



Dear Camper Families,

We are looking forward to another event-filled summer at Camp Haccamo and we would love for you to be part of the excitement!

We have enclosed a copy of our application for you to complete and return. Please use the direction page to help you as you complete each section.

If you have any questions about the application, the application process or the upcoming camping season, please contact our Management Staff at 381-5710 or by email to [dkujawa@camphaccamo.org](mailto:dkujawa@camphaccamo.org).

We look forward to receiving your application!

Yours truly,

The Camp Haccamo Management Team

Dolly Kujawa and Amy Nellist

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

# **IMPORTANT INFORMATION**

## **about the application**

### **1) \$25 Refundable Deposit for Registration**

- Camp Haccamo is requiring a \$25 refundable deposit in order to register for the 2008 camping season.

The following are the conditions of the deposit:

- Camp Haccamo will accept checks or money orders- **No cash will be accepted.** Deposits received will be secured until they are returned.
- Deposits will be returned once camper arrives for camp at the beginning of their session.

**If the camper does not attend their assigned session, the deposit will not be returned.**

*If the camp office is notified **72 hours** prior to the start of the new camp session of a camper's inability to attend camp due to illness, or an otherwise valid reason, the deposit will be returned in full upon receipt of appropriate documentation..*

### **2) Camper registration and acceptance is complete only when:**

- A complete, **signed** application and \$25 refundable deposit are received in our office.
- A **self-addressed business-sized stamped envelope** is included.
- The Physical Form, Documentation of Disability, Record of Immunizations and Teacher Report are received.
- You have received written confirmation from the Camp Haccamo office. **Please do not assume acceptance.** Contact us if acceptance/confirmation letter is not received.

### **3) Sessions have age limitations:**

- Camp Management will place campers according to availability and individual preferences. However, first choice is not guaranteed.
- Camper slots are available on a first come, first serve basis, based on town of residence.

### **4) Camp Haccamo does not provide 1:1 aides for campers.**

## **Application Directions**

- **Complete the requested information in each section carefully and completely**
- **Parts 1 & 2** and the **medical history form** must be completed by a Parent, Guardian or Advocate
- **Documentation of Disability** must be included. A copy of the most recent **IEP**, 504 Plan, **OR** a document with the medical diagnosis and physician's signature will be accepted.
- **Part 3** must be completed by the camper's teacher, or, for older campers, an advocate or agency representative. IEPs and Behavior Plans should be included to help us serve the camper better.
- The **physical examination form** must be completed by the **camper's doctor's office.**

4)

**Part 1: To be completed by Parent, Guardian or Advocate**

Office Use Only	
Date Received:	_____
Complete:	Y/N
Date Acceptance Sent:	_____
Session Assigned to:	_____
Group Home Y/N	Attended Session: Y/N

**Camper Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M/F Diagnosed Disability: \_\_\_\_\_

*Documentation of disability MUST be provided (Copy of IEP, 504 plan, or documentation provided by physician).*

**Has s/he attended Haccamo in the past? Y /N**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Does Camper Reside with Parent? If not, complete the following information:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Application Completed by : \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Does this camper reside in a group home? If yes, complete the following section:

Name of Group Home: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person(s) at Residence \_\_\_\_\_

Is the Camper Affiliated with a Service Agency? If yes, complete the following section:

Agency \_\_\_\_\_ Service Coordinator \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Camper Release Information**

Please list individuals granted permission to pick up or visit the camp at any time during the camper's session. Camp management will release the camper only to individuals listed below!

Additional names may be added if necessary.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Part 2: Session Preference**

We have changed the age groupings for the 2008 season.  
Please rank your choices within your age bracket.

<input type="checkbox"/>	<b>Session 1:</b> <i>July 7-11</i> <b>Ages 7-15</b>	<b>Long, Long Ago and Far, Far Away</b> Let your imagination run wild as Haccamo is transformed into a land of fantasy and make believe
<input type="checkbox"/>	<b>Session 2:</b> <i>July 14-18</i> <b>Ages 7-15</b>	<b>Haccamo Training Camp</b> Teams will compete and cooperate throughout the week as they participate in sports, games and activities leading up to the closing Ceremonies of the Haccamo Games.
<input type="checkbox"/>	<b>Session 3:</b> <i>July 21-25</i> <b>Ages 16-20</b>	<b>Haccamo Goes Hollywood</b> Are you the next Haccamo Idol? Campers share their talents, as they all become Super Stars.
<input type="checkbox"/>	<b>Session 4:</b> <i>July 28- Aug 1</i> <b>Ages 16-20</b>	<b>A Weird, Wild and Wacky Week</b> Anything goes as strange and unusual things happen around every corner.
<input type="checkbox"/>	<b>Session 5:</b> <i>August 4-8</i> <b>Ages 21-28</b>	<b>Games Galore</b> Are you a Survivor? Can you run the Amazing Race? Is it a Deal or No Deal? Game Shows and Reality Shows are produced Haccamo Style.
<input type="checkbox"/>	<b>Session 6:</b> <i>August 11-15</i> <b>Ages 21-28</b>	<b>Time Traveler</b> Take a trip in the Haccamo Time Machine and visit a different decade each day.

**All campers 7-17 will be eligible to attend the Carnival on Friday, August 1.**  
**All campers 18-28 will be eligible to attend the Senior Prom on Thursday, August 14.**  
**Invitations to these events will be sent and reservations will need to be made.**

**Camper Acceptance:**

Acceptance letters will not be sent until all completed forms and the refundable deposit are received by Camp Haccamo. Camper spots will not be held while waiting for completed forms or deposit.

**Camper acceptance will be in the following order:**

Beginning March 15, 2008	Campers residing in Monroe County
Beginning May 15, 2008	Campers residing in the City of Rochester
Beginning June 1, 2008	Campers residing outside of Monroe County

### Camper's Release of Liability

*In consideration for being permitted to participate in any activity sponsored by Camp Haccamo, including the use of Camp Haccamo facilities and any of the equipment provided by Camp Haccamo, I, for the above applicant;*

*Acknowledge that I understand the nature of the activities and the use of the equipment available and the use of facilities. I further acknowledge and declare that I grant permission to participate in such activities and to use the facilities and equipment provided. **Additionally, I acknowledge that any photographs or videos created by authorized personnel may be used for publicity purposes by Camp Haccamo.***

*Hereby covenant not to sue and fully release and discharge Camp Haccamo, its officers, directors, agents, employees, volunteers or other participants in activities and users of the facilities and equipment from all liability, claims, demands, losses or damages on the applicant's account caused or alleged to be caused in whole or in part by the negligence of Camp Haccamo or those mentioned above. I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, for anyone on my behalf states a claim against Camp Haccamo, I will indemnify, save and hold harmless each of those released from any litigation expenses, attorney fees, loss, liability damage or cost which may be incurred by them as a result of such a claim.*

**Acknowledge that Camp Haccamo does not provide 1:1 assistance to campers. If the applicant requires such services I agree to provide appropriate personnel at no cost to Camp Haccamo.**

*Certify that I am the parent or legal guardian or of authority to grant such a release on behalf of the applicant.*

*I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance shall still continue to be in full force and effect.*

*Printed Name of Signer:* \_\_\_\_\_

*Relationship to Applicant:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date* \_\_\_\_\_

### Part 3: To be completed by Parent or Guardian

Please Check all that Apply	Please Provide Information:
Has a Seizure Disorder Date of last known seizure _____	Fears:
Walks Independently	Behavioral Concerns:
Uses a Walker or Canes	
Uses a Wheel Chair    Manual or Electric	Activity Preferences:
Wears Orthopedic Appliances List Appliances being sent to camp _____	
Communicates with no assistance	
Words May be difficult to Understand	Food Allergies
Uses simple speech (1-2 Words at a time)	Dietary Restrictions
Uses simple signs or ASL	
Uses Picture Clues or Electronic Device to Communicate	Mealtime Instructions
Needs Assistance Eating	Special Toileting Routines:
Needs Assistance with Grooming	
Needs Assistance Dressing	Special Nighttime Routines:
Needs Assistance Showering	
Needs Assistance Toileting	Other Important Information
Wears Pull-Ups or Attends Day, Night or Both?	
Uses adaptive equipment Glasses    Hearing Aids    Other _____	

**Current Swim Level:**

- No experience
- Wading
- Beginner
- Intermediate
- Advanced

Please Note: Camp Haccamo has a specific swimming policy regarding campers with seizures. Campers with seizures are required to wear life jackets and be 1:1 with staff.

By signing, I give permission for the above named camper to participate in all Rotary Camp Haccamo swimming and waterfront activities.  
 Parent/Guardian signature: \_\_\_\_\_  
 Date \_\_\_\_\_

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

### Medical History Form

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT** – All fields must be completed for application to be processed. This includes emergency contact information. Non-applicable fields can be marked 'N/A'. Campers under 18 MUST have a physical within one year of date of attendance.

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Health History**- Fill in all that apply with appropriate dates

Frequent ear infections _____	Psychiatric Treatment _____
Heart Defect Disease _____	Mononucleosis _____
Convulsions _____	Chicken Pox _____
Diabetes _____	Measles _____
Bleeding/Clotting Disorders _____	German Measles _____
Hyper tension _____	Mumps _____

Please list any known allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosed Disability \_\_\_\_\_

Surgeries or serious injuries \_\_\_\_\_

Dietary Modifications \_\_\_\_\_

Has the camper ever required psychiatric counseling or hospitalization? If so, please explain briefly? \_\_\_\_\_

**FOR FEMALE CAMPERS** Has the camper begun a menstrual cycle? \_\_\_\_\_. If so, is her menstrual history normal? \_\_\_\_\_  
If not, please explain and list any special considerations \_\_\_\_\_  
\_\_\_\_\_

Please Provide the following information:

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Emergency/After Hours phone number \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_ Carrier \_\_\_\_\_

Policy or Group number \_\_\_\_\_ Please attach any additional medical information

**MUST BE SIGNED BY PARENT OR GUARDIAN**

This health history is accurate to my knowledge. The camper named above has permission to engage in all camp activities except as noted. I hereby give Rotary Camp Haccamo to provide ongoing health care, to select medical personnel, and to order x-rays or routine medical tests and treatment as deemed necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Manager to hospitalize, secure proper treatment for , and to order injection and/or anesthesia and or/surgery for the camper named above. This form may be photocopied for use by Camp Haccamo.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Part 3: To be signed by parent/guardian AND MUST BE  
completed by Teacher (or Agency for campers 18+)**

By signing, I give permission to the school/ agency named below to release information requested on this form to Rotary Camp Haccamo along with any relevant behavior plans. I understand that this information will be used by Rotary Camp Haccamo in planning an appropriate camping experience for my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ School/Agency: \_\_\_\_\_

Teacher/Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the camper have a Behavior Program? \_\_\_\_\_

Behavior Therapist's Name: \_\_\_\_\_ Phone \_\_\_\_\_

If applicable include a copy of the camper's most recent Behavior Modification Plan with this form.

Describe sensory integration practices used with this camper (include therapy used, schedule, frequency, etc):

\_\_\_\_\_

List preferred activities or areas of strength

\_\_\_\_\_

If the camper is not toilet trained, please describe toileting routine. Include any helpful hints:

\_\_\_\_\_

<p>Check any pertinent descriptors relating to <b><u>Socialization:</u></b></p> <ul style="list-style-type: none"> <li>— Cooperative with authority figures</li> <li>— Argumentative</li> <li>— Oppositional Defiant</li> <li>— Plays cooperatively with peers</li> <li>— Plays parallel to peers</li> <li>— Negative</li> <li>— Temper tantrums</li> <li>— Easily distracted/Short attention span</li> <li>— Aggressive toward peers</li> <li>— Aggressive toward staff</li> <li>— Self-injurious</li> <li>— Needs constant supervision</li> <li>— Limited danger awareness</li> </ul>	<p>Check any pertinent descriptors relating to <b><u>Communication:</u></b></p> <ul style="list-style-type: none"> <li>— Speaks in complete sentences</li> <li>— Speaks in phrases/ limited utterances</li> <li>— Uses sign proficiently</li> <li>— Uses basic signs</li> <li>— Non-verbal</li> <li>— Echolalic</li> <li>— Follows multi-step directions</li> <li>— Follows single-step directions</li> <li>— Uses Communication Device (Please specify type of device)</li> </ul> <p>Other communication information: _____</p> <p>_____</p>
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**Information provided on this form will NOT exclude the camper from our program, rather it will allow us to plan appropriate activities.**

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

**Physical Examination**

***Form MUST be completed by Physician's Office***

I give permission to the Medical Office named below to release information requested on this form to Rotary Camp Haccamo along with any other medical information relevant to the care of my child during his/her time at Camp Haccamo. I give permission for this form and medication order forms to be faxed or mailed to Rotary Camp Haccamo upon request. I understand that this information will be kept confidential and will be used only as previously indicated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Name \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 DOB \_\_\_\_\_ Primary MD \_\_\_\_\_ Phone \_\_\_\_\_  
 Diagnosed Disability (documentation of disability must be included) \_\_\_\_\_  
 Medical History of serious illness/injury \_\_\_\_\_  
 \_\_\_\_\_  
 Does this individual have a Seizure Disorder or History of Seizures? \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**PHYSICAL EXAM** Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
**Sensory Impairments:**  
 Vision \_\_\_\_\_ RT \_\_\_\_\_ LT \_\_\_\_\_ Genitourinary \_\_\_\_\_  
 Hearing \_\_\_\_\_ RT \_\_\_\_\_ LT \_\_\_\_\_ Respiratory \_\_\_\_\_  
 Speech \_\_\_\_\_ Fine/Gross Motor \_\_\_\_\_  
 Cardiovascular \_\_\_\_\_ Scoliosis \_\_\_\_\_  
 Gastrointestinal \_\_\_\_\_ Metabolic/Endocrine \_\_\_\_\_  
 Neurological \_\_\_\_\_ Skin \_\_\_\_\_  
 Adaptive Devices (specify) \_\_\_\_\_  
 Progressive Impairments (specify) \_\_\_\_\_  
 Restrictions of Physical Activity/Swimming \_\_\_\_\_  
 Medications (include dose, times) \_\_\_\_\_  
 Special Diet \_\_\_\_\_

**Immunization Status:**

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Booster
<b>DPT</b>					
<b>Td</b>					
<b>OPV/IPV</b>					
<b>Measles)</b>					
<b>Mumps) MMR</b>					
<b>Rubella)</b>					
<b>Hep B</b>					
<b>HIB</b>					
<b>Varivax</b>					

**Tuberculin Test Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_  
 Printed Name of Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_