

“The Arc Summer Retreat 2023”

August 7-11, 2023



(New Dates Please Make Note)

*Camp Ascca
Alabama 2023*



The Arc Macon Summer Retreat
Location: Camp Ascca, Jackson Gap, Alabama

Reference Information
Please do not return this page

Departure: 9:30 a.m., Monday, August 7, 2023 Leave from The Arc Macon office
4664 Sheraton Drive. **Eat breakfast before you come.**
Return: 1:00 p.m., Friday, August 11, 2023. We will return to the same location as departure.

Fee: \$260 (standard size camp t-shirt included or additional \$3 for 2XL-6XL)

- 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: Monday, July 24, 2023

- A minimum down-payment of **\$60** is required with the application. This will be returned if the application is not accepted.
- Applications accepted on a first-come, first-serve basis and **only** if appropriate support is available to care for the individual's needs. **Acceptance is not guaranteed.**

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 t-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 less than half the regular camp fee. We have to charge for the personal care assistant because **The Arc Macon is charged for every person on the campsite and we can't afford to absorb this cost. 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 asked to sign the same release, undergo a criminal background check (*at The Arc'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: (Campers & Parents) **Sunday, July 23, 2023 @ 3:30pm** (*approximately 1 hour*) at our main office

Age, Disability, Capacity:

- 18 years and up
- Mild to moderate intellectual or developmental disability that requires minimal assistance to care for personal needs.
- 70 participants accepted. The final number is determined by the number of volunteers and/or staff available.

Program Highlights: Olympic size swimming pool, boating, tubing, fishing, horseback riding, crafts, movies, wildlife studies, rifle range, sports & games, talent show, dance, games with prizes, and surprises.

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 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's 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.
- **All campers and volunteers are required to submit proof of a negative COVID test during the week prior to the start of camp (test and results must be from 07/31 to 08/06- NO EARLIER). Test results must be from a physician or testing center (home tests will not be accepted). Negative Test results can be emailed, sent via text, or hand delivered to the Retreat Director the morning of camp. The test results must be negative to attend camp.**

Phone Numbers: Rhonda Newell, Summer Retreat Director: 478-477-7764, ext. 117 (office), 478-747-2738 (mobile); Camp Ascca 256/825-9226; Email: RNewell@thearcmacon.org; Camp Ascca Web Site: 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

1. **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 _____

2. **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) _____

3. **Vision:** Normal _____ Partial Loss _____ Wears glasses _____ Legally blind _____

4. **Hearing:** Normal _____ Hard of hearing _____ Wears hearing aids _____ Deaf _____

5. **Toileting:** Bladder Control: Normal/No assist _____ Occasional Incontinence/bed wetter _____
Bowel Control: Normal/No assist _____ Partial assist/instruction _____

6. **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.

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

16. **Immunizations:** Are immunizations up-to-date? Yes ____ No ____ Date of last Tetanus Booster: _____
COVID Vaccine Status: Vaccinated? *Yes ____ No ____

***If vaccinated for COVID, please provide a copy of vaccination card.** Note, CDC guidelines must be followed for all camp attendees. Camp application acceptance will not be based on COVID vaccination status.

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/Participant name)

(Session)

Easterseals 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. The Arc Macon staff are responsible for medical, supervision and personal care of campers while they are at Camp ASCCA. 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. Please feel free to contact our office if you have any questions about our programs.

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:

- | | |
|---------------------------------|---|
| arts and crafts | horseback riding (ring riding) |
| boat rides | nature study |
| camping | high and low ropes course (Ex. zipline, giant swing) |
| climbing/rappelling | shooting sports (riflery, skeet, archery) |
| dancing | sports and games of various types |
| farm (petting zoo) | swimming |
| field trips outside camp | water skiing, tubing and jet skis |
| fishing | water slide |
| hiking | canoeing |
- LPR Zipline at pond (weight limit 240 lbs.) Trampoline (weight limit 240 lbs.)**

Please list below all activities which you direct Camp ASCCA not to provide camper/participant

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.** Federal and state authorities recommend social distancing and PPE as means to mitigate the spread of the virus. Camp ASCCA recommends the use of these to strategies during your stay at Camp. **Participating in Camp ASCCA programs or accessing Camp ASCCA facilities could increase the risk of contracting COVID-19.** Camp ASCCA in no way warrants that COVID-19 infection will not occur through participation in Camp ASCCA programs or accessing Camp ASCCA facilities.

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, including but in no way limited to: (1) slips, trips, and falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation in Camp ASCCA programs and that said list in no way limits the operation of this Agreement. 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: _____

Date: _____

Relationship: _____

Camp ASCCA Photo and Video Release

Easterseals Camp ASCCA

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

Permission to Use Photograph, Video and Audio

I grant to Easterseals 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 Easterseals Camp ASCCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Easterseals 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)



PHOTO RELEASE FORM

I hereby grant The Arc Macon the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW), or other form of promotion. I hereby release The Arc Macon and its designees from any and all claims, actions, and liability relating to its use of said photographs.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Name (print full name): _____ Date: _____

Signature: _____ Phone: _____

If signing as Guardian, please print full name here: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Payment Information

Deadline:

- Application with a minimum \$60.00 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: \$260 (includes one camp tee shirt and all expenses). Payment arrangements can be made 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: \$60.00

Make checks payable to: The Arc Macon

\$260 full payment

\$60 down payment. The balance will be paid on (date): _____

T-Shirt size payment (Additional fee for sizes 2XL to 6XL is \$3.00, if applicable)

\$100 camp fee payment for personal assistant (if applicable)

\$ _____ 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)