



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



AKRON AREA YMCA

733-0114 REVISED MAR 2016

2016 REX LAKE DAY CAMP 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 REX LAKE DAY CAMP DATES AND RATES

Rex Lake Day Camp (Monday-Friday • 10am-4pm)

June 6 – 10 June 13 – 17 June 20 – 24 June 27 – July 1
 July 5 – 8 July 11 – 15 July 18 – 22 July 25 – July 29
 No. of Weeks _____ x \$295 = \$ _____ \$50 Deposit/Co-Pay* (per Session) = \$ _____

Extended School Year — Add-On (Monday-Friday • 10am-4pm)

You must register for the corresponding day camp weeks.

June 13 – July 1 July 11 – July 29

Cost: \$435 per Session

Family Income	Co-Pay
\$27,258 or less	0%
\$27,529 - \$37,759	10%
\$37,760 - \$48,260	30%
\$48,261 - \$62,261	50%
\$62,262 - \$79,762	75%
\$79,763 and over	100%

Limited subsidies are available if eligible for Summit County DD Board services. Check box if you are eligible (see details at right).

Transportation is available to only Summit DD Board eligible children. Limited seating is available on a first come first serve basis. Eligible Summit County DD Board campers check here if you would like transportation*

TRANSPORTATION IS SUBJECT TO CHANGE.

BUS SCHEDULE

Please circle your preferred bus stop below:

	Pick Up	Drop Off
A. Fairlawn Movie Theater • 4420 Medina Rd.	8:45	5:30
B. Neuro Center • 701 White Pond Dr.	9:10	5:15
C. House of the Lord • 1650 Diagonal Rd.	9:45	4:30
D. Side Lines Bar/Grill • 5893 Akron Cleveland Rd.	9:00	4:50
E. Starbucks/McDonalds • 1006 Graham Rd.	9:30	4:30
F. Atlas • 3500 Massillon Rd.	8:30	5:30
G. Kohl's/Staples • 2975 S. Arlington Rd.	8:40	5:15
H. CVS (across from Summa) • 590 E. Market St.	9:00	4:45
I. Giant Eagle Barberton • 41 5th St. SE	9:30	4:15

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 _____

2016 REGISTRATION

TRANSPORTATION

Please check for transportation: Summit County DD eligible campers only

Child's Name: _____ Age when camp starts: _____

Does the child need to ride in a car seat? Yes No *If yes, you will have to provide this for the transportation company.*

Does the child need a harness? Yes No *If yes:* Height and weight: _____

Is the child in a wheelchair? Yes No *If yes:* Electric Manual Size of wheelchair: _____

Does the child exhibit behaviors during transportation? Yes No

If yes, please describe _____

Allergies: _____

Medical conditions bus driver should be aware of:

Seizures: Yes No

During the week/weeks your child is attending camp will they be riding the bus every day? Yes No

If no, please check which days of the week transportation will be needed:

S M T W T F S

Will we be transporting them to and from or only one way? One Way Round Trip

Who is able to put your child on and off the bus? _____

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. _____

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:

2016 REGISTRATION

GENERAL HEALTH HISTORY

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

List camper's strengths, abilities and talents:

2016 REGISTRATION

GENERAL HEALTH HISTORY

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

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

Any special situations the staff should be aware of:

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 _____		
519970521	1234756	0123
Bank Routing Number	Account Number	Check Number

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