up time _____ AM
Does the Traveler normally sleep through the night? ___ YES ___ NO If NO, describe below. Include any details about sleeping patterns (snore loudly, goes to sleep with TV on, talks in sleep, incontinence at night, etc).

BEHAVIORAL and INTERACTION INFORMATION/CONCERNS:

Please indicate and describe in detail any behavioral concerns that apply to the Traveler.

- Injurious to self
- History of stealing
- Verbally aggressive
- Does not function well in organized activities unless supervised 1:1
- Does not accept staff assistance, reminders, support, etc. in an appropriate manner.
- Physically aggressive toward others
- Does not follow verbal directions
- Interacts inappropriately with others
- Destructive to property
- Inappropriate touch
- Fabricates stories
- Sexually inappropriate

Please describe any behavioral concerns and how they are best handled. _____

Has the Traveler been with Able Trek Tours on a previous vacation? (Circle one) Yes / No

Has the Traveler ever been denied access to other vacation, camp or leisure providers? (Circle one) Yes / No

Is the Traveler able to, or allowed to, consume alcohol? Yes / No Describe: _____

Traveler's Likes: _____

Traveler's Dislikes: _____

Traveler's Fears: _____

Traveler's Special Skills: _____

What expectations do the Traveler, parents (guardian) and/or caregivers have for this vacation?

Trip staff to Traveler ratio is 1:3 or 1:4. Care/supervision on vacations tends to be more intensive and demanding than in the home setting. **Will the Traveler function well with this level of supervision?** If no, explain.

** Staff to Traveler ratio of 1:1 is available in many circumstances. Travelers can bring their own staff or staff can be supplied by Able Trek Tours. The typical cost for a 1:1, for both the Traveler and staff, is 150% (1 ½ times) the published DOUBLE rate. You MUST inform Able Trek Tours well in advance of the trip if you feel the Traveler would function better with a 1:1. Able Trek may also determine and require that a Traveler requires 1:1 staffing to attend. Most Travelers who use a wheelchair for mobility and/or require transfer assistance will be required to supply their own 1:1 staff.*

INSURANCE COVERAGE: Insurance for accidents or illnesses while participating in Able Trek Tours is the responsibility of the Traveler and/or their family or guardian. Please list the Traveler's health/accident; medical/hospital insurance coverage. Travel cancellation insurance including some medical coverage is available – contact Able Trek Tours for info.

CARRIER: _____ POLICY/GROUP #: _____

MEDICAL ASSISTANCE #: _____

OTHER: _____

ABLE TREK CONSENT FORM

Traveler's Name: _____

Trip Title: _____ Trip Date: _____

Trip Title: _____ Trip Date: _____

Trip Title: _____ Trip Date: _____

Trip Title: _____ Trip Date: _____

Is the Traveler his or her own legal guardian? (Circle one) Yes / No

Instructions: Check each paragraph after reading to indicate that you understand and agree with it.

- _____ 1. I hereby attest all information within this application to be true and accurate to the best of my knowledge.
- _____ 2. I understand failure to provide accurate information my result in immediate dismissal from any Able Trek Tours program.
- _____ 3. I hereby give permission for Able Trek Tours to use photographs or video footage taken of the Traveler in publications or presentations in promotion of Able Trek Tours.
- _____ 4. I agree not to send any Traveler on any Able Trek Tour if they have been exposed to a contagious disease within four weeks of the trip start date.
- _____ 5. I am aware of, understand and agree to the cancellation timelines and financial penalties as described on page 21 of the Able Trek Tours Vacation Packages booklet.

TRAVELER'S CONSENT:

I agree to participate in the above stated Able Trek Tour(s). I have paid careful attention to all the above statements and understand them.

Printed name: _____ Signature: _____ Date: _____

LEGAL GUARDIAN'S CONSENT (if Traveler is not own legal guardian):

I am the parent and/or legal guardian of the above-mentioned Traveler, and I give my permission for (name of Traveler) _____ to participate in the above stated Able Trek Tour(s). I have carefully read all the above statements, understand them, and agree to abide by them.

Printed name: _____ Signature: _____ Date: _____

Relationship: _____ Email address: _____

Phone: (days) (____) _____ (evenings) (____) _____ (cell) (____) _____

Attach a legible copy of the Traveler's photo identification card, driver's license or passport (whichever is applicable) if they are attending a flight, cruise, rail or international vacation (passport).

Able Trek TOURS

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Able Trek TOURS POLICIES & INFORMATION

SMOKING POLICY

Participants may smoke only on planned rest stops and during designated free times in allowable areas. There is absolutely no smoking in vehicles or hotel/motel rooms. Most attractions we visit have a no smoking policy.

ALCOHOL POLICY

The consumption of alcoholic beverages is strictly prohibited by participants, unless it states otherwise on the Traveler application. Only moderate consumption will be allowed.

ILLNESS / INJURY

If a participant becomes ill or injured and cannot continue to travel with the group, and requires transportation home, the participant will be responsible for such transportation costs. Able Trek offers travel insurance at an additional fee. Contact Able Trek for more information.

PROPERTY DAMAGE OR DESTRUCTION

Participants who, intentionally or unintentionally damage or destroy property not belonging to themselves, are financially responsible for repair or replacement of damaged or destroyed property. Able Trek Tours, its staff and volunteers accept no financial responsibility for damaged or destroyed property.

MEDICATION DISPENSING

All non-self-medicating participant's medications and prescriptions must be individually pre-packaged according to the time and date of each dispensing. The guardian/parents/care staff/are responsible for making sure this is completed accurately. **Medications should not be packed in a Traveler's suitcase.** An extra day's supply of medications should be sent in case of emergency or trip delay. All medications will be surrendered to the Tour Director or person responsible for dispensing the medications at the time of check-in. Travelers who normally self-medicate can continue this practice on trips and package their medications in the way they are familiar with.

APPLICATION PROCESS

All information provided to Able Trek Tours must be complete and accurate to the best knowledge of the person completing the Traveler's application. **Failure to provide accurate or complete information may result in immediate dismissal from any travel program.** Parent, guardian, care staff, and/or person completing the application must provide immediate transportation home for the participant from any location should inaccurate and/or false information result in unknown safety (whether caused by behavioral, medical or ambulatory factors) for the Traveler, staff persons, other participants or persons in the community unless other arrangements are made with Able Trek Tours. No refund is available to the participant or their agent if the above is the case.

If known health and/or known behavioral concerns result in safety concerns for the participant, staff, other Travelers or persons in the community, the parent, guardian, care staff and/or person completing the application in cooperation with Able Trek Tours will provide/arrange to provide transportation home for the participant. In this case partial refunds or credits to account may be available.

Consent and waiver signatures must be those of the legal guardian. The application will not be processed with unauthorized signatures. Participants should sign where indicated whether they are self-guardians or not.

Minimum deposit of \$100 for each trip must accompany the application. Tours requiring a larger deposit will be indicated as such in the tour description. Do not mail application without deposit unless prior arrangements have been made with Able Trek Tours. The Medical History (Physical form) must be received by Able Trek Tours no later than 21 days prior to each trip. It must be completed and signed by a physician. Medical History/Physical must be completed within 12 months of the trip.

CONFIRMATION/CANCELLED TRIPS

Confirmation will be mailed within 15 days of receiving the application. Able Trek reserves the rights to cancel any session (trip) do to insufficient registration. In the event of cancellation, Travelers will be offered first choice in registering for other open trips, or their fees will be refunded in full.

TRIP FEE POLICIES

A deposit, normally \$100 per trip, is due to firmly "hold" a spot on a vacation. The remaining trip fee balance is due 45 days prior to the trip start date for motor coach tours and 90 days prior to departure for international, rail, cruise or air travel vacations. Interest free payment plans are available with Able Trek approval.

FUEL SURCHARGE & TRIP ALTERATIONS

In the event of rising fuel costs, and/or airfares, Able Trek Tours, Inc. reserves the right to add a surcharge, not to exceed 10% of the trips cost. Because of ever-changing attractions, shows, schedules, etc., Able Trek Tours reserves the right to make substitutions and changes in the trips when necessary.

REFUNDS AND CANCELLATIONS

Please note: Some vacations may have more restrictive cancellation policies and penalties. If this is the case it will be indicated on the trip itinerary. **Travelers who are "no shows" on the day of departure receive no refund whatsoever. Travelers who are "late" on the day of departure are considered no shows.**

- Motorcoach/Land tours -

All monies paid will be refunded if notice of cancellation is received by Able Trek Tours 45 days or more prior to each trip start date. If notice of cancellation is received by Able Trek 44 days to 8 days prior to the trip start date, Able Trek will retain \$100 plus any monies Able Trek Tours is not able to get refunded from its suppliers. Cancellations received 7 days or less prior to the trip start date will not receive a refund.

- Air, Rail, Cruise, and International tours -

All monies paid will be refunded if notice of cancellation is received by Able Trek Tours 90 days or more prior to each trip start date. Cancellations received 89 days or less prior to the trip start date will be charged 20% of the total trip fee plus any monies Able Trek is not able to get refunded from its suppliers.

TRAVELER IDENTIFICATION REQUIREMENTS

All Travelers should have a CURRENT (check expiration date) photo I.D. for every trip. Additional identification will be required for trips that include air, rail, cruise or international travel. Specific I.D. requirements will be sent with each trip itinerary. **Any travel outside the United States, even Canada and Mexico, will require a passport - NO EXCEPTIONS!!**

TRAVEL INSURANCE

Travel insurance can be purchased to protect you if you are forced to cancel for a variety of reasons. It also includes coverage for some accidents and illnesses. Contact Able Trek Tours for a free Travel Insurance brochure. See information on page 11 of our Tour Booklet.