



Dear Campers, Families and Agencies:

Welcome to the 2010 camping season! We are excited for the summer of 2010 to begin because there are many activities planned for our campers.

Camp Haccamo is a residential overnight camp for individuals with disabilities 7-28 years of age. We accept individuals with a wide range of disabilities and have an adapted program to accommodate many needs. Our staff comes from a variety of human service fields and college programs which are preparing them for a career in human service. We offer professionally prepared meals, 24 hour nursing services and a highly qualified counselor staff.

This year, Camp Haccamo will be at the Rotary Sunshine Campus in Rush, NY. Directions can be found on our website and will be included in your acceptance packet. Camp Haccamo will be held for 3 consecutive weeks in August. August 9th - August 13th, August 16th – August 20th and August 23rd – August 27th in Rush.

It is **VERY IMPORTANT** to fill out each section of this application. We utilize all of the information parents and guardians give us to create a tailored camping program for each camper. Please ensure that you have filled out all of the pages with as much information on the camper as possible. The following page gives detailed instructions on filling out the application.

If you have questions, please do not hesitate to contact us at alnicolis@camphaccamo.org or (585) 381-5710.

Sincerely,

Dolly Kujawa
Executive Director

Amy Nicolis
Camp Manager

IMPORTANT INFORMATION about the application

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.
- IEPs and Behavior Plans must be included to help us serve the camper better.
- The physical examination form must be completed by the doctor's office. The physical examination must be within one year of camper attendance.

A. Camper registration and acceptance is complete only when:

- A complete, signed application is received in our office.
- A self-addressed business-sized stamped envelope is included.
- The Physical Form, Documentation of Disability, and Record of Immunizations 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.

B. 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.
- Camp Haccamo **DOES NOT** PROVIDE 1:1 AIDES FOR CAMPERS.

APPLICATIONS ARE DUE BY June 15, 2009

Return completed application to:

Camp Haccamo

P.O. 25177

125 Panorama Creek Dr

Rochester, NY 14625

Questions? alnicolis@camphaccamo.org

Camper Information

Name: _____ D.O.B. _____ Age (as of 6/09): _____
 Sex: M/F

Diagnosed Disability: _____
(Documentation of Disability MUST be included (Copy of IEP, 504 Plan, or documentation provided by physician))

Has s/he attended Haccamo in the past? Y/N Is s/he attending Sunshine Camp this summer? Y/N

Camper's Address: _____
 _____ City _____ Zip _____

Phone (H): (____) _____ - _____ Phone (C) (____) _____ - _____

Name of Parent/ Guardian: _____ Relationship to camper: _____

Parent/Guardian e-mail: _____

Does the Camper reside with the parent? If not, complete the following information:

Parent/Guardian Address (if different): _____
 _____ City _____ Zip _____

Phone (H) (____) _____ - _____ Phone (C): (____) _____ - _____ Phone (W): (____) _____ - _____

Application completed by: _____ Relationship to Camper: _____

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

Name of group home: _____ Phone (____) _____ - _____

Contact person at residence: _____

Is the camper affiliated with a service agency? If yes, please complete the following section:

Agency: _____ Service Coordinator: _____

Phone (____) _____ - _____ E-mail: _____

Name of school attended by camper: _____

Session Preference

Please read the following dates and age groupings closely.

As stated in the letter with this application, Camp Haccamo will be operating at the Rotary Sunshine Campus in Rush, NY. Please choose an appropriate week for the camper to attend.

___	Week 1: August 9 th – 13 th	Ages 7-17
___	Week 2: August 16 th - 20 th	Adults ages 18-28
___	Week 3: August 23 rd – 27 th	Ages 7-17

Camper Release Information

Please list individuals granted permission to pick up or visit the campers during his/her session. If an individual not listed on this form arrives at camp, we will contact the parent/guardian to ensure safety. **We will release the camper only to individuals listed below!**

Name: _____	Relationship to Camper: _____
Address: _____	Phone: (____)____-_____

Name: _____	Relationship to Camper: _____
Address: _____	Phone: (____)____-_____

Name: _____	Relationship to Camper: _____
Address: _____	Phone: (____)____-_____

Camper's Release of Liability

APPLICATIONS ARE DUE BY JUNE 15, 2010

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 purposed 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 state 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: _____

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: _____

Please note, campers with seizure disorders are assigned a 1:1 in the pool.

The following are a series of checklists about the camper's life skills, behavior and communication abilities. This information is intended to help the staff place the camper in an appropriate group at Camp Haccamo. *This information will not influence the camper's acceptance in our program.*

Physical Abilities:

Does the camper use:

- AFOs
- Arm braces
- a wheelchair
 manual or electric
- stroller
- a cane
- a walker
- hearing aids
- glasses
- a hospital bed
- molded support in bed

Daily Care:

Does the camper

need help with:

- Showering
- toileting
- dressing
- grooming

wear:

- diapers/ Attends
- pull-ups

Communication:

Does the camper:

- communicates with no assistance
- non-verbal
- echo laic
- speak unclearly at times
- use simple speech (1-2 words)
- Use simple signs or ASL
- Use picture cues or Electronic device

Food needs/ Allergies

Does the camper:

- have food allergies
- need assistance with eating
 - cutting up food
 - special drinks
 - feeding/ 1:1 assistance
- Choke easily
- have a feeding tube
- have dietary restrictions

PLEASE MAKE SURE ALL INFORMATION REGARDING ALLERGIES AND DIET IS CLEARLY WRITTEN ON THE MEDICAL FORMS

Behavior:

Is the camper:

- cooperative with peers and authority figures
- argumentative
- oppositional defiant
- temper tantrums
- easily distracted
- aggressive towards peers
- aggressive towards staff
- self-injurious
- needs constant 1:1 supervision
- limited danger awareness

A BEHAVIOR PLAN MUST BE ATTACHED

Additional Information:

- fears
- special nighttime routines
- attach any special routines, sayings/ instructions

Physical Examination
Form MUST be completed by the 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? Y/N

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: _____

Restrictions of Physical Activity/Swimming: _____

Medications (*Include dose, times*) _____

Special Diet: _____

Immunization Status:

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

Tuberculin Test Date: _____ Results: _____

Physician Signature: _____ Printed Name of Physician: _____

Address: _____ Phone: _____

Medicine: to be brought to camp by the parent/guardian in **original** container. *If more space is needed, please attach an additional sheet.*

Please print legibly

Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____
Medication/strength _____	Dosage _____	Time _____

Please indicate how medication is given (i.e. in applesauce) _____

Over the Counter Medication

Administration will be "per label direction" unless otherwise specified by your physician.

Drug Name	Provider Order	Physician's Comments
Tylenol (discomfort/fever)	YES/NO	_____
Advil (discomfort/fever)	YES/NO	_____
Throat Lozenges (throat irritation/cough)	YES/NO	_____
Benadryl (allergies)	YES/NO	_____
Cortizone Cream (topical)	YES/NO	_____
Milk of Magnesia (constipation)	YES/NO	_____
Immodium AD (diarrhea)	YES/NO	_____
Maalox (stomach upset)	YES/NO	_____
Tums (heartburn/stomach upset)	YES/NO	_____
First Aid Cream/Neosporin	YES/NO	_____

NOTE: If there is any change in routine or in medication subsequent to the filling out of this form, the camp must receive **WRITTEN NOTIFICATION FROM THE PHYSICIAN.**

Physician's Signature: _____ Date: _____
Printed Name of Physician: _____

**Medical History Form
MUST be completed by Parent/Guardian**

Camper Name: _____ **DOB:** _____ **Sex:** _____

Important: The entire form must be completed for the 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: _____ Ph: _____ Wk: _____ Cell _____
Parent/Guardian Address: _____

Parent/Guardian: _____ Ph: _____ Wk: _____ Cell _____
Parent/Guardian Address: _____

Emergency Contact: _____ Ph: _____ Wk: _____ Cell _____

Health History- Fill in all that apply with appropriate date Frequent ear infections _____ Psychiatric Treatment: _____ Heart Defect/Disease _____ Seizures: _____ Chicken Pox _____ Diabetes: _____ Bleeding/Clotting: _____ Disorders: _____ Hypertension: _____	Please list any known allergies _____ _____ _____
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DIAGNOSED DISABILITY: _____

Allergies: _____

Surgeries/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? Y/N If so, is her menstrual cycle normal? Y/N If no, please explain and list any special considerations

Please provide the following information:

Primary Physician _____ Phone _____ Physician's After hours phone: _____
 Date of last physical _____
 Dentist/Orthodontist _____ Phone: _____

Do you carry medical/hospital insurance? _____ Carrier: _____ Policy Number: _____

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 permission 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: _____