

ARC-Macon
Summer Camp Application

Summer Camp

Advocacy
Resource
Center

Turning Developmental Disabilities into Possibilities
4664 Sheraton Drive * Macon, Georgia * 31210-1322
Phone: 478-803-1456

ARC-Macon Summer Retreat
Location: Camp Ascca, Jackson Gap, Alabama

Reference Information
Please do not return this page

Departure: 9:30 a.m., Monday, (last week of August) We leave from the ARC office, 4664 Sheraton Drive. **Eat breakfast before you come.**
Return: 1:00 p.m., Friday. We will return to the same location as departure.

Fee: \$200 (camp tee-shirt included).

- If a personal assistant is needed, an additional \$100 fee is required. Please refer to staffing section below.
- The entire balance is due before camp
- **The camp fee does not cover the entire cost of this program. Therefore, tax-deductible donations are greatly appreciated. If you can afford to help, please send a donation in addition to the camp fee.**

Application Deadline: Three weeks before camp date.

- A minimum down-payment of \$50 is required with the application. This will be returned if the application is not accepted.
- **Acceptance is not guaranteed.** Applications are accepted on a first-come, first-serve basis and **only** if appropriate support is available to care for the individual's needs.

Refunds: Refunds will be made if cancellation is received at least one week prior to the camp date.

Spending Money: Spending money is optional. The fee covers all expenses, including snacks and tee-shirt.

Staffing: We welcome the opportunity to include individuals that need one-on-one assistance due to cognitive or physical limitations and/or challenging behavior. However, it is your responsibility to provide that one-on-one personal care assistant (*parent, relative, friend, staff, etc.*). We charge a nominal fee of \$100 for the personal care assistant, which is half the regular camp fee. We hope the discounted fee will help make this affordable for you. The personal care assistant will be considered an ARC volunteer and asked to sign the same release, undergo a criminal background check (*at ARC's expense*), and observe the same rules, guidelines, and schedules as other cabin counselors. All volunteers are under the direct supervision of the ARC camp director.

Orientation: Approximately 1-2 weeks before camp. You will receive a notice with the time and date.

Age, Disability, Capacity:

- 18 years and up.
- Mild to moderate mental retardation; requiring minimal assistance to care for personal needs (unless accompanied by a personal care assistant).
- 75-80 participants accepted. The number is determined by the number of volunteers and/or staff available.

Program Highlights: Swimming, Water-slide, Boating, Tubing, Fishing, Crafts, Horseback riding, Tennis, Basketball, Archery, Putt-putt Golf, Zip-line, Dance, Talent Show, Movies, Games, and Relaxation

Swimming Pool and Boating: Lifeguards provided by Camp Ascca. Life vests are used for non-swimmers.

Medical Information and Health Needs: Medical information must be filled out completely.

- A copy of all applicable insurance cards is required. We will gladly copy this for you at the ARC office. If you have been to camp before and your insurance is the same, we already have a copy on file.
- ARC staff and/or assigned volunteers will attend to most medial needs. Camp Ascca's on-site RN is available for assistance and consult as needed. Serious injury/sickness will be handled at the nearest medical facility with ambulance transport if necessary.

Phone Numbers: Karen LeBow, 478-803-1456 (office), Camp Ascca Web Site: www.campascca.org

ARC-Macon Summer Camp Application

Office Use Only

Date Received _____ Insurance _____ Medication Sheet(s) _____ Release(s) Signed _____
Seizures _____ Allergies _____ Special Instructions _____
Personal Attendant _____ Attendant's Name _____ Shirt Sz _____

Adult Tee Shirt Size: Sm _____ Med _____ Lg _____ XL _____ X XL _____
(There is a \$2.00 surcharge for XXL because the company charges an additional fee)

Identifying Information

Name: _____ Date of Birth: _____ Age: _____ Sex: _____
Applicant's Address: _____ Zip: _____
Parent, Home Provider, or Case Worker (name): _____
Mailing Address (if different from applicant): _____ Zip _____
Phone Number(s): (Night) _____ (Day) _____ (Other) _____

Nature of Disability and Skill Level

- Mobility:** Walks _____ Crutches _____ Cane _____ Walker _____ Wheelchair (manual) _____
Wheelchair (electric) _____ Operates wheelchair independently? Yes _____ No _____
Transfer Skills: No assist _____ Partial assist/standby _____ Total assist _____
Other Notes _____
- Communication Skills:** Can this individual understand and communicate his/her needs to others (i.e. food, thirst, bathroom help, etc.)? Yes _____ No _____
How does this individual communicate? Verbal _____ Pointing/Gestures _____
Other (describe) _____
- Vision:** Normal _____ Partial Loss _____ Wears glasses _____ Legally blind _____
- Hearing:** Normal _____ Hard of hearing _____ Wears hearing aids _____ Deaf _____
- Toileting:** Bladder Control: Normal/No assist _____ Occasional Incontinence/bed wetter _____
Bowel Control: Normal/No assist _____ Partial assist/instruction _____
- Dressing:** No assist _____ Partial assist _____ Direction/instruction _____

Camper Name: _____

7. **Eating:** No assist ____ Partial assist ____ Needs supervision ____
Eating habits or problems that the cabin counselor needs to know. _____

8. **Washing/Bathing:** No assist ____ Partial assist ____ Supervision ____
Because summer camp is staffed primarily with volunteers, applicants must be able to care for their personal needs with limited assistance. Briefly describe what type of assistance this applicant needs for toileting, eating, bathing, etc. _____

9. **Diabetic?** Yes ____ No ____ Insulin dependent? Yes ____ No ____ If yes, does this person monitor their own blood/sugar and/or give shots independently? Yes ____ No ____
Does this individual understand how to choose their foods wisely? Yes ____ No ____ Special notes or concerns about this individual's diabetes _____

10. **Adaptive Devices:** Leg Brace ____ Helmet ____ Glasses ____ Hearing Aids ____
Dentures ____ Prosthesis (describe) _____
Other: _____

11. **Bedtime Routine:** Sleepwalking: Yes ____ No ____ Please describe this individual's usual bedtime routine and any information or issues that will be helpful for the cabin counselor to know. _____

12. **Behavior:** Tantrums? Yes ____ No ____ Cursing? Yes ____ No ____ Fights? Yes ____ No ____
Abusive to self and/or others? Yes ____ No ____ Physically threatening to others? Yes ____ No ____
Runs away? Yes ____ No ____ Stealing? Yes ____ No ____ Please describe any behavior issues and how they are handled at home. _____

13. **Swimming Ability:** Good swimmer ____ Fair swimmer ____ Does NOT swim ____
Permission to play in shallow water even if this person does NOT swim. Yes ____ No ____
Permission to enjoy boating activities while wearing a life jacket? Yes ____ No ____

* Medical Information follows on the next two pages *

Camper Name: _____

Medical Information

14. **Seizures:** (Yes _____) (No _____). If yes, describe a typical seizure and aftercare needed.

15. **Allergies:** (Yes _____) (No _____). If yes, explain allergies and treatment: _____

16. **Immunizations:** Are immunizations up-to-date? Yes ____ No ____ Date of last Tetanus Booster: _____

17. **Medical concerns:** Please note any medical concerns in the following areas:

Eyes:	Ears:
Nose:	Throat:
Teeth:	Digestion:
Heart:	Skin:
Lungs:	Other:
Other:	Other:

18. **Insurance:** Medical/Accident Insurance is required.

A copy of the applicant's Medicaid card and/or other insurance card(s) must accompany this registration.
If you bring the cards to the office, we will be glad to make copies for you.

Office Use Only

- ↑ Insurance Information enclosed.
- ↑ Insurance Information on file.

IMPORTANT: List medications on the next page including OTC

MEDICATIONS

Name: _____

Print clearly. List ALL medications including OTC. Give specific instructions (*i.e.* before or after a meal, crushed, with juice, etc.). **Adapt dosage times to categories provided below because campers are easily accessible at these times. If you are concerned about this request, call your physician and ask for permission. If a different time must be adhered to for a specific medication, use the "Exact Time" category at the bottom of page.** Use extra paper if needed.

<u>BEFORE Breakfast</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

<u>BREAKFAST</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

<u>LUNCH</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

<u>SUPPER</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

<u>BEDTIME</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

<u>EXACT-TIME</u> Medications	Purpose of medication? (<i>i.e.</i> seizures, anxiety, etc.)	Any special instructions? (<i>Before or after meal, etc.</i>)	Dosage (<i>how many pills, mg.</i>)

USE EXTRA PAPER IF NECESSARY - INDICATE WHICH CATEGORY THE MEDICATION IS FOR: BREAKFAST, LUNCH, SUPPER, BEDTIME, OR EXACT TIME.

*** The complete medication list must be returned with the application ***

ARC-Macon Summer Retreat
Camp Ascca, Jackson's Gap, Alabama
Permission and Release

Camper's Name: _____ has my permission to attend Camp Ascca at Jackson's Gap, Alabama. I understand that staff and volunteers from The Arc-Macon will provide care and supervision. I grant permission for the volunteer medical staff to dispense medications, which I have listed on the reverse side of this permission and release statement, in the manner specified and to dispense non-prescription medication(s) as needed (e.g. Tylenol, Pepto-Bismol, etc.). I further grant permission for the medical staff to seek help from the nearest health care facility in case of a serious illness or injury.

By signing this form, I release The Arc, coordinating agencies, volunteers, or other individuals associated with this retreat from all liability for accidents, injuries, or illnesses that may occur. I further release The Arc, coordinating agencies, volunteers, or other individuals associated with this retreat from all liability for lost or stolen articles.

By signing this form, I grant permission for photographs to be taken and used of this applicant for the purpose of public relation materials (i.e. news articles, newsletters, brochures, etc.).

Camp Ascca Release:

I hereby acknowledge that the above named camper is voluntarily participating in the camping, recreational and outdoor education activities at Camp Ascca. I understand and acknowledge that participation may include the following activities (*activities being considered are circled*): camping, arts & crafts, tree house, canoeing, fishing, horseback riding, riflery, hiking, dancing, field trip outside of camp, rock climbing/rappelling, water skiing, sailing, off-site whitewater canoe trips, swimming, high ropes course, archery, nature study/demo farm, sports & games, pontoon boat riding, tubing, personal fitness, group elements, and wildlife study. All activities may or may not be offered due to staffing availability, time constraints, and level of disability.

I understand that instruction in each area will be given prior to performance and will be supervised during such performance. I also recognize and fully understand that there are inherent dangers associated with the natural environment and risk involved through participating in such recreational activities that cannot be controlled.

In consideration of the Administrator and/or employees of Camp Ascca enrolling my child/adult or me as a resident of said Camp, I do hereby release and forever discharge said Camp from any and all actions, causes of actions, claims and demands for, upon, or by reason of any damage, loss or injury which heretofore have been made or which hereafter may be sustained in consequence of any accident occurring at said Camp or during off-site programs. I understand that this release/consent form will remain valid until otherwise revoked.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE CONTENTS OF THIS PERMISSION AND RELEASE STATEMENT.

Signature of parent/guardian

Relationship to camper

Signature of applicant (if possible)

Witness

Date signed

Important:

- Please double-check the medication list.
- Please ensure we have a legible copy of all insurance cards.

Payment Information

Deadline:

- Application with a minimum \$50.00 deposit is due three weeks before camp date.
- Final payment is due two weeks before camp.

Camper's Name: _____

Person responsible for payment: _____

Phone number of person responsible for payment: _____ Day #: _____

Night #: _____

Fee: \$200 (includes one camp tee shirt and all expenses). Payment arrangements can be by request.

Refunds: A refund will be made if cancellation is received a minimum of 5 working days before camp week. Refund checks will be mailed within 2-weeks of cancellation request. No refund for extra tee shirt orders.

Payment Options (please check appropriate box)

Minimum Down payment: \$50.00

Make checks payable to: ARC-Macon

\$200 full payment.

\$50 down payment. The balance will be paid on (date): _____.

\$ _____ Optional Donation
(Donations will be used to offset camp deficit and to fund campers that cannot afford to pay.
All donations are tax deductible and will be greatly appreciated.)

Special payment arrangements: 478-803-1456

Return application and down-payment to:

Karen LeBow, Community Service Manager

ARC-Macon

4664 Sheraton Drive

Macon, Georgia 31210-1322

Questions: Phone: 478-803-1456