

Handi-Camp @ Camp Northward Camper Registration

OFFICE USE ONLY

Date Received _____
Deposit Amt \$ _____
Amt Due \$ _____
<>Church <>Caregiver
<>Other _____

Space is Limited and spots are filled on a First Come, First Served Basis

June 5- 9 – HandiCamp Adult (age:25+) Cost \$185 July 4- 8 – HandiCamp Youth (age: 9-24 ONLY) Cost \$185

(A Discount of \$20 is applied if this registration is received One Month prior to the session)

August 5- 7 – HandiCamp Adult Weekend (age: 25+) Cost \$80

Please fill out this form completely. If the information requested is not applicable, simply place "N/A" in the blank. A camper's opportunity to attend is based upon the information provided on this application and availability of staff to meet care requirements.

Camper's Full Name: _____ Gender: M F

Nickname: _____ Date of Birth _____ Age _____

Camper's Address (If different from primary caregiver):

Address _____ City _____ State/Zip _____

Height _____ Weight _____ Previous Camp Experience: Y N Where? _____

Primary Contact Information (Parent, social worker or agency representative):

Primary Contact Name: _____

Work Phone: (_____) _____ Alt. Phone: (_____) _____

Agency Address _____ City _____ State/Zip _____

Parent/Guardian/Care giver _____

Address _____ City _____ State/Zip _____

Home Phone (_____) _____ Alt. Phone (_____) _____

Emergency Contacts

Please provide at least one emergency contact person in the event that we cannot reach the Primary Caregiver.

1. Name _____ Phone (_____) _____ Alt. (_____) _____

Address _____ Relationship to Camper _____

2. Name _____ Phone (_____) _____ Alt. (_____) _____

Address _____ Relationship to Camper _____

Primary Care Physician Contact Information

Doctor's Name: _____ Doctor's Phone Number: (____) _____

Preferred Hospital: _____

Insurance Name: _____ Policy #: _____ Group # _____

Camper Insured Under: Name: _____ Relation: _____

Date of Last Tetanus Shot (If this is not completed, the shot will be given in case of emergency): _____

Medications

Please fill out the Medications sheet including both prescription and non-prescription medications.

All medications and a list of those medications will be turned over to the staff at the time the Camper is registered. If the camper requires any additional treatments or devices that must be administered by a qualified staff person, this must be brought to the attention of the medical staff at the time of check in. All medications (including non-prescription) will be dispensed by the medical staff. **Also, to aid in the smooth transition of the Camper, we ask that all medications (up to and including the 8 pm dosage) be dispensed before leaving the Camper in the care of HandiCamp staff.**

1. Medication: _____ Dosage/Frequency: _____

2. Medication: _____ Dosage/Frequency: _____

3. Medication: _____ Dosage/Frequency: _____

4. Medication: _____ Dosage/Frequency: _____

5. Medication: _____ Dosage/Frequency: _____

6. Medication: _____ Dosage/Frequency: _____

7. Medication: _____ Dosage/Frequency: _____

8. Medication: _____ Dosage/Frequency: _____

9. Medication: _____ Dosage/Frequency: _____

10. Medication: _____ Dosage/Frequency: _____

Please list additional medications on another page to give to the HandiCamp Staff.

Medicinal Allergies: _____

Camper Information

It is most important that you provide essential information about the Camper's disabilities and specific needs.

This information is used to provide specific provisions for the Camper.

Registrations that do not provide information regarding disabilities will not be processed and notification will be made to the person responsible for filling out the form.

Disabilities (List All)

Disability Involves (circle): Legs: R L Arms: R L Hands: R L Head Breathing

Mobility: ___Independent with: Assistance Walker Crutches Wheelchair Electric

For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessary augmentative devices) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe and fully operational.

Vision (circle): Normal Glasses Contacts Vision Impaired Legally Blind

Hearing (circle): Normal Hearing Impaired Deaf Uses Hearing Aids (bring extra batteries)

Communication (circle): Verbal Sp. Difficulty Nonverbal Signs Gestures

Seizure Disorder: Type and Frequency: _____

Date of Last Seizure: _____

Wears Helmet: Y N

Special Care for Seizures: _____

Precautions/Special Instructions: _____

HandiCamp Agreement

I certify that the information provide on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold Camp Northward or any staff responsible for any damage to or loss of said property.

I request that Camp Northward obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I and/ or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during the session indicated.

Photographs or video recordings made of the above-named camper, during the camp sessions indicated, may appear in promotional presentations made by Camp Northward. I DO NOT Give Camp Northward Photo Permission

Please Note: Based on the complexity of care required for the Camper and the staffing patterns of each HandiCamp session, a camper may be denied admittance.

Please Note: We must be able to contact the Parent/Guardian or caregiver for the camper named on this application at any time, day or night, for the duration of their stay. If you, as the signer (below) will, at any time, be unable to respond to any communication regarding the camper, you must provide an alternate contact person for the Dean to call. That person must be able to contact you promptly.

Signature Required:

Parent/Guardian/Caregiver

Date

Camper

Date

In our efforts to meet the spiritual needs of campers, during the HandiCamp sessions, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this camper make this decision, we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please call us. We welcome the opportunity to discuss this with you.

If _____ chooses to be baptized:

Is an immersed Christian.

I authorize Camp Northward to perform the baptism.

I request to be present at the baptism.

May not be baptized.

I prefer to have my minister perform the baptism at our home church.

Church Membership: _____ Minister Name: _____

Please mail the completed application and make checks payable to:

Camp Northward
P.O. Box 128, Falmouth, KY 41040

If you have any additional questions or concerns, please give us a call: 859-654-3865.