



**CAMP LAKE STEPHENS**

**CAMP RAINBOW - JULY 2-6, 2018**

REGISTRATION FORM MUST BE FULLY COMPLETED FOR FIRST TIME AND RETURNING CAMPERS.  
THIS APPLICATION WILL NOT BE CONSIDERED IF IT IS RETURNED INCOMPLETE, WITHOUT THE  
ENCLOSED MEDICAL FORM, CAMPER INFORMATION FORM, AND THE REQUIRED DEPOSIT.

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Camper Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Type of Residence: ( ) Private ( ) Group Home ( ) Institution or Center ( ) Other

Camper Phone \_\_\_\_\_ Name of group home or center \_\_\_\_\_

Parent Phone \_\_\_\_\_ Phone of group home or center \_\_\_\_\_

Contact person at group home or center \_\_\_\_\_

Number/s to call in case of emergency: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_

Email address where confirmation/reminders should be sent: \_\_\_\_\_

Do you prefer to receive communication through email or by mail? \_\_\_\_\_

**Billing Information:**

**A non-refundable deposit of \$100 is required for each camper. The total registration fee is \$395 (for Early Bird Registration/Deposit received before April 6<sup>th</sup>) --- or \$445 (for Registration/Deposit received after April 6<sup>th</sup>). You may pay in full now, or pay the \$100 deposit and the remainder by June 18<sup>th</sup>.**

( ) \$100 deposit in enclosed.

( ) Entire registration fee is enclosed.

( ) Church is paying a portion of the fee. Amount: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Contact person at church: \_\_\_\_\_ Phone number: \_\_\_\_\_

Deposit/Fee paid by: ( ) Cash ( ) Check # \_\_\_\_\_ ( ) Credit Card

Name on credit card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date of card: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**FOR OFFICE USE ONLY:** entered by \_\_\_\_\_ date \_\_\_\_\_

## CAMPER CRITERIA

### Self Help Skills:

- 1) Ability to care for self when using toilet facilities, day and night.
- 2) Capable of washing, dressing, and eating independently with minimal help.
- 3) Women should have an understanding and awareness of, be capable to cope with, and independently provide necessary hygiene during menstrual cycle.

### Social Skills:

- 1) Able to communicate verbally or non-verbally.
- 2) Able to relate appropriately to other campers and leadership in a structured program with a 1:2 staff to camper ratio.
- 3) Able to function in a program involving swimming, boating, archery, etc.
- 4) Able to stay within physical boundaries of camp without wandering.
- 5) Free from any self-abusive or aggressive behaviors.

### Medical Conditions:

- 1) Seizures are controlled.

I have read the above, and this camper meets the criteria listed. Please initial here: \_\_\_\_\_

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ESSENTIAL INFORMATION WITHHELD IN REGARDS TO THE EXTENT OF THE CAMPER'S DISABILITIES, RESULTING IN INJURY TO SELF OR OTHER CAMPERS, OR DAMAGE TO THE CAMP PROPERTY, WILL BE CONSIDERED THE FINANCIAL RESPONSIBILITY OF THE PARENT, GUARDIAN, OR CARE PROVIDER. Please initial here: \_\_\_\_\_

Name of person completing this application:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency/Home/Center \_\_\_\_\_ Phone \_\_\_\_\_

### APPLICATION CHECKLIST

Please make sure you have all these items completed before you mail in your application.  
YOUR SPOT IN NOT CONFIRMED UNTIL WE HAVE RECEIVED THE FOLLOWING:

- \_\_\_\_\_ \$100 deposit
- \_\_\_\_\_ Completed Registration Form (white)
- \_\_\_\_\_ Completed Camper Information Form (pink)
- \_\_\_\_\_ Completed Health Form (yellow)
- \_\_\_\_\_ Completed Release Form (green)

Please Initial Here: \_\_\_\_\_



**Camp Rainbow - July 2-6, 2018**  
**CAMPER INFORMATION FORM**

THIS INFORMATION SECTION MUST BE FULLY COMPLETED FOR FIRST TIME OR RETURNING CAMPERS, IN ORDER TO PROVIDE COUNSELORS WITH INFORMATION NECESSARY TO MAKE THE CAMPING EXPERIENCE MOST BENEFICIAL. THIS APPLICATION WILL NOT BE CONSIDERED IF RETURNED INCOMPLETE, WITHOUT THE ENCLOSED HEALTH FORM AND THE REQUIRED DEPOSIT.

All applicants must be ambulatory and able to take care of his/her own toileting and showering needs.

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Degree of Disability: ( ) Mild (IQ 70-50) ( ) Moderate (IQ 50-40) ( ) Severe (IQ 40-20)

**MEDICAL HISTORY:**

Does the camper have any food or drug allergies? ( ) YES ( ) NO

If yes, please list: \_\_\_\_\_

Reaction: \_\_\_\_\_

Does the camper have a history of Diabetes? ( ) YES ( ) NO

If yes, how is it controlled? \_\_\_\_\_

Does the camper have a history of seizures? ( ) YES ( ) NO

If yes, how is it controlled? \_\_\_\_\_

Describe behavior before, during, and after the seizure: \_\_\_\_\_

\_\_\_\_\_

How often do seizures occur? \_\_\_\_\_

Does the camper take medication? ( ) YES ( ) NO

Please circle all times medication is taken: *breakfast* *lunch* *dinner* *bedtime*

(medications will be listed on the health form)

Has applicant been to Camp Rainbow before? ( ) YES ( ) NO If yes, how many years? \_\_\_\_\_

Please list 3 activities or items that the camper enjoys: \_\_\_\_\_

\_\_\_\_\_

(please continue on back)

**SKILLS FOR DAILY LIVING (please check all that apply)**

**SPEECH AND COMMUNICATION:**

verbal     non-verbal     signing     points/gestures     verbalizes basic needs

If camper is non-verbal, explain in detail their ability to communicate and how best to communicate with them: \_\_\_\_\_

**MOBILITY:**

Is the camper able to participate in the normal pace of activities (walking, hiking, canoeing, swimming, etc.) or do exceptions need to be made for a slower pace (more resting/sitting out some activities, etc.)?

little or no rest between activities     some rest between activities     a lot of rest between activities

Limitations in gross motor skills (walking, etc.) \_\_\_\_\_

**SLEEPING PATTERNS:**

normal     restless     hard to wake     talks in sleep     sleepwalks     uses CPAP/apnea machine

Please explain: \_\_\_\_\_

Is there anything that routinely upsets the camper (loud noises, etc.)? \_\_\_\_\_

**Please check as appropriate**

Function	Unable	With Assistance	With prompting	Independently
Dress/undress				
Buttons/snaps				
Ties shoes				
Brush teeth				
Wash face and hands				
Comb/brush hair				
Shave				
Shower				
Wash hair				
Apply deodorant				
Toilet				
Attend to menstrual needs				
Engage in conversation				
Walk on uneven terrain				

Please identify any additional information about the camper that you think is important, or that may help the counselor provide a positive camping experience: \_\_\_\_\_



**CAMP LAKE STEPHENS**

**CAMP RAINBOW - JULY 2-6, 2018 HEALTH FORM**

THIS HEALTH FORM MUST BE FULLY COMPLETED FOR FIRST TIME AND RETURNING CAMPERS. THIS APPLICATION WILL NOT BE CONSIDERED IF FORMS ARE RETURNED IMCOMPLETE.

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Parent/Guardian with legal custody to be contacted in case of illness or injury:**

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Second parent/Emergency Contact:**

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Additional contact in event parent/guardian cannot be reached:**

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**ALLERGIES:**

( ) no known allergies ( ) camper allergic to: ( ) food ( ) medicine ( ) environment ( ) other  
(please describe what the camper is allergic to, reaction seen, and necessary management)

\_\_\_\_\_  
\_\_\_\_\_

**DIET/NUTRITION:**

( ) camper eats a regular diet ( ) camper eats a regular vegetarian diet  
( ) camper has special food needs (please describe below)

\_\_\_\_\_

**RESTRICTIONS:**

( ) I have reviewed the program/activities of the camp and feel the camper can participate without restrictions.  
( ) I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: (please describe below)

\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION: Include a copy of your insurance card (both sides of card)**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance co. phone # \_\_\_\_\_

I (WE) THE PARENT(S)/LEGAL GUARDIANS OF \_\_\_\_\_, HEREBY AUTHORIZE CAMP LAKE STEPHENS STAFF OR ADULT LEADER TO CONSENT AND AGREE TO ANY EMERGENCY MEDICAL, EMERGENCY DENTAL CARE OR TREATMENT BY ANY HOSPITAL, EMERGENCY CARE PROVIDER, PHYSICIAN OR DENTIST FOR THE ABOVE NAMED CAMPER.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

**HEALTH CARE PROVIDERS:**

Camper's Primary Doctor/s \_\_\_\_\_ Phone \_\_\_\_\_

Camper's Dentist/s: \_\_\_\_\_ Phone \_\_\_\_\_

**GENERAL HEALTH HISTORY: Please circle YES or NO for each statement.**

- |   |        |  |        |
|---|--------|--|--------|
| 1) Ever been hospitalized?                    | YES NO | 14) Passed out/had chest pain during exercise?         | YES NO |
| 2) Ever had surgery?                          | YES NO | 15) Have asthma/wheezing/shortness of breath?          | YES NO |
| 3) Have recurrent/chronic illnesses?          | YES NO | 16) If female, any problems with periods/menstruation? | YES NO |
| 4) Had a recent infectious disease?           | YES NO | 17) Had mononucleosis (mono) in the past 12 months?    | YES NO |
| 5) Had a recent injury?                       | YES NO | 18) Traveled outside the country in the past 9 months? | YES NO |
| 6) Have diabetes?                             | YES NO | 19) Wear glasses, contacts, or protective eyewear?     | YES NO |
| 7) Had seizures?                              | YES NO | 20) Have problems with falling asleep/sleepwalking?    | YES NO |
| 8) Had headaches?                             | YES NO |  |        |
| 9) Had fainting or dizziness?                 | YES NO |  |        |
| 11) Have a history of bed-wetting?            | YES NO |  |        |
| 12) Had any skin problems?                    | YES NO |  |        |
| 13) Have problems with diarrhea/constipation? | YES NO |  |        |
| 14) Ever had back/joint problems?             | YES NO |  |        |

*Please explain all "yes" answers:*

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**MENTAL, EMOTIONAL, AND SOCIAL HEALTH: Has the camper.....**

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? YES NO
- Ever been treated for emotional or behavioral difficulties or an eating disorder? YES NO
- During the past 12 months, seen a professional to address mental/emotional health concerns? YES NO
- Had a life event that continues to affect the camper's life (history of abuse, death of a loved one, etc.)? YES NO

*Please explain all "yes" answers:*

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**Please provide date (month & year) of last immunization. THESE DATES NEED TO BE UPDATED EVERY YEAR, FOR CAMP ACCREDITATION PURPOSES. (If you don't know these dates, please contact your physician.)**

Tetanus _____	TD (Tetanus/Diphtheria) _____
Polio _____	DTP _____
MMR _____	Hepatitis B _____

**The following non-prescription medications are commonly stocked in the camp health center and are used on an AS NEEDED basis to manage illness and injury. *Please cross out the items that camper should not be given.***

- |                            |                          |                    |
|----------------------------|--------------------------|--------------------|
| Acetaminophen (Tylenol)    | Guaifenesin (Robitussin) | Calamine Lotion    |
| Ibuprofen (Advil, Motrin)  | Sore throat spay         | Aloe               |
| Diphenhydramine (Benadryl) | Generic Cough Drops      | Pepto-Bismol       |
| Antihistamine/allergy med  | Tylenol cold/sinus       | Laxatives (Ex-lax) |
| Lice shampoo/cream         | Antibiotic cream         |                    |

**MEDICATION:** Camper Name \_\_\_\_\_

- ( ) This camper will not take any daily medications while attending camp.
- ( ) This camper will take the following medication(s) while attending camp.

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Medications must be sent in original pharmacy containers with labels which show the camper's name and how the medication shall be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication (exactly as dispensed)	Dosage Amount	Times Given	Total Daily Dosage	Directions for Administration	Reason for Medication
<i>EXAMPLE: Mellaril</i>	<i>50 mg</i>	<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>	<i>100 mg</i>	<i>One tablet, 2x a day. Crush pill.</i>	<i>behavior</i>
		<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>			
		<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>			
		<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>			
		<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>			
		<i>__ Breakfast __ Lunch __ Dinner __ Bedtime __ Other _____</i>			

I have reviewed the health form and will send all medications in original packaging with current doses. I give permission to the camp nurse to administer prescription medication (as noted above) and over-the-counter medications brought to camp, and noted on this form. I give permission to the camp nurse to administer first aid should a situation requiring medical attention occur at camp.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name of Medication (exactly as dispensed)	Dosage Amount	Times Given	Total Daily Dosage	Directions for Administration	Reason for Medication
<i>EXAMPLE:</i> <i>Mellaril</i>	50 mg	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input checked="" type="checkbox"/> Other _____	100 mg	One tablet, 2x a day. Crush pill.	behavior
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____			

Please photocopy this page if needed for additional medications. Thank you.



For Camp Use Only: \_\_\_\_\_ Release Form is signed and accurate  
\_\_\_\_\_ Release Form needs amending



## Camp Rainbow Release Form

### **Photography Release:**

Group photographs are taken and given to the campers at the end of each camp session. Other photographs may be taken and used by the camp for promotion and publicity purposes. Camp Lake Stephens needs parental consent for photographs to be made. Under no circumstances will any photograph be used for any other purposes than is stated above.

I give permission for Camp Lake Stephens to take photographs for promotion/publicity of

\_\_\_\_\_ (camper's name).

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

### **Off-Site Activities:**

At times it is necessary for campers to leave the camp facility to participate in special off-site activities or to receive medical care. Camp Lake Stephens needs parental/guardian consent for campers to leave for these activities.

I give permission for \_\_\_\_\_ (camper's name) to leave Camp Lake Stephens property for special needs.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

### **Camper Pick-Up:**

Camp Lake Stephens must be provided with a signed statement indicating to whom their camper will be released to. This must be filled out even if the parent/guardian is picking up the camper. Please list people the camper can be released to:

\_\_\_\_\_ (Camper's name) can/will be picked up from Camp

Lake Stephens by the following:

\_\_\_\_\_ (Relationship to camper)

\_\_\_\_\_ (Relationship to camper)

\_\_\_\_\_ (Relationship to camper)

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**More on Back!**



Camper Name: \_\_\_\_\_

**Release of Liability Agreement:**

I, the undersigned, recognize there are risks, including those of injury and even death, in the activities initiated and carried out under the auspices of Camp Lake Stephens. I freely assume those risks on my own and my child's behalf. I agree to release and hold harmless from liability the workers, and other employees and agents in the event of injury or death of my son(s)/daughter(s) (listed below), resulting from negligence or any other theory of liability while engaging in any camp activity. I agree to not make any claim or file any lawsuit against Camp Lake Stephens, its staff members, volunteer workers, employees and agents, for injuries or damages related to my child's participation in camp activities.

**(Please initial)** \_\_\_\_\_

I understand that this is a legally binding contract and that the camp activities are provided in consideration for this signed Release of Liability Agreement.

**(Please initial)** \_\_\_\_\_

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I understand that my camper will be participating in camp activities, which often have a physical nature, thus requiring bodily exertion on a daily basis during the camp experience. I understand that my camper will be involved in these activities, and agree to their participation in respective camp events.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS CONTRACTS RELEASES CAMP LAKE STEPHENS, ITS STAFF MEMBERS, VOLUNTEER WORKERS, EMPLOYEES, AND AGENTS, FROM LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Please Print Name of Parent/Guardian Authorizing*