



4460 Rex Lake Dr. • Akron, OH 44319  
330.644.4512 • gotcamp.org  
FAX 330.644.1013



AKRON AREA YMCA

733-0114 REVISED FEB 2016

# 2016 OVERNIGHT CAMPS

## SUMMER CAMP REGISTRATION

Camper's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_  Male  Female

Previous camper at Rotary Camp?  Yes  No What Years? \_\_\_\_\_

2015-2016 School Attended \_\_\_\_\_

Does Camper have IEP?  Yes  No 504 Plan  Yes  No

Camper's Primary Diagnosis \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent's DOB \_\_\_\_\_

Primary Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency please provide two additional contacts and telephone numbers who could pick up your camper:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

How did you hear about Rotary Camp? \_\_\_\_\_

Is Camper DD Board Qualified?  Yes  No

If so, what County? \_\_\_\_\_

### 2016 ROTARY CAMP DATES AND RATES

#### Overnight Children's Camps (Sunday-Friday)

- June 5 - 10     June 12 - 17     June 19 - 24 (Siblings Week)  
 June 26 - July 1     July 10 - 15     July 24 - 29

No. of Weeks \_\_\_\_\_ x \$615 = \$ \_\_\_\_\_ - \$50 Deposit/Co-Pay\* (per Session) = \$ \_\_\_\_\_

#### Siblings Camp (Sunday-Friday)

- June 19 - 24

No. of Weeks \_\_\_\_\_ x \$615 = \$ \_\_\_\_\_ - \$50 Deposit/Co-Pay\* (per Session) = \$ \_\_\_\_\_

#### Overnight Adult Camps (Sunday-Friday)

- July 3 - 8     July 17 - 22

No. of Weeks \_\_\_\_\_ x \$615 = \$ \_\_\_\_\_ - \$50 Deposit/Co-Pay\* (per Session) = \$ \_\_\_\_\_

Please review registration carefully before submitting **Camp Total** = \$ \_\_\_\_\_

Please visit us online for more information regarding our camp, support groups and other programs. Connect with us on Facebook!

The following information is for statistical purposes only. It is used in reports to foundations and other funding organizations. Please help us keep our camp costs low by providing the following information.

What is the total number of persons in your household? \_\_\_\_\_

What is your total household income? \_\_\_\_\_

Please specify camper's race:

- White/Caucasian     Black/African American  
 Hispanic/Latino     Asian/Pacific Islander  
 Native American Indian     Other \_\_\_\_\_

Unless billing to an authorized third party, all incomplete registration forms and those without deposits will be returned. If you need to make arrangements on deposits, please call 330.644.4512 before mailing.

# 2016 REGISTRATION

## FINANCIAL & CANCELATION POLICIES

- Campers with outstanding balances will not be permitted to enroll in upcoming program sessions.
- Deposits are due at the time of registration. If paying through a third party, it is the parent's/caregiver's responsibility to ensure that a written agreement between Rotary Camp and the third party is on file.
- Financial assistance and payment plans are available to qualifying campers and families based on income and/or need. Paperwork must be submitted annually for consideration.
- For summer camp programs, all balances are due in full by May 1. Campers who do not have financial arrangements made by May 1 may be taken off the roster for their assigned programs. Arrangements can be made by calling 330.644.4512.
- Cancellations made prior to the session date are eligible for a refund less the deposit.
- Respite No-Show/No-Call: The family must call camp before 5pm on the day of check-in to cancel or the family will be billed ½ the session fee and may be taken off the roster for future sessions.
- Day Camp No Show/No Call : The family must call camp before 9am the day of check-in to cancel or the family will be billed ½ of the session fee and may be taken off the roster for future sessions.
- Overnight Camp No Show/No Call: The family must call camp before Noon the day of check-in to cancel or the family will be billed ½ of the session fee and may be taken off the roster for future sessions.
- Late Pick Up: The family will be billed \$25.00 for every 15 minutes per camper.

**This page must be signed and dated before camper's registration is complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 2016 REGISTRATION

## CAMPER REGISTRATION FORM

Camper's Name \_\_\_\_\_  Male  Female

### I. EMERGENCY INFORMATION

Name of camper's primary doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of camper's psychologist \_\_\_\_\_ Telephone \_\_\_\_\_

Name of camper's dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Camper's preferred hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Specialty doctor treating disability \_\_\_\_\_ Telephone \_\_\_\_\_

### II. MEDICAL INSURANCE INFORMATION

This camper is covered by medical/hospital insurance  Yes  No

Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

*Please include a copy of your insurance card. Please copy both sides.*

### III. MEDICAL/BEHAVIORAL INFORMATION

Please list any allergies (medication, food, environmental), the reaction seen, and the appropriate treatment \_\_\_\_\_

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

Camper has a seizure disorder, a) yes\_\_\_\_, b) no\_\_\_\_ Circumstances that usually result in a seizure \_\_\_\_\_

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

# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

GENERAL HEALTH HISTORY (PLEASE CHECK EITHER YES OR NO)

Has your camper:

- |   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever been hospitalized           | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No  | Had fainting or dizziness                            |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had surgery                 | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | Passed out/had chest pain during exercise            |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a recurrent/chronic illness | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had mononucleosis ("mono") during the past 12 months |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recent infectious disease  | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | If female, have problems with periods/menstruation   |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recent injury              | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had asthma/wheezing/shortness of breath              |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had back/joint problems     | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have diabetes  |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had headaches                    | 15. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have problems with diarrhea/constipation?            |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any skin problems           | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No | Wear glasses, contacts, or protective eyewear?       |

Please explain "yes" answers in the space below. \_\_\_\_\_

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PLEASE CHECK ALL THAT APPLY:

- Camper has been to any camp before.
- Camper has been to the Rotary Camp before. What years? \_\_\_\_\_
- Camper has never been away from home overnight.

# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

### WALKING

\_\_\_ Camper can walk and climb medium grade hills independently.

\_\_\_ Camper tires easily when walking on hills/steps.

\_\_\_ Camper uses: a) walker b) cane  
c) crutches d) other (specify): \_\_\_\_\_

### EATING HABITS

\_\_\_ Camper feeds him/herself without assistance.

\_\_\_ Camper prefers soft foods.

\_\_\_ Camper has difficulty chewing.

\_\_\_ Camper needs food items cut up for him/her.

\_\_\_ Camper will not eat certain foods (specify): \_\_\_\_\_

\_\_\_ Camper has food allergies (specify): \_\_\_\_\_

\_\_\_ Camper has food restrictions (specify): \_\_\_\_\_

\_\_\_ Camper needs total assistance in feeding.

### BRACES

\_\_\_ Camper wears braces (where): \_\_\_\_\_

\_\_\_ Camper wears braces: a) all day b) part of the day

\_\_\_ Camper can: a) put on the braces b) take off the braces c) check skin

\_\_\_ Camper has braces but will not be wearing them at camp.

### WHEELCHAIR

\_\_\_ Camper uses wheelchair: a) all day b) part of the day

\_\_\_ Camper needs to be reminded/encouraged to:  
a) use wheelchair b) stop using wheelchair

\_\_\_ Camper can lock and unlock the: a) seatbelt b) brakes

\_\_\_ Camper can propel her/himself:  
a) on flat surfaces b) on inclines

\_\_\_ Camper needs someone to push him/her.

\_\_\_ Camper has a power chair.  
The chair needs to be charged (How often?) \_\_\_\_\_

\_\_\_ Camper can transfer independently in and out of  
chair onto bed or toilet.

\_\_\_ Camper needs assistance transferring in and  
out of chair. (Explain): \_\_\_\_\_  
\_\_\_\_\_

### SWIMMING

\_\_\_ Camper will be able to swim in the lake.

\_\_\_ Camper is afraid of the water, but will play near or go into shallow area.

\_\_\_ Camper wears ear-plugs while swimming, bathing/showering.

\_\_\_ Camper must wear life jacket when in or near the water.

\_\_\_ Camper cannot go into the water for medical reasons. (Explain):  
\_\_\_\_\_  
\_\_\_\_\_

# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

### SELF-CARE

- \_\_\_ Camper can brush his/her own teeth and hair.
- \_\_\_ Camper: a) needs help to \_\_\_\_\_  
b) needs counselor to brush teeth and hair.
- \_\_\_ Camper can bathe/shower without assistance.
- \_\_\_ Camper needs assistance with bath/shower. (Explain):  
\_\_\_\_\_
- \_\_\_ Camper needs total assistance in bathing/showering.

### TOILETING

- \_\_\_ Camper uses the bathroom without help or reminders (both urine and stool).
- \_\_\_ Camper needs reminded to use the bathroom.
- \_\_\_ Camper will stay dry if taken to the bathroom after meals and before bedtime.
- \_\_\_ Camper may wet the bed at night.
- \_\_\_ Camper does not know when she/he has to use the bathroom and wears disposable undergarments that usually need changed \_\_\_\_\_ times a day.  
What are the usual times? \_\_\_\_\_

### OSTOMY/APPLIANCE

- \_\_\_ Camper has an ostomy/appliance and:  
a) will empty his/her own    b) will need reminded to empty  
c) will change own appliance    d) needs help changing appliance  
e) needs staff to change the appliance

### CATHETERIZATION

- \_\_\_ Camper is on clean intermittent catheterization to empty his/her bladder:  
a) saves catheters    b) throw catheters away
- \_\_\_ Camper: a) can catheterize her/himself  
b) needs assistance with catheterization
- \_\_\_ Parent/Guardian would like camper to try to catheterize her/himself while at camp.
- \_\_\_ Camper's catheterized in what position:  
a) lying on a cot    b) sitting on the toilet  
c) sitting in wheelchair    d) standing

### BOWEL

- \_\_\_ Camper will ask for assistance when having a bowel movement.
- \_\_\_ Camper: a) can clean him/herself    b) needs assistance  
c) needs counselor to clean him/her after having a bowel movement.
- \_\_\_ Parent/Guardian would like to have camper work on these self-care skills while at camp.
- \_\_\_ Camper uses other means of having a bowel movement. (Explain):  
\_\_\_\_\_
- \_\_\_ Camper wears disposable undergarments:  
a) at night    b) all the time    c) other (Explain):  
\_\_\_\_\_

- \_\_\_ Camper: a) can put on his/her own disposable undergarment  
b) needs help with this
- \_\_\_ Camper has other special equipment. (Explain):  
\_\_\_\_\_

# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

### COMMUNICATION

- \_\_\_ Camper speaks clearly and can be understood by others.
- \_\_\_ Camper is: a) comfortable b) uncomfortable asking for assistance.  
Camper needs to work on \_\_\_\_\_
- \_\_\_ Camper's speech is: a) sometimes understood by others.  
b) often difficult to understand by others.
- \_\_\_ Camper is nonverbal.
- \_\_\_ Camper uses a communication board:  
a) at school b) at home
- \_\_\_ Camper uses sign language: a) ASL b) other (explain)  
\_\_\_\_\_
- \_\_\_ Camper has difficulty hearing.
- \_\_\_ Camper wears hearing aids.

### BEHAVIOR

- \_\_\_ Camper works well: a) in groups b) on his/her own
- \_\_\_ Camper socializes: a) well b) average c) poorly
- \_\_\_ Camper needs encouragement to stay on task.  
Please describe tools, techniques below.
- \_\_\_ Camper has run away before. Please describe below.
- \_\_\_ Camper will wander away from activities.  
Please describe situations below.
- \_\_\_ Camper will physically harm her/himself.  
Please describe below.
- \_\_\_ Camper is physically aggressive with: a) peers b) adults

### (BEHAVIOR CONTINUED)

- \_\_\_ Camper has demonstrated or been exposed to inappropriate sexual behaviors, please describe below.
- \_\_\_ Camper follows directions:  
a) most b) some c) almost none of the time.
- \_\_\_ Camper has destroyed property in the past.  
Please describe circumstances below.
- \_\_\_ Camper has extreme fears (storms, animals, etc). Please list below.  
\_\_\_\_\_
- \_\_\_ Please list things that upset your camper:  
\_\_\_\_\_
- \_\_\_ Please list any calming techniques:  
\_\_\_\_\_
- \_\_\_ Parent/Guardian would like camper to work on aspects of her/his behavior. Specify: \_\_\_\_\_  
\_\_\_\_\_
- If checked any of the above, please elaborate below and on the following page (examples, techniques, etc.) to help the staff meet your camper's needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Camper's Name: \_\_\_\_\_

# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

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Please describe your camper's nighttime routine and sleeping patterns (times, special routines or blankets, wanders, etc.):

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List camper's strengths, abilities and talents:

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# 2016 REGISTRATION

## GENERAL HEALTH HISTORY

What things would you like to see your camper accomplish at camp:

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Please list anything that motivates your camper (e.g., rewards):

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Any special situations the staff should be aware of:

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**If camper has an IEP, Behavior Plan, MY Plan, etc., please provide copies with this application.**

**If you would like, please provide a current picture of your camper with application.**

## AUTHORIZATIONS & RELEASES

### IV. AUTHORIZATIONS & RELEASES

The term "camper" refers to any program participant that attends Rotary Camp.

1. I request that the Health Officer of the Rotary Camp or his/her representative administer to \_\_\_\_\_ the following medications. (Please use additional paper if necessary):

Name of Medication	Dosage (be specific)	Times/Meals
a. _____		
b. _____		
c. _____		

Prescribing Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Prescribing Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

I certify that I normally give the above medication(s) at home.

- IMPORTANT:**
1. Medications **MUST** be brought in original bottles, or your child cannot stay at camp.
  2. Please bring only enough medication for the length of the stay.
  3. If a camper takes medication during the school year for hyperactivity, or another behavioral or emotional disorder, he/she **MUST TAKE** the medication at camp as well. **DO NOT** start or stop medication just prior to or during camp.
  4. Physical forms must be updated by a doctor every 12 months.

2. In the event of an emergency, after reasonable attempts to contact me or additional persons listed in Section I on the first page are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician or dentist named in Section I or, in the event my preferred physician or dentist is not available, by another licensed physician or dentist, and the transfer of my camper to my preferred hospital or to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity of such surgery are obtained before the surgery is performed.

3. For emergency medical care, I give Rotary Camp my permission to transport (camper's name) \_\_\_\_\_ to (name of your preferred hospital or clinic) \_\_\_\_\_ or to (your preferred dentist or clinic) \_\_\_\_\_, or to the nearest source of assistance.

4. As parent/guardian of (camper's name) \_\_\_\_\_, in consideration of the Rotary Camp campership to be provided to my camper, I hereby grant permission for my camper to be the guest of the Rotary Camp and the Akron YMCA Camping Services during the 2016 calendar year.

- a. I authorize the participation of my camper in all of the camp's activities and programs, including field events, special events, swimming, etc. with no restrictions, or subject to the following restrictions \_\_\_\_\_
- b. I waive any and all claims or demands of whatever kind and whatever nature, whether known or unknown at the time this authorization and release is signed, against the Rotary Club of Akron and any of its members, Rotary Camp for Children With Special Needs, Inc., and the Akron Area YMCA Camping Services, its volunteers or its employees, arising from or in any way connected with my camper's attendance as a camper at Rotary Camp.
- c. I agree that I, as a parent or guardian of my camper, shall be fully responsible for any and all medical expenses, including transportation.
- d. I authorize and permit my camper to be photographed or videotaped while participating in camp activities for uses limited to promotion of the camp.
- e. I authorize Rotary Camp to receive information from the camper's local school district or other team provider that will help meet the needs of the camper while at camp. This may include information from the camper's IEP, behavioral support plans, my plans, etc.
- f. I certify that this application is accurate and complete.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Send completed application to:**  
**Rotary Camp, 4460 Rex Lake Dr., Akron, OH 44319 Email: dawnh@akronymca.org Fax: 330.644.1013**

Camper's Name: \_\_\_\_\_

# 2016 REGISTRATION

## PAYMENT INFO

Total Amount:

PERSONAL CHECK

Name on Checking Account \_\_\_\_\_

Check No. \_\_\_\_\_ Amount Paid \_\_\_\_\_

AGENCY

Billing Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Total Amount to be Billed \_\_\_\_\_

CREDIT CARD

Card Type  Visa  MasterCard Exp. Date \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Date(s) and Amount(s) to be charged:

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

AUTOMATIC CHECKING DRAFT

Bank Name \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Date(s) and Amount(s) to be charged:

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

		0123
DATE _____		
PAY TO THE ORDER OF _____	\$	<input type="text"/>
		_____ DOLLARS
FOR _____		
<b>519970521</b>	<b>1234756</b>	<b>0123</b>
<small>Bank Routing Number</small>	<small>Account Number</small>	<small>Check Number</small>

I authorize the Akron Area YMCA for Rotary Camp to automatically draft from the above account(s) for the amounts and dates I listed above. I also understand that the Rotary Camp and the Akron Area YMCA are not responsible for any NSF Fees incurred for not maintaining the required funds in my account.

Signature / Date \_\_\_\_\_

We are not waiver providers at this time, but would like to know if camper has  Home Care  Level 1  IO Waiver