Rotary Camp
For Children with Special Needs
ROTARY CLUB OF AKRON

the YMCA
AKRON AREA YMCA

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

2012 REGISTRATION

Camper's Name

Home Address

City State Zip County

Telephone Email

DOB ☐ Male ☐ Female

Previous camper at Rotary Camp? ☐ Yes ☐ No What Years?

2011-2012 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?

2012 ROTARY CAMP DATES AND RATES
SUMMER CAMP

REVISED FEB 2012

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

☐ June 10-15 ☐ June 17-22 ☐ June 24-29

☐ July 8-13 ☐ July 15-20 ☐ July 29-August 3

No. of Weeks_____x $475 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

☐ Limited subsidies are available if eligible for Summit County DD Board services. Check here if you are eligible.

Siblings Camp *(Sunday-Friday)*

☐ June 24-29

No. of Weeks_____x $475 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

Overnight Adult Camps *(Sunday-Friday)*

☐ July 1-6 ☐ July 22-27

No. of Weeks_____x $475 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

Hale Farm Day Camp *(Monday-Friday • 8:30am-2:30pm)*

☐ June 11-15 ☐ June 18-22 ☐ June 25-29 ☐ July 2-6 *(no camp July 4)*

☐ July 9-13 ☐ July 16-20 ☐ July 23-27 ☐ July 30-August 3

No. of Weeks_____x $290 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

☐ Eligible Summit County DD Board campers check here if you would like transportation*

☐ Limited subsidies are available if eligible for Summit County DD Board services. Check here if you are eligible.

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

☐ June 11-15 ☐ June 18-22 ☐ June 25-29 ☐ July 2-6 *(no camp July 4)*

☐ July 9-13 ☐ July 16-20 ☐ July 23-27 ☐ July 30-August 3

No. of Weeks_____x $290 =$_____-$50 Deposit/Co-Pay* (per Session)=$_____

☐ Eligible Summit County DD Board campers check here if you would like transportation*

☐ Limited subsidies are available if eligible for Summit County DD Board services. Check here if you are eligible.

Portage Trailblazers Day Camp *(Monday-Friday • 9:00am-3:00pm)*

☐ June 18-July 6 ☐ July 9-27

The program fees for this camp are 100% subsidized by the Portage DD Board. Must be Portage DD Board eligible to attend this program.

☐ Eligible Portage County DD Board campers check here if you would like transportation*

* Transportation must be requested before 5/1/2012. Please complete Page 2 if requesting transportation. *Transportation will not be available in Portage County July 2–July 6*

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.

2012 REGISTRATION

TRANSPORTATION

Please check for transportation: ☐ Summit County DD eligible campers only ☐ Portage 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? _____

2012 REGISTRATION

TRANSPORTATION

SUMMIT COUNTY BOARD OF DD ELIGIBLE

Hale Farm Hub Locations and Approximate Times

HUB	Address	Pick Up	Drop Off
Summit Co. DD	Barberton	7:00 ☐	3:20 ☐
Closed KFC	77/V Odom	7:20 ☐	3:10 ☐
Fisher's Café	Peninsula	8:05 ☐	2:45 ☐
Friendly's/Starbucks	Rt 8/Graham Rd	7:25 ☐	3:25 ☐
Pancho's	Rt 8/303	7:45 ☐	3:15 ☐
Day's Inn	Rt 8/271	8:00 ☐	3:00 ☐
Staple's	77/Arlington	7:20 ☐	3:25 ☐
CVS	East Market	7:30 ☐	3:15 ☐
Regal Theater	Fairlawn	8:00 ☐	2:50 ☐

Please select up to one hub for pick up and up to one hub for drop off. They do not need to be the same location for each. You may pick one for drop-off and one for pickup but once picked they cannot be changed.

Rex Lake Hub Locations and Approximate Times

HUB	Address	Pick Up	Drop Off
Atlas Energy	Rt 77/241	9:15 ☐	4:50 ☐
Firestone Park YMCA	Wilbeth Road	9:25 ☐	4:35 ☐
Barberton Rite Aid	Wooster and Cleveland Massilon Road	9:45 ☐	4:15 ☐
Regal Theater	Fairlawn	8:50 ☐	4:50 ☐
Neuro Center	77/Whitepond	9:10 ☐	4:35 ☐
Barberton Giant Eagle	5th St	9:35 ☐	4:15 ☐
Days Inn	Rt 8/271	9:00 ☐	5:15 ☐
Poncho's	Rt 8/303	9:15 ☐	5:00 ☐
Friendly's/Starbucks	Rt 8/Graham Rd	9:30 ☐	4:45 ☐
Fisher's Café	Peninsula	9:00 ☐	5:05 ☐
Oak Hill Presbyterian Church	Pfeifer/Ardwell Road in Akron	9:30 ☐	4:30 ☐

Please select up to one hub for pick up and up to one hub for drop off. They do not need to be the same location for each. You may pick one for drop-off and one for pickup but once picked they cannot be changed.

Koala Kruizers will be the transportation company used for these sites.

Please keep a copy of this for yourself to reference if you have questions about your schedule.

PORTAGE COUNTY BOARD OF DD ELIGIBLE

Campers attending Rotary Camp at Happy Days School will be contacted by the Board of DD for arrangements.

Transportation will not be available in Portage County July 2–July 6 .

2012 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.

• Cancelations made prior to the session date are eligible for a refund less the deposit.

• No shows will be billed for one-half the session fee and may be taken off the roster for future sessions.

I agree to the above terms and conditions. _____Initial and Date

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: _____

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

Date Amount

Date Amount

Date Amount

☐ AUTOMATIC CHECKING DRAFT

Bank Name

Routing No.

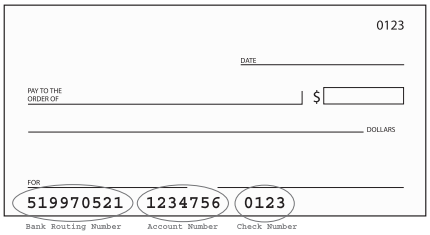
Account No.

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

2012 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 _____

_____

2012 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.

2012 REGISTRATION

GENERAL HEALTH HISTORY

WALKING

___Camper can walk and climb medium grade hills independently.

___Camper tires easily when walking and 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):

_____

_____

2012 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):

_____

2012 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:

_____

_____

_____

_____

_____

_____

2012 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:

2012 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.

IV. AUTHORIZATIONS AND 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 enough medication for one week only.
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.

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 summer of 2012.

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: rotarycamp@akronymca.org Fax: 330.644.1013