

# **"The Arc Macon Summer Retreat 2018"**

**August 20-24, 2018**

"Fun with Friends"



**At Camp Ascca**

**Departure:** 9:30 a.m., Monday, (August 20) We leave from The Arc Macon office, 4664 Sheraton Drive. **Eat breakfast before you come.**  
**Return:** 1:00 p.m., Friday, (August 24). We will return to the same location as departure.

**Fee: \$225 (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:** Two weeks before camp date (August 6th)

- 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 a volunteer of The Arc Macon and must sign the same release, undergo a criminal background check (*at The Arc Macon's expense*), and observe the same rules, guidelines, and schedules as other cabin counselors. All volunteers are under the direct supervision of The Arc Macon 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 Macon office. If you have been to camp before and your insurance is the same, we already have a copy on file.
- The Arc Macon staff and/or assigned volunteers will attend to most medial needs. Camp Ascca 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:**

Rhonda Newell, 478-803-1457  
Camp Ascca Web Site: [www.campascca.org](http://www.campascca.org)

# The 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 \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_ 4XL \_\_\_\_\_ 5XL \_\_\_\_\_ 6XL \_\_\_\_\_  
(Additional fee - 2XL-6XL \$3.00)

## 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.

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

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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. seizures, anxiety, etc.)</i>	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. seizures, anxiety, etc.)</i>	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. seizures, anxiety, etc.)</i>	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. seizures, anxiety, etc.)</i>	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. seizures, anxiety, etc.)</i>	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. seizures, anxiety, etc.)</i>	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 \***

**NOTICE OF PROGRAM/ACTIVITY  
CONSENT AND RELEASE**

\_\_\_\_\_  
(Camper's name)

\_\_\_\_\_  
(Session)

Easter Seals Camp ASCCA strives to provide an enjoyable and enriching experience for all campers. Camp staff is trained to provide instruction and supervision of the camper prior to and during each activity. Camp programs are primarily outdoors and can involve walking distances of approximately 400 yards. Campers must provide their own Wheelchairs or other assistive devices for these distances and be healthy enough to participate.

**It is important, however, that the Camper/Sponsor alert Camp ASCCA of any activity which is unsuitable or objectionable, including but not limited to, any of the following activities which are normally provided at the camp:**

- |                                 |  |
|---------------------------------|--|
| <b>arts and crafts</b>          | <b>horseback riding (ring riding)</b>                |
| <b>boat rides</b>               | <b>nature study</b>                                  |
| <b>camping</b>                  | <b>ropes course (treehouse, zip line, cargo net)</b> |
| <b>climbing/rappelling</b>      | <b>shooting sports (riflery, skeet, archery)</b>     |
| <b>dancing</b>                  | <b>Sports and games of various types</b>             |
| <b>farm (petting zoo)</b>       | <b>swimming</b>                                      |
| <b>field trips outside camp</b> | <b>Water skiing and tubing</b>                       |
| <b>fishing</b>                  | <b>Water slide</b>                                   |
| <b>hiking</b>                   | <b>Canoeing</b>                                      |
| <b>trampoline</b>               | <b>Jet Ski rides</b>                                 |

**Please list below all activities which you direct Camp ASCCA not to provide camper.**

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

**Release**

I, the undersigned, recognize and understand that there are inherent dangers and risks associated with the natural environment and through participating in the Camp's recreational activities. Accordingly and in consideration of Camp ASCCA enrolling camper or me in the Camp (with the exception of those activities I have directed Camp ASCCA to exclude as written above), I, and on behalf of the camper, hereby release and hold harmless Camp ASCCA, its agents and employees, of and from any and all claims, actions, causes of actions, and demands, for all injuries, damages, and losses, incurred or which may occur, to me or the camper as a result of, or arising out of, activities during camp.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## **Camp ASCCA Photo and Video Release**

Easter Seals Camp ASCCA

P. O. Box 21  
Jacksons Gap, AL  
(256) 825-9226

### **Permission to Use Photograph, Video and Audio**

I grant to Easter Seals Camp ASCCA, its representatives and employees the right to take photographs, video and audio recordings of me and my property in connection with my visit. I authorize Easter Seals Camp ASCCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Easter Seals Camp ASCCA may use such photographs, video and audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

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

Printed name \_\_\_\_\_

Group/Organization/School Name \_\_\_\_\_

Date(s) of Visit \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)



The Arc Macon, 4664 Sheraton Drive, Macon, Georgia 31210-1322  
Phone: Rhonda (478-803-1457)

### 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: \$225 (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: **The Arc Macon**

\$225 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: 478-803-1457 (Rhonda)

Return application and down-payment to:

Summer Camp  
The Arc Macon  
4664 Sheraton Drive  
Macon, Georgia 31210-1322

Questions: Phone: 478-803-1457 (Rhonda)