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

AKRON AREA YMCA

733-0114 REVISED FEB 2017

2017 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? _____

2017 REX LAKE DAY CAMP DATES AND RATES

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

☐ June 5 – 9 ☐ June 12 – 16 ☐ June 19 – 23 ☐ June 26 – 30

☐ July 3 – 7 ☐ July 10 – 14 ☐ July 17 – 21 ☐ July 24 – July 28

No. of Weeks_____x $305 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

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

You must register for the corresponding day camp weeks. While at ESY, campers receive 5 hours of Intervention Specialist Services, an hour of OT, and an hour of speech therapy each week.

☐ June 12 – 30 ☐ July 10 – July 28

Cost: $825 per Session

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_____

Camper's Name: _____

2017 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**

2017 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 _____

_____

_____

Camper's Name: _____

2017 REGISTRATION

GENERAL HEALTH HISTORY

GENERAL HEALTH HISTORY (PLEASE CHECK EITHER YES OR NO)

Has your camper:

1.___Yes___No Ever been hospitalized

2.___Yes___No Ever had surgery

3.___Yes___No Have a recurrent/chronic illness

4.___Yes___No Had a recent infectious disease

5.___Yes___No Had a recent injury

6.___Yes___No Ever had back/joint problems

7.___Yes___No Had headaches

8.___Yes___No Have any skin problems

9. ___Yes___No Had fainting or dizziness

10.___Yes___No Passed out/had chest pain during exercise

11. ___Yes___No Had mononucleosis ("mono") during the past 12 months

12.___Yes___No If female, have problems with periods/menstruation

13.___Yes___No Had asthma/wheezing/shortness of breath

14.___Yes___No Have diabetes

15.___Yes___No Have problems with diarrhea/constipation?

16.___Yes___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.

Camper's Name: _____

2017 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):

_____

_____

Camper's Name: _____

2017 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):

_____

Camper's Name: _____

2017 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:

_____

_____

_____

_____

_____

_____

Camper's Name: _____

2017 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:

_____

_____

_____

_____

Camper's Name: _____

2017 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 2017 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: _____

2017 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.

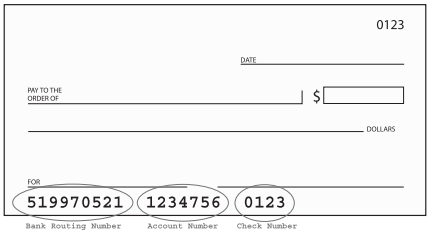
Account No.

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

Date Amount

Date Amount

Date Amount



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

Camper's Name: _____

2017 REGISTRATION

AUTHORIZED PICK UP

The following person/s are authorized to pick up my camper/s from Akron Rotary Camp. **Valid ID may be requested.**

1. _____ _____ _____
Name **Phone Number** **Relationship to Camper/s**

2. _____ _____ _____
Name **Phone Number** **Relationship to Camper/s**

3. _____ _____ _____
Name **Phone Number** **Relationship to Camper/s**

I understand that Akron Rotary Camp will only release my camper/s to the auhorized persons listed above, in addition to myself.

_____ _____
Name **Relationship to Camper**

_____ _____
Signature **Date**