

Easterseals Youth Camp 2018

CAMPER NAME: _____

BIRTHDAY: ___/___/___ AGE AT CAMP: _____ GENDER: M F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN'S NAME: _____

HOME/WORK/CELL PHONE: _____ EMAIL: _____

COUNTY: _____ ETHNICITY: _____

TRANSPORTATION/BUS SITES Car riders: 3088 Smith Springs Road, Antioch
Drop off 7:30am - 8:30am Pick up: 4:30pm - 5:30pm

Circle Preferred site	Address	Departs	Arrives
Granny White Park	610 Granny White Pike, Brentwood	7:50 am	5:00 pm
North Rutherford Family YMCA	2001 Motlow College Blvd, Smyrna	8:10am	5:20pm

Please list any adults other than yourself who are authorized to pick up your child. _____

Do you have a family member in the military? Yes No
If yes, relationship to camper _____
Branch _____

YOU CAN ALSO REGISTER ONLINE AT:
<http://www.easterseals.com/tennessee/our-programs/camping-recreation/>

Day and Resident Camp



PAYMENT INFORMATION

A non-refundable deposit of \$50 per session is required with this form. Cancellation for a session must be made at least two weeks before a session begins. All cancellations must be made in writing.

FORM OF PAYMENT

- Deposit Check Enclosed - payable to **Easterseals Tennessee**
- Pay by Debit/Credit Card - Camp staff will call for card information once registration is received. **Final payments will be drafted on your card May 1 if balance has not been paid.**

SCHOLARSHIPS

Need based financial aid is available on a first come first served basis. To apply, download a form from our website or call the camp office at 615-292-6640.

ALL CAMP BALANCES DUE MAY 1

Mail Form and Payment To:
Easterseals Tennessee
750 Old Hickory Blvd #2 - 260
Brentwood, TN 37027
P 615-292-6640 ext 2 F 615-251-0994

DAY CAMP

please check all that apply

(Ages 7 - 16)

Monday - Friday

Cost \$330 Bus \$50.00 1 to 1 Counselor \$180 additional

- Session 1 May 28 - June 1 (DSAMT WEEK)
- Session 2 June 4 - 8
- Session 3 June 11 - 15
- Session 4 June 18 - 22
- Session 5 June 25 - 29
- Session 6 July 2 - 6
- Session 7 July 9 - 13
- Session 8 July 16 - 20
- Session 9 July 23 - 27

RESIDENT CAMP

please check all that apply

(Ages 10 - 16)

Sunday - Friday

Cost \$800

- Session 3 June 10 - June 15 (Autism)
- Session 6 July 1 - July 6 (Physical, Developmental, TBI)

CAMP OPEN HOUSE

Sunday, March 11th

1:00pm - 4:00pm

- ☺ Easterseals staff attends a mandatory week - long training before camp begins. Many of these college age counselors are recreation therapy majors, special education majors, grew up with a sibling with a disability, or work in the school systems.
- ☺ Low staff to camp ratio of 1 to 3. A limited amount of 1 to 1 spots are available each session.
- ☺ RN on site 24 hours a day.
- ☺ The dining lodge can accommodate most special diets. Lunch and a snack are provided for day campers.
- ☺ Inclusive camping. Campers ages 7-16 are in tribes with their typically developing peers.
- ☺ Fully accessible property.

Our Mission: The Easterseals Tennessee Mission is to provide exceptional services to ensure that all people with disabilities or special needs, and their families, have equal opportunities to **Live, Learn, Work** and **Play** in their communities.

CAMPER NAME: _____

EASTERSEALS

2018 HEALTH INFORMATION FORM AND WAIVER

Nature of Disability please indicate (x) all that apply:

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Developmental Disorder | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Fragile X | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Heart, Circulatory, Respiratory Defect | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech Language/Voice Dysfunction | <input type="checkbox"/> TBI | <input type="checkbox"/> Social/Psychological | |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Spinal Cord Injury | | <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Partial <input type="checkbox"/> Other | |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Paraplegic <input type="checkbox"/> Other | | <input type="checkbox"/> Other _____ | |

CONTACT INFORMATION

Birth Date: ____/____/____ Age at Camp: _____ Sex: _____

Camper Home Address: _____ City: _____ State: ____ Zip: _____ Camper Home Phone: _____

Parent/Guardian Name: _____ Are you the Camper's Custodial Parent? (Camper's parent at primary residence?) _____ YES or _____ NO (If no see below)

Parent Home Address: (if not same as above) _____ City: _____ State: ____ Zip: _____ Parent Home Phone: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Home Phone (if not same as above): _____ Parent/Guardian Cell Phone: _____

Custodial Parent Name: _____ **Address:** _____ **City:** _____ **State:** ____ **Zip:** _____ **Custodial Parent Contact Number:** _____

If parent/guardian is not available in an emergency, please notify:

Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

Physician's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____

Health Insurance Company: _____ Named Insured: _____ Policy Number: _____

HEALTH HISTORY

Date of the Last Health Exam: _____ (In the "Date" space, please provide the date of last occurrence when answering yes to each health event)

- | | | | | | | | | |
|--------------------------------|--|------------|--------------------------|--|------------|--------------------------|--|------------|
| Asthma | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Heart Disease | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Behavior Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Hay Fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Clotting Disorder | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | ADD/ADHD | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Poison Ivy Allergy | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Seizures | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Speech Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Insect Sting Allergy | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Bedwetting | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Hearing Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Frequent Ear Infections | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Fears/Phobias | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Vision Problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Frequent Headaches | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Sleepwalking | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Hepatitis A | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Frequent Sore Throats | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Head Lice | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Hepatitis B | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ |
| Mononucleosis | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Chicken Pox | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date _____ | Other | _____ | Date _____ |

Allergies: _____

Operations/Serious Injuries: _____

Current Medications: _____ Dosage: _____ Time: _____

Current Medications: _____ Dosage: _____ Time: _____

Current Medications: _____ Dosage: _____ Time: _____

Description of any other current health conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Are all required school immunizations up to date? No Yes Date of last tetanus booster: _____

CAMPER NAME _____

EASTERSEALS WAIVER 2018

HEALTH EXAM

I certify that the information provided is correct and complete so far as I (the undersigned) know, that the camp activities offered at the YMCA Camp Widjiwagan and Easterseals Tennessee Camp may at times require the participants to exert themselves, and the person herein described as the camper has permission to engage in all prescribed camp activities, on or off YMCA Camp Widjiwagan premises, except as noted on this health form. I understand that it is the responsibility of the parent/guardian to inform YMCA Camp Widjiwagan and Easterseals Tennessee of any changes or additions to this form on the day the child arrives at camp. I also certify that the above-named camper has received a health exam from licensed medical personnel within the past 12 months of the time the camper will be at YMCA Camp Widjiwagan and Easterseals Tennessee Camp. I have listed any physical condition requiring restrictions on participation in the camp program and a description of such restrictions. I have also listed any current or ongoing treatments or medications.

PERMISSION TO TREAT

I give permission to YMCA Camp Widjiwagan and Easterseals Tennessee Camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment which may include without limitation the administration of over-the-counter medications such as analgesics, cough syrup, acetaminophens (Tylenol), diphenhydramine HCL (Benadryl), Advil/Motrin (ibuprofen), and topical ointments (i.e. calamine lotion, triple mix antibiotic, and cortisone 1% -5%). Additionally, I hereby authorize YMCA Camp Widjiwagan and Easterseals Tennessee Camp to secure any necessary medical treatment on behalf of Camper, including the administration of anesthesia and surgery, as such may be determined necessary. I acknowledge and agree that such medical treatment shall be solely at my expense and I agree to reimburse YMCA Camp Widjiwagan or Easterseals Tennessee Camp for any expenses which it may incur on account of Camper's medical treatment by non-YMCA Camp Widjiwagan and Non- Easterseals Tennessee Camp medical providers.

PARENT NOTIFICATION

Parents/guardian will be promptly notified upon YMCA Camp Widjiwagan and Easterseals Tennessee Camp learning of an accident/injury/illness of their child for unresolved fever above 100.5 degrees for 4 hours, unresolved vomiting x2 episodes and/or longer than 2 hours, unresolved diarrhea x3 episodes and/or longer than 4 hours, health clinic stay longer than 12 hours, overnight health clinic stay, transfer to see physician and/or to a local health care facility for emergent treatment for physical and/or psychological care, and any condition deemed necessary by the camp nurse and/or summer camp director. Parents/guardians hereby waive any and all claims to or regarding notification, or failure to notify, for minor issues that do not meet or rise to the level of those described above.

PARTICIPATION WAIVER

I approve this application and certify the Camper is capable of such an experience. I agree to have the balance of the camp fees paid before the beginning of the session(s) reserved. Camp fees are non refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of home sickness or for disruptive behavior, as determined by the Easterseals Camp Director. I understand that the deposit is not refundable under any circumstances. I grant permission for the applicant to participate in all planned camp activities, including out of camp trips by bus or van, hiking, rock climbing, horseback riding, or swimming. The YMCA and Easterseals Tennessee Camp is not responsible for lost, stolen or damaged personal items. I agree to waive any claims against the YMCA and Easterseals Tennessee and its members, staff and volunteers for injuries or damages that my result from the conduct of third parties other than the YMCA Camp Widjiwagan , Easter Seals Tennessee and its members, staff, and volunteers, but including participants in YMCA or Easterseals Tennessee Camp programs. All waivers and agreements provided herein are being given as additional consideration for Camper's attendance at, and participation in the activities of, YMCA Camp Widjiwagan and Easterseals Tennessee Camp.

PERMISSION TO APPLY BUG REPELLENT AND SUNSCREEN

I give permission to YMCA Camp Widjiwagan staff and Easterseals Tennessee Camp staff to apply bug repellent and sunscreen to my child if they need assistance in doing so (If your camper has allergies to certain ingredients in either one of the above please send sunscreen and, or bug repellent that they may use while at Camp. Please mark with campers first and last name)

The undersigned has read, understands, and completed this Health Information Form and Waiver, and by signing below, intends to be legally bound.

Signature: _____ Printed Name: _____ Date: _____

PUBLICITY WAIVER

I give permission to YMCA Camp Widjiwagan and Easter Seals Tennessee Camp to take photographs and/or audio/video recordings of my child and to use them for educational, professional, and publicity purposes for YMCA Camp Widjiwagan, YMCA of Middle TN, Easterseals Tennessee Camp and its Community Partners.

Signature: _____ Printed Name: _____ Date: _____

Camper Name: _____

Easterseals

2018 Camper's Care Information

Mobility Walks Uses walker Uses wheel chair, can propel/drive self Yes No

Transfers No assists needed Needs assistance (explain): _____

Assistive Devices None AFO's Glasses Hearing aid Helmet Other: _____

Communication None serious difficulties expressing thoughts or wants Has difficulties (explain): _____

Uses sign language Uses a communication device (what kind): _____

Eating No assistance needed Needs assistance (explain): _____

Diet Normal Blended/Pureed Diabetic Food allergies (list): _____

Special-please attach a list of special diet so we can determine if we can meet your needs

Bowel Control No assistance needed Incontinent Needs assistance/schedule: _____

Aids used None Catheter Disposable undergarments Other: _____

Dressing No assistance needed Assistance needed (describe): _____

Washing/Showering No assistance needed Some assistance needed (describe): _____

Total assistance needed (describe): _____

Sleeping Typical sleeping habits Has trouble going to sleep Has nightmares Sleep walks

Special bedtime routines: _____

Usual bedtime: _____ Usual wake up time: _____

Individuals 16 or older may sleep on the upper bunk with parent or guardian's permission. To give your camper permission to use the upper bunk, please initial here: _____

Camper's Social Background

School _____ Grade level _____

Can the camper read? Yes No

Can the camper write? Yes No

Does the camper have any special behavior problems? Yes No

If yes, please describe _____

When do behavior problems occur? _____

Describe effective methods to control difficult behaviors: _____

Please list any fears the camper may have: _____

Please list any activities the camper dislikes: _____

What hobbies or activities does the camper enjoy at home or school?

Please add any information you feel would be helpful in providing the best experience for the camper while at camp: _____