

“The Arc Summer Retreat 2025”

August 11-15, 2025



Camp Ascca Jackson Gap

Alabama 2025

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 11, 2025) We leave from The Arc office, 4664 Sheraton Drive. <i>Eat breakfast before you arrive at our office</i>
Return:	1:00 p.m., Friday. We will return to the same location as departure.

Fee: \$275 (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: Three weeks before camp date (July 21).

- A minimum down-payment of \$75 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 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 hope the discounted fee will help make this affordable for you. The personal care assistant will be considered a volunteer of The Arc 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 Camp Director.

Orientation: Approximately 1-2 weeks before camp. You will receive notice with the time and date.

Age, Disability, Capacity:

- 18 years and up.
- Mild to moderate intellectual or developmental disability; 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 office. If you have been to camp before and your insurance is the same, we already have a copy on file.
- The Arc staff and/or assigned volunteers will attend to most medical needs. Camp ASCCA's on-site RN is available for assistance and consultation 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 08/03/25 - 08/10/25 - **NO EARLIER**). Home tests are acceptable. 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, 478-803-1457 or 478-747-2738 Camp ASCCA Web Site: www.campascca.org

* THIS SHEET IS FOR REFERENCE ONLY – PLEASE DO NOT RETURN THIS PAGE *

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 T-Shirt Size: Sm _____ Med _____ LG _____ XL _____ XXL _____ XXXL _____ XXXXL _____
(There is a \$2.00 surcharge for XXL because the company charges an additional fee)

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.

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

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 (over the counter)

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

Payment Information

Deadline:

- Application with a minimum \$75.00 deposit is due three weeks before camp date (7/21/2025).
- Final payment is due two weeks before camp (7/28/2025).

Camper's Name: _____

Person responsible for payment: _____

Phone number of person responsible for payment: _____ Day #: _____

Night #: _____

Fee: \$275 (includes one camp tee shirt and all expenses). Payment arrangements may be requested.

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 4-weeks of cancellation request. No refunds for extra t-shirt orders.

Payment Options (please check appropriate box)

Minimum Down payment: \$75.00

Make checks payable to: The Arc Macon



\$275 full payment.



\$75 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: 478-803-1456 or 478-747-2738 Rhonda Newell

Return application and down-payment to:

Summer Camp

The Arc Macon

4664 Sheraton Drive

Macon, Georgia 31210-1322

Questions: Phone: 478-803-1457 or 478-747-2738 Rhonda Newell

Camp ASCCA Release Program/Photo

(Camper/Participant name)

(Session)

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

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, I 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 as a result of, or arising out of, activities during camp. Furthermore, I acknowledge that I have been advised to stay on defined paths and that decking at these areas may be slippery when wet.

Permission is also granted for said attendant to be photographed or videoed with such pictures and names to be used in public relations and fund raising efforts to promote programs of Camp ASCCA.

If over 18 please sign and print your name. If you are signing for a participant as their guardian, please sign and print their name:

(Signature)

(Print your name)

Guardian's signature

Participants name



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: _____