

# Camp Sunshine 2010

## Camper Registration Form

Located at Camp Blodgett

10451 Lakeshore Drive

West Olive, Michigan 49460 Ph: 616-844-7210

Session 1: August 2-5, 2010

Session 2: August 6-9, 2010

**Mission Statement:** A Camp that provides a rewarding camping experience for persons with developmental disabilities in an inclusive environment that embraces their recreational, emotional, physical, spiritual, and relational needs.

The camp is limited to 75 campers per session and will provide a one-to-one camper-counselor ratio. Campers must be between the ages of 12 and 50 by August 1, 2010. **Camp Blodgett** is barrier-free; wheelchairs are welcome. Campers will not be accepted until the camp medical staff reviews the health form. **Camper confirmation will be indicated by a cleared check.** Additional information will be sent the end of May. **Due to the large number of campers who want to attend Camp Sunshine, it will be best to return your completed forms as soon as possible!!**

### Camper Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Resident Home Name (if applicable) \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Attending Church (if applicable) \_\_\_\_\_

Gender  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ T-Shirt Sizes (S-XXL) \_\_\_\_\_

Wheelchair/Walker:  Yes  No Place of Work or School \_\_\_\_\_

Describe disability/special care required: \_\_\_\_\_

### Parent / Guardian Information:

Parent/Guardian Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

List any additional persons to whom Camp Sunshine has permission to release the camper: \*Parent/Legal Guardian must initial each name.

Name	Phone	Relationship	*Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* In case of emergency, list any person that this person cannot be released to: \_\_\_\_\_

**Session Preference:**  Session 1 (August 2-5)  Session 2 (August 6-9)

**\*\*Please note that drop-off time is from 9:00-9:30 AM and pick-up time is from 11:00-11:30 AM\*\***

Cost: \$275.00 Make check payable to Camp Sunshine. Full payment must accompany this registration. If further information is needed, please e-mail Camp Sunshine at: [campsunshinemi@gmail.com](mailto:campsunshinemi@gmail.com) or check our web site at [www.campsunshine.info](http://www.campsunshine.info) or call (616) 994-9897.

Partial refunds will be given if requested by June 30, 2010, After June 30, partial refund will only be given for medical reasons or family emergency. All refunds are subject to a \$50.00 administrative fee.

**Please send this completed form, the completed Waiver, Release and Consent form, the completed Medical / Surgical Authorization form, the completed Health form, picture of camper and full camp payment of \$275.**

**Camp Sunshine  
PMB 200  
430 E. 8<sup>th</sup> Street  
Holland, MI 49423**

**Camper Name:** \_\_\_\_\_ (Office use only: Counselor name \_\_\_\_\_)

### Questions for the Camper!!!

1. My favorite foods are \_\_\_\_\_
2. My favorite games are \_\_\_\_\_
3. I know a lot about \_\_\_\_\_
4. The thing I most like to do with my friends is \_\_\_\_\_
5. In my free time, I like \_\_\_\_\_ watching videos \_\_\_\_\_ drawing/coloring \_\_\_\_\_ craft projects \_\_\_\_\_ sports  
\_\_\_\_\_ listening to music \_\_\_\_\_ dancing \_\_\_\_\_ puzzles \_\_\_\_\_ singing \_\_\_\_\_ board games \_\_\_\_\_ swimming

### Waiver, Release and Consent

In consideration and as a condition of my/our child's or ward's participation in the Camp Sunshine program, I/we understand and hereby assume the inherent risks involved in the Camp Sunshine program (including without limitation the program's camping experience) in which my / our child or ward will participate. I/we expressly assume the risk of, and accept full responsibility for, any and all injuries (including death) and accidents which may occur as a result of or in connection with my / our child's or ward's participation in the Camp Sunshine program (including without limitation the program's camping experience). I/we release from liability, against any and all claims, damages, demands, actions, or causes of action (of any and every kind or nature whatsoever), Camp Sunshine, Inc., and each of its boards, board members, directors, program staff, agents, representatives, employees, counselors and volunteers. I/we hereby waive and relinquish any and all such claims, damages, demands, actions, or causes of action (of any and every kind or nature whatsoever) I/we may hereafter have for any and all injuries to my / our child's or ward's person or property (including but not limited to loss of personal property) as a result of my / our child's or ward's participation in the Camp Sunshine program (including without limitation the program's camping experience) in which my / our child or ward participates.

I/we hereby authorize and consent to the use, for publicity and other lawful purposes, of any photographs, videotapes, recordings or other records in which my / our child or ward appears. I/we hereby further authorize and consent to my / our child's or ward's transportation in any vehicle (whether public or private) in connection with my /our child's or ward's participation in any Camp Sunshine program and activity. I/we certify that I/we have read and fully understand this Waiver, Release and Consent; that I/we execute the same voluntarily and of my / our own free will; and that I am/we are of lawful age and legally competent to do so. I/we understand it is the policy of Camp Sunshine, Inc. not to release a camper to anyone other than the person(s) designated in the section below. In executing this Waiver, Release and Consent, I/we do so on behalf of myself/ourselves, on behalf of my / our child or ward, and on behalf of any heirs, legal representatives and/ or assigns acting on my / our behalf and/ or on behalf of my / our child or ward.

Name of Camper (Child or Ward): \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Camper's Parent / Legal Guardian: \_\_\_\_\_

\*Signature of Camper's Parent: \_\_\_\_\_

\*If two parents, both must sign.

\*\*Instructions **ONLY** for those who prefer to submit this registration electronically.

\*\*By typing your name on the above signature line, you acknowledge the accuracy, and accept and approve the terms of this form (including its medical/surgical authorization and consent).

\*\*In addition to sending this form electronically, camper will be considered only after photo and check are received by the Camp Sunshine office.

# Camp Sunshine 2010 Camper Health Form

The camper will NOT be considered until all the information is accurate and complete.

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Group Home: \_\_\_\_\_ Group Home Phone Number: \_\_\_\_\_

Contact in case of emergency: Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Second emergency contact: Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information will be used by our nurses to help meet the individual needs of the camper. **Please make sure forms are filled out completely.** Even if the information does not seem important to you, it is essential for our use.

Medical Diagnosis: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Up to date immunizations  Yes  No

Date of last tetanus shot: \_\_\_\_\_ Gender \_\_\_\_\_ If female, has camper begun menstruation?  Yes  No

**Medical Record:**

All camp meds are given at breakfast, lunch, dinner and bedtime. Please check the time slot **closest** to the time meds are given at home. Please speak with the nursing staff if your camper has additional needs beyond the specified time.

Medication Name	Dosage in mg	Time Breakfast	Time Lunch	Time Dinner	Time Bedtime

Allergies (medications/food): \_\_\_\_\_

May camper take Tylenol?  Yes  No Does camper have a shunt?  Yes  No

Does the camper have any rashes or open sores that require treatment?  Yes  No Current infectious diseases?  Yes  No

Bowel Habits (select one): Every Day 2 Days 3 Days More

Bowel Program:  Independent  Laxative  Suppository Bladder Program:  Independent  Depends

Associated Problems (check all that apply):  Visual Impairment ( Glasses)  Hearing Impairment

Seizure Disorder: Date of last seizure: \_\_\_\_/\_\_\_\_/\_\_\_\_ How often are seizures? \_\_\_\_\_ Type of seizures: \_\_\_\_\_

List any physical limitations not listed above: \_\_\_\_\_

**Indicate any Regular Routines:**

Morning: \_\_\_\_\_ Bedtime: \_\_\_\_\_

Does the camper wet the bed?  Yes  No Any known fears (i.e. storms, darkness, etc.)? \_\_\_\_\_

If yes, how are they best dealt with? \_\_\_\_\_

Behavior problems?  Yes  No

If yes, how are they best dealt with? \_\_\_\_\_

Has the camper been away from home before?  Yes  No Is the camper likely to get homesick?  Yes  No

If yes, how are they best dealt with? \_\_\_\_\_

Additional Information / Comments to help ensure that your camper's stay will be positive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Camper Health Form (Page 2)

Please take time to fill out this form completely and accurately.

## Activities of Daily Living:

### Eating:

- Can feed self
- Needs set-up
- Must be fed
- At risk for choking
- Special Diet (explain):

### Comprehension:

- Understand most conversation
- Needs short sentences
- Needs single command
- Can read – grade level: \_\_\_\_\_

### Transfers:

- Sliding Board
- Pivot
- One Person Lift     Two Person Lift

### Dressing / Undressing:

- Assist with (circle)  
shoes    buttons
- pants    bra
- shirt    zippers
- Must be dressed

### Ambulation:

- Needs support
- Cane
- Wheelchair
- Walker
- Electric Wheelchair

### Communication:

- Speaks distinctly
- Speaks / hard to understand
- Uses only a few words
- Signs ( reads lips)
- Uses communication board (Please bring)

### Bathroom Needs:

- Assist with shower
- Must be wiped
- Assist with clothing
- Bed Pan ( Commode)
- Wears Diapers ( Night Only)

### Special Equipment:

- Hand Splints: Times Worn: \_\_\_\_\_
- Helmet: Times Worn: \_\_\_\_\_
- Braces: Times Worn: \_\_\_\_\_

## Medical/Surgical Authorization (Limited Purpose Power of Attorney)

The undersigned parent(s)/legal guardian(s) hereby appoint the Camp Sunshine Executive Director (or in her absence another competent adult representative of Camp Sunshine) as our attorney-in-fact and delegate to such person(s) the power to consent on our behalf to any and all routine medical and surgical treatment or care of our child/ward (i.e. the camper named below) determined to be necessary or desirable by my/our child's/ward's attending nurse(s) and/or physician(s). This Power of Attorney shall not, however, be effective for consent to non-emergency elective surgery.

The undersigned parent(s)/legal guardian(s) hereby consent generally to any and all routine medical or surgical treatment or care of my/our child/ward (i.e. the camper named below) determined to be necessary or desirable by any nurse and/ or physician attending my/our child/ward except non-emergency elective surgery or care or treatment expressly excluded above. The undersigned hereby ratify and affirm any and all consent given by our attorney-in-fact pursuant to this Power of Attorney.

This Power of Attorney shall be in effect throughout the Camp Sunshine camping program operated during the month of August 2010, unless earlier revoked by the undersigned. Any nurse, physician or hospital may assume and rely that this authorization is currently in effect during such period unless notified in writing to the contrary.

The undersigned parent(s)/legal guardian(s) certify that they have read this Power of Attorney (or had it read to them) and that they understand this Power of Attorney.

Name of Camper (Child or Ward): \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Camper's Parent / Legal Guardian: \_\_\_\_\_

\*Signature of Camper's Parent: \_\_\_\_\_

\*If two parents, both must sign.

**In case of extreme emergency and a parent/guardian cannot be reached, the camper will be resuscitated unless you check the box and initial the line.     DNR = Do Not Resuscitate    \_\_\_\_\_ Initials**