

# CAMPER APPLICATION

**Instructions:** Please complete the requested information in each section carefully and completely. All information that you provide on this form will remain strictly confidential and will be used by VAD's Staff Camp Coordinator to alert appropriate camp staff only when deemed necessary.

A physical is mandatory in order to attend camp. This physical must be completed within 6 months prior to the start of the camp. We strongly suggest that you get your physical at your local MDA clinic. Your Physical form maybe returned seperately if necessary. If there are any medication changes or changes in any medical treatment between the date of your physical exam and the start of camp, you must provide the medical staff with an updated list of the most current recommendations by sending them to VAD, Attn: medical staff, prior to the start of camp. If a camper is hospitalized during the period between the date of the most recent physical exam and the start of camp, you must provide the medical staff with a written clearance from your primary physician by sending it to VAD, Attn: medical staff, prior to the start of camp, in order to attend camp. **IF YOUR PHYSICAL FORM IS NOT COMPLETED, THE CAMPER WILL BE REFUSED ADMISSION TO CAMP.** If pertinent health/behavioral information is omitted anywhere in the application, VAD reserves the right to send the camper home at camper's/legal guardian's expense.

Completion of this application does not guarantee a space for you at VAD Summer Camp. Camp is generally available on a first-come, first-served basis. Acceptance of camp is contingent upon evaluation of this application by the VAD Staff Camp Coordinator and VAD medical advisors.

**SECTION ONE \*\*\*Camper Identification**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**HOME ADDRESS:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip) (County)

**HOME PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **SHIRT SIZE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SECTION TWO \*\*\*Camper Activity Profile**

Have you attended VAD Summer Camp Before? YES  NO

Will you be bringing an attendant? YES  NO

If YES, please provide first and last name, address and phone # : \_\_\_\_\_

\_\_\_\_\_

Last year's attendant's name: \_\_\_\_\_

Would you like the same attendant as last year? YES  NO

What are your eating habits? Good  Fair  Poor

Please Describe: \_\_\_\_\_

Please list foods you like: \_\_\_\_\_

Do you generally sleep well? YES  NO

Do you need help at night? YES  NO

**SECTION THREE \*\*\*Photo Consent Agreement and Roster Release**

PHOTO CONSENT

VAD regularly photographs and films summer camp and participants in the camp program for fundraising and publicity purposes. The following consent form allows VAD to use your photograph or film for these purposes.

In consideration of Volunteer's Assisting the Disabled, ("VAD") permitting me to attend VAD summer camp, I hereby give my consent to VAD, it's officers, directors, volunteers and cooperating entities to use my name, picture, portrait, likeness, writings, biographical information, audiotape and/or videotape recordings and sound and/or silent motion pictures of me and my real and/or personal property in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of VAD. without payment to me.

I agree to the above *Photo Consent*    YES     NO

ROSTER RELEASE

I hereby give my consent for my name, address and e-mail address to be included in the VAD Summer Camp Roster.

I agree to the above *Roster Release*    YES     NO

**SECTION FOUR \*\*\*VAD Summer Camp Practices & Policies Agreement**

In an effort to ensure a safe and manageable camp atmosphere the following camp policies will be in effect and completely followed. Failure to comply with all of the policies will result in the expulsion of any volunteer or camper from the camp session. VAD is a volunteer organization and has accepted the responsibility to organize and operate this camp. The boards of directors for VAD have agreed on these policies and support the enforcement of them by the camp manager.

**RESPECT:** Each camp participant -- including campers, counselors, cabin leaders, activity staff, medical staff and administrative staff -- has a RESPONSIBILITY to respect the camp leadership, as well as the health and well-being of the VAD camp community. In order to set a tone of respect for the rights and feelings of others, ridiculing, embarrassing or frightening campers or volunteers, or cursing, ranting and disrupting activities cannot be tolerated. No person shall be deprived of food, isolated or subjected to corporal punishment, ridicule or abusive physical exercise, as a mean of punishment, either by volunteers or by campers. Doing so is grounds for sending the individual home and whenever appropriate, contacting the authorities.

**CURFEW:** There will be a curfew established during the camp session. This will require all campers and volunteers to respect the needs and desires of other participants to maintain a healthy and normal daily schedule.

**MEDICAL SERVICES:** *CAMPERS MUST TURN IN A COMPLETED CAMP PHYSICAL FORM PRIOR TO CAMP.* The camp will provide medical care to anyone who becomes ill or injured during the camp session. The camp medical staff or VAD Staff Camp Coordinator will arrange all treatment. Medication (prescription and over-the-counter) must be kept in the infirmary and dispensed by the medical staff. The medical staff must be advised promptly of any injuries, allergies or health problems.

**TELEPHONE CALLS:** Camp participants will not be paged for calls, except in case of emergency. Messages will be taken and left in the mailbox. The office phone cannot be used for personal calls. Pay phone is available if needed.

**VALUABLES AND CASH:** Everyone is urged not to bring highly valued clothing, personal belongings, or expensive computer equipment. Neither VAD nor the camp can be responsible for loss or damage to personal property.

**CAMPSITE:** Campers and volunteers may not leave the campgrounds without prior permission from the VAD Staff Camp Coordinator.

**SMOKING:** Smoking in any building is forbidden by law and is extremely dangerous. There is also no smoking allowed in any cabin or building doorways. Do not smoke while working with a camper (lifting, dressing, leading activities, pushing a wheelchair, feeding, etc).

**ALCOHOL, DRUGS and WEAPONS ARE FORBIDDEN:** The possession or use of alcoholic beverages and the possession or use of illegal drugs are strictly forbidden and will be grounds for sending an individual home and contacting the authorities. The possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property as well; the weapon will be confiscated, the individual will be sent home, and the authorities will be contacted.

**MORAL BEHAVIOR:** While we do not wish to prohibit social interaction among volunteers and/or campers, everyone is expected to behave in a morally upstanding way. Immodest clothing, excessive displays of affection and obscene, pornographic, or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden. Notify the VAD Staff Camp Coordinator immediately if there are any concerns regarding personal contact with or among camp participants.

I have read the above Practices and Policies and agree to abide by the policies established for the VAD Summer Camp. I am/ we are fully aware that adhering to the above and any camp facility rules will be my sole responsibility. Deviation from these policies and rules may be cause for immediate dismissal from the Camp and I will have to make arrangements for transportation home at my own expense.

I agree to the above *Practices & Policies Agreement*      YES     NO

**SECTION FIVE \*\*\*VAD Summer Camp Rules & Regulations**

1. Never Strike or Hit a camper.
2. Attendant should see that the camper's seat belt is used at all times.
3. There is no running with wheel chairs and brakes should always be engaged unless wheelchair is in motion.
4. VAD highly recommends that open toed shoes are not worn while walking around the camp grounds. If it is necessary they must have a hard sole bottom.
5. No one is permitted in the kitchen except kitchen staff and VAD staff with the exception of picking up food and/or returning dishes.
6. All cigarettes are to be disposed of properly. Please do not throw cigarette butts on the grounds.
7. Loud talking and shouting, as well as loud music is to be avoided once campers retire into their cabins for the night.
8. Swimming, as well as even being on the beach, is prohibited except for specified activities. If there is not a lifeguard on duty, you are not allowed to go beyond the gazebo.
9. Volunteers and campers are to respect each cabin's privacy. Be sure to knock before entering any cabin, especially a cabin of the opposite sex.
10. Do not leave your camper unattended! Make sure your cabin coordinator is aware of your whereabouts at all times. If you must leave your camper, be sure he/she is aware of where you are going and that your cabin coordinator or another attendant can fill in for you.
11. CURFEW IS 12:00AM-EVERYONE MUST BE IN THEIR CABINS!!!
12. ATTENDANCE TO ALL MEALS IS MANDATORY!!!

I agree to the above *Camp Rules and Regulations* YES  NO

**SECTION SIX \*\*\*Camper Health/Medication Profile**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

What type of Neuromuscular disease do you have? \_\_\_\_\_

The camp medical staff supervises the health and well being of campers and volunteers. The medical staff takes this responsibility seriously. Please complete all requested information in the sections below. Please include any additional health concerns you may have that are not specifically requested in the space at the end of this section.

Who is your primary care physician: \_\_\_\_\_

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

**MEDICAL INSURANCE COVERAGE** (Please bring a photocopy of current insurance card to registration.)

Name (Blue Cross/Blue Shield, Medicaid, etc.) \_\_\_\_\_

Company's Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Family Physician/Medical Practitioner: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Please list any **MEDICATION ALLERGIES** You have experienced.

Please list any **FOOD ALLERGIES** You have experienced.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies (i.e. latex, animals, plants, etc.)\* \_\_\_\_\_

\_\_\_\_\_

\*Since service animals may accompany some campers, please indicate your typical reaction to and the severity of any animal allergies may have so that appropriate accommodations can be made.

An up-to-date immunization status is required to attend camp. Please list the dates of the most recent immunizations you have been given.

Mumps \_\_\_\_\_

German Measles (Rubella) \_\_\_\_\_

Measles (Rubeola) \_\_\_\_\_

Last Tuberculin (TB) skin test was: \_\_\_\_\_

The result of the last TB skin test was: POSITIVE  NEGATIVE

Are you prone to any of the following illnesses or conditions? Use the space provided below to explain any "YES" answers (e.g. date of last event, was hospitalization necessary, treatment received, etc.).

- |                          |  |                    |  |
|--------------------------|--|--------------------|--|
| Seizures/Convulsions     | YES <input type="checkbox"/> NO <input type="checkbox"/> | Frequent Colds     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Urinary Tract Infections | YES <input type="checkbox"/> NO <input type="checkbox"/> | Wheezing           | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Sinusitis                | YES <input type="checkbox"/> NO <input type="checkbox"/> | Hayfever           | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Constipation             | YES <input type="checkbox"/> NO <input type="checkbox"/> | Indigestion        | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| "Swimmer's" Ear          | YES <input type="checkbox"/> NO <input type="checkbox"/> | Ear Infections     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Bee Sting Reactions      | YES <input type="checkbox"/> NO <input type="checkbox"/> | Bed Sores          | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Asthma                   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Hepatitis Exposure | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Bed Wetting              | YES <input type="checkbox"/> NO <input type="checkbox"/> | Panic Attacks      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Diabetes                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | Headaches          | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Bladder Control Problems | YES <input type="checkbox"/> NO <input type="checkbox"/> | Diarrhea           | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ADD/ADHD                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | Pneumonia          | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Have you been exposed to a communicable disease in the last six months?

YES  NO  If yes, please describe: \_\_\_\_\_

**IMPORTANT: PLEASE NOTIFY VAD IF YOU HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE AFTER SUBMISSION OF THIS APPLICATION!!!**

Bowel and bladder habits - How frequently do you go to the bathroom? \_\_\_\_\_

Do you have any history of heart problems (including arrhythmias, abnormal blood pressures, etc.)?

YES  NO  If yes, please describe: \_\_\_\_\_

Other physical, medical or emotional information the medical staff should be aware of (special diet, pregnancy, motion sickness, recent surgeries, serious injuries, depression, details of above)?

Volunteers Assisting the Disabled (VAD)

Camp regulations require that the camp medical staff administer ALL medications. All prescription medications (such as antibiotics, birth control pills, asthma medications, insulin, "heart pills") and all non-prescription medications (such as allergy pills, cold tablets, vitamins, antacids) must be turned in to the medical staff when you arrive at camp. Individuals may be allowed to keep inhalers, bee sting kits and nitroglycerin tablets after consultation with the medical staff. PLEASE BE SURE TO HAVE ALL MEDICATIONS READY TO BE AVAILABLE AT REGISTRATION. PLEASE BRING ENOUGH OF YOUR MEDICATIONS FOR THE FULL WEEK OF CAMP STAY PLUS TWO (2) ADDITIONAL DOSES. ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER(S) WITH ORIGINAL PHARMACIST LABEL(S) OR ASK YOUR PHARMACIST FOR AN EXTRA, FULLY-LABELED CONTAINER FOR USE AT CAMP.

Please complete the listing below with all medications you are to be taken, and the schedule by which you take them.

Medication Name	Dose	Time Doses Are Given
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Medication Name	Dose	Time Doses Are Given

**DO YOU REQUIRE:**

- Assistance with stairs      YES  NO  Details \_\_\_\_\_
- Assistance to stand        YES  NO  Details \_\_\_\_\_
- Assistance to transfer      YES  NO  Details \_\_\_\_\_
- Assistance with dressing    YES  NO  Details \_\_\_\_\_
- Assistance with toileting    YES  NO  Details \_\_\_\_\_
- Assistance with bathing     YES  NO  Details \_\_\_\_\_
- Assistance with eating      YES  NO  Details \_\_\_\_\_
- Special positioning in bed    YES  NO  Details \_\_\_\_\_
- Turning in bed at night      YES  NO  Details \_\_\_\_\_
- Urinal at bedside            YES  NO  Details \_\_\_\_\_
- Use of hospital bed         YES  NO  Details \_\_\_\_\_

What "aches and pains" are "normal" for you and how should they be treated? \_\_\_\_\_

Other assistance requested and/or additional health concerns: \_\_\_\_\_

**For Female Campers Only (Male campers should skip to Section Seven):**

Is your menstrual history normal?    YES  NO   
 Special concerns or problems (e.g. severe cramps, etc.) \_\_\_\_\_

**SECTION SEVEN \*\*\*Therapy and Orthopedic/Medical Equipment Needs**

Are you ambulatory (able to walk)? \_\_\_\_\_

Do you ever use a wheelchair or walker? \_\_\_\_\_

Will a manual or powered wheelchair be brought to camp? (Specify) \_\_\_\_\_

Do you wear a corset or body brace? YES  NO  Leg braces? YES  NO

Please describe the type of braces that you wear and the schedule by which they are worn.

\_\_\_\_\_

Is a Hoyer lift used to lift the camper? YES  NO

Do you use a shower chair at home? YES  NO

Will you require the use of a feeding tube while at camp? YES  NO

Are you using respiratory equipment/ therapy at home? YES  NO

If you answered yes to any of the four previous questions, please provide details & be sure to bring all equipment to camp (use separate sheet if needed): \_\_\_\_\_

\_\_\_\_\_

Other equipment/aids you use at home: \_\_\_\_\_

Is there any further information that may be helpful in better understanding your needs at camp?

\_\_\_\_\_

**IMPORTANT: PLEASE HAVE ALL SPLINTS, BRACES, WHEELCHAIRS, RESPIRATORY EQUIPMENT AND ASSISTIVE ACCESSORIES CHECKED OR SERVICED PRIOR TO ARRIVAL AT CAMP. PLEASE BE SURE EACH ITEM IS CLEARLY IDENTIFIED WITH THE CAMPER'S NAME.**

I understand that the equipment I bring to camp must be, to the best of my knowledge, in good operating condition.

**ALL WHEELCHAIRS MUST HAVE A SEAT BELT. SEAT BELT USE IS STRICTLY ENFORCED.**

**SECTION EIGHT \*\*\*Medical Consent, Emergency Contact and Release**

**PLEASE COMPLETE ALL PARTS OF THIS SECTION.**

**MEDICAL CONSENT**

The health history contained in this application is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. I certify to the best of my knowledge, I do not have any contagious or communicable disease or condition. I also understand that VAD and the camp are not responsible for illness due to previous health conditions or illness incidental to attending camp.

If there should be a medical emergency while attending VAD Summer Camp or going to and from camp, I authorize treatment by the VAD Summer Camp medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. The VAD Summer Camp medical staff maintains a medical cabin on the campgrounds. They are able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I also authorize routine treatment by the VAD Summer Camp medical staff during the week of camp. I authorize the VAD Camp Staff Coordinator or medical staff of the camp to select and designate emergency medical personnel, nurses and physicians to furnish emergency medical services, nursing, medical and/or surgical care should it be necessary and to arrange admittance to a hospital in case of emergency. I further absolve VAD and the camp from any and all liability for their reasonable acts done in good faith.

In the event of a serious medical problem, the medical staff or the VAD Camp Staff Coordinator will contact persons listed below to advise them of the camper's condition, treatment or need for continued medical attention. (Please be sure the persons named agree to serve as emergency contacts.)

**Emergency contact:**

**Emergency contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone - Day                      Phone - Evening

\_\_\_\_\_  
Phone - Day                      Phone - Evening

\_\_\_\_\_  
Phone - Cell

\_\_\_\_\_  
Phone - Cell

**ATTENTION EMERGENCY CONTACTS:**

Please list your emergency/vacation telephone number(s) and destination(s) if you will be away or traveling while camp is in session. Upon arrival at camp, please update the camp staff of any changes in your travel plans.

Destination/Travel Schedule: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

I agree to the above *Medical Consent* YES  NO

**Adult Waiver & Release**

In consideration of Volunteers Assisting the Disabled ("VAD") permitting me to attend VAD Summer Camp, I hereby, and for my heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE that I may have against VAD, its directors, officers, volunteers, medical staff, and cooperating entities, arising out of or resulting from any and all injuries or damages of any nature, including death, which I may suffer while taking part in VAD Summer Camp or any activities connected with the VAD Summer Camp. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event. I further understand that I assume all risks in participating in VAD Summer Camp. I further recognize that VAD and the camp cannot be held responsible for personal injury, death, and loss of clothing or personal property while at camp. I also acknowledge that any activity in which I may choose to participate with VAD campers or volunteers after the close of camp session is at my own risk.

This release shall be binding upon my heirs, executors, administrators, assigns and all legal guardians and me.

I agree to the above *Adult Waiver & Release* YES  NO

It is imperative that VAD is aware of any days you will be missing camp. Although we do prefer you are at camp for the entire week, we understand there maybe conflicting schedules. Please supply us with any date you will not be able to attend camp.

Note: VAD will do everything possible, within reason, to accommodate campers if their attendants must arrive late or leave early, however, if we do not have the staff required, we may have to ask a camper to arrive late to camp, or leave early, according to their attendants schedule.

I agree, to the best of my knowledge, that all the information provided is truthful & accurate and I will adhere to all policies, rules and regulations stated by VAD.

Camper/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

In lieu of a signature, enter complete name. Select YES NO to validate information.