

IMPORTANT: WE HAVE MADE MANY CHANGES THIS YEAR SO PLEASE READ ALL INSTRUCTIONS CAREFULLY!

APPLICATION INSTRUCTIONS

Please take the time to read and complete each form thoroughly. Completed applications must be returned as soon as possible.

Camp forms included which must be completed and returned include:

1. RESIDENT CAMP APPLICATION
2. HEALTH INFORMATION
 - a) Health and Immunization History
 - b) Consent and Agreement form
 - c) Voluntary Release, Assumption of Risk/Agreement Not To Sue
 - d) Medical Examination form
3. FINANCIAL INFORMATION
 - a) Payment Form
 - b) Campership Application form
(Return only if requesting financial assistance)

FORM INSTRUCTIONS

1. RESIDENT CAMP APPLICATION FORM

Please indicate session preference(s) on first page of application and be sure to include a second choice. Campers may sign up for as many sessions as they like, space permitting. Campers are assigned to sessions by Camp Administrative staff based on assessment. We will make every effort to place camper in the session of choice. Please sign your camper up for the appropriate session with regards to his/her age. We request that detailed instructions be included regarding personal care information. This will enable us to provide the best possible care for the camper.

Emergency Release of Camper: In the event of an emergency and the camper must be released prior to the end of the session, it is a requirement that someone be available at all times to pick up the camper. Therefore, the people that you list under emergency contacts on page one of the resident camp application **must be available** and able to pick up and care for the camper in the event that parents, legal guardians, or conservators cannot be reached.

2. HEALTH INFORMATION

HEALTH AND IMMUNIZATION HISTORY FORM:

Provide health insurance information and a copy of camper's vaccination record. **A tetanus immunization within the past 10 years is required to attend camp.** If applicant has not had a tetanus immunization since 2000, one must be obtained prior to camp attendance with documentation indicating that the immunization has been administered. **Please note that we also require a TB (tuberculosis) test within the past 2 years.** If the applicant has not had a TB test in the past two years, one must be obtained prior to camp attendance with documented results (please see medical form).

CONSENT AND AGREEMENT FORM: Date and signature of **both parents**, or parent with legal custody (if separated or divorced), or camper (if legally responsible for him/herself), or legal guardian(s), or legal

conservator(s) are required on signature page. Also, be sure to fill in camper's name at the top of each page and elsewhere as indicated.

Adult Campers (18 and older) must sign for themselves unless they have a legal conservator. For campers who are legally responsible for themselves, yet are unable to sign, please have them make an "X" and have a witness sign, as indicated.

For foster children, the signature of foster parents is NOT ACCEPTABLE, unless they are legal guardians of the child. If not, the signature of the Department of Children and Family Services Social Worker is required.

Camp Activities: Please be sure to read the Camp Activity Participation section carefully and insure that each box is marked if you want your camper to participate in the corresponding camp activity. Camp staff will carefully observe activity restrictions.

VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE FORM:

Must be signed and dated by parent or legal guardian/conservator or adult camper if not conserved. Please be sure to initial and fill in names/dates where indicated. Please contact Steve Schultz, Vice President of Finance and Administration at AbilityFirst (626) 396-1010 ext. 306 if you have any questions concerning this form.

MEDICAL EXAMINATION FORM: The medical examination is required **within one year** prior to camp attendance in order to ensure up-to-date information.

- ❖ Medication: Physician must clearly specify the name, dosage, and time for each prescribed medication to be dispensed, as well as any and all vitamin/mineral supplements, herbal/homeopathic medications, aspirin, and over-the-counter medications.
- ❖ Please note that EACH medication must be listed separately to include: Name of Medication, Dosage & time to be given. The physician must sign for each medication. This is the actual log that our nurses will use to administer the medications when your camper attends.
- ❖ If you need additional space to list the medications, please make copies of the form for your physician to complete.
- ❖ **Any medication changes that occur following completion of the attached medical examination form will require a new written prescription from the physician, or medication cannot be administered at camp. In addition, if a medication has been discontinued since completion of the form, a physician's note verifying the changes must be completed. Please understand that the physician must sign all changes/additions/orders for any kind of medication, in person.**
- ❖ TB (tuberculosis) Test: We require a TB test within the past two years. The physician must list date of last TB test and test result on medical form.
- ❖ Seizure Medication: It is preferred that no seizure medication changes be made within thirty (30) days prior to camp arrival.
- ❖ Activity Restrictions: Physician must check **yes** or **no** for each listed activity and note precautions to observe. Please note that camp staff are required to follow physician's activity recommendations and cannot remove such restrictions without the physician's written authorization.
- ❖ Health Statement: Physician's name, signature, address, and phone number **must be clearly written. Be sure that both sides of the medical examination form are dated and signed.**

NOTE: Please do not rely upon your physician, hospital, and/or clinic personnel to forward the medical examination form to us nor depend upon us to remind you that the medical form has not been received. We strongly recommend that you make a copy of your completed medical form before sending it to us so that you have a copy in the event it is misplaced or lost in the mail.

3. FINANCIAL INFORMATION

PAYMENT FORM: This form must be completed by all applicants. Camp fees for this year are noted under Session Selection (page 2) of the resident camp application. All applicants must send a \$100.00 non-refundable deposit check with their application in order to secure a spot at camp. If paying the full amount prior to March 1st, 2010, please deduct the \$75.00 early bird discount. If camper is attending multiple sessions, please deduct \$100 from payment for each session after the first one attended.

If you are unable to pay the full amount of the camp fee, please complete and return the Campership Application form.

CAMPERSHIP APPLICATION FORM: Please read the cover letter, policies and form instructions carefully. All campership applications must be completed in entirety. You must attach supporting documents providing proof of income in addition to a \$100 deposit to be considered for financial assistance. **This information will be confidential.** Incomplete campership applications will be returned prior to processing.

CAMP ACCEPTANCE

CAMP ACCEPTANCE NOTICES

Notices indicating the session assignment as well as arrival times will be mailed to applicants once all paperwork has been completed. Please note that all payments are due 30 days prior to scheduled attendance.

WAIT- LIST NOTICES

Notices will be sent if a camp space is not available this year. Wait-list applicants will be notified in the event of a cancellation, which will enable them to attend camp.

**IF YOU NEED ASSISTANCE IN COMPLETING THE CAMP APPLICATION,
PLEASE CONTACT:**

**BRENDA STARKINS, CAMPER SERVICES COORDINATOR
(909) 338-1102 EXT. 102**