



# 2011 Summer Camp Application

For Office Use Only

Date Rec'd: \_\_\_\_\_  
 Deposit: \$ \_\_\_\_\_  
 Check: # \_\_\_\_\_  
 Fin Form \_\_\_\_\_ Ins Form \_\_\_\_\_  
 Med Form \_\_\_\_\_  
 Level 1 2 3  
 Rec'd By: \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Telephone: (\_\_\_\_) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

County: \_\_\_\_\_ Ethnic Background (optional): \_\_\_\_\_ Has camper attended ITC before: Yes \_\_\_ No \_\_\_

Parents/Guardians Full Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Campers may register for as many sessions as they would like to attend. Respite is available for those campers attending two consecutive sessions where the Respite falls in the middle of a camper's stay.

*\*No person shall be excluded from services because of race, religion, sexual preference, disability or national origin.*

*\*Please include a recent photo of the camper so our staff may familiarize themselves with the camper.*

<u>SESSIONS</u>	<u>DATES</u>	<u>WEEK DESCRIPTION</u>	<u># OF DAYS</u>
___ Week #1	6/5-6/11	Session #1 is highlighted by the first Council Fire of the year, and a talent show in the new ITC theatre.	Six
___ Respite Day	6/11	Respite Day	One
___ Week #2	6/12-6/18	Session #2 features "The Big Dance" and an evening with a live band.	Six
___ Week #3	6/26-7/2	Session #3 features all of the traditional summer camp programming with some mystery evening programs.	Six
___ Respite Day	7/2	Respite Day	One
<u>NA</u> Week #4	7/3-7/9	Session #4 is the first full week in July and features an off-site boat trip for our younger campers, and a "mystery trip" for the adults. *6 cabins will be designated for our younger campers (18 and under) this week.	Six
<u>NA</u> Respite Day	7/9	Respite Day	One
<u>NA</u> Week #5	7/10-7/16	Session #5 is geared towards our adult campers with both a Council Fire and "Big Dance."	Six
___ Week #6	7/24-7/30	Session #6 features all of the traditional summer camp programming with an emphasis on sensory integration. *This will be a smaller session with 4 cabins geared towards individuals with sensory processing disorders.	Six
___ Respite Day	7/30	Respite Day	One
___ Week #7	7/31-8/6	Session #7 is the final summer camp, and includes a talent show, Council Fire and family celebration.	Six





CAMPER NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ SESSION(S) \_\_\_\_\_ LEVEL: 1 2 3

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ NICKNAME, IF ANY: \_\_\_\_\_

DISABILITY

<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism/ASD	<input type="checkbox"/> N/A
<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> CHI(Closed head injury)
<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Other (please explain)	Date of injury ___/___/___
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Congenital Anomalies/Birth Defects	Cause of injury _____
<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Explain in detail _____	_____
<input type="checkbox"/> Epilepsy	_____	_____
<input type="checkbox"/> Arthrogyposis	_____	Extent of injury _____
<input type="checkbox"/> Osteogenesis Imperf.	_____	_____

ASSOCIATED PROBLEMS

	<u>Normal</u>	<u>Impaired</u>	<u>Description</u>
Hearing Ability	_____	_____	_____
Visual Ability	_____	_____	_____
Memory	_____	_____	_____
Time-Concept	_____	_____	_____
Perceptual Ability	_____	_____	_____

COMMUNICATIONS

No communication difficulties

Verbalizes, may be difficult to understand

Non-verbal, Yes/No Responses Only

Explain \_\_\_\_\_

\_\_\_\_\_

Explain communication board or system \_\_\_\_\_

\_\_\_\_\_

Additional information that would be helpful \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL HEALTH INFORMATION

Does camper have seizures? Yes \_\_\_ No \_\_\_

Frequency \_\_\_\_\_

Please describe the seizures/including length and severity

\_\_\_\_\_

\_\_\_\_\_

Common signs/conditions of seizure \_\_\_\_\_

\_\_\_\_\_

Does the camper have allergies? Yes \_\_\_ No \_\_\_

If yes please explain agent and reaction in detail \_\_\_\_\_

\_\_\_\_\_

Is camper allergic to service dogs? Yes \_\_\_ No \_\_\_

Recent surgery not noted on physical form \_\_\_\_\_

\_\_\_\_\_

Recent injury that we should be aware if not noted on physical form \_\_\_\_\_

\_\_\_\_\_

SKIN CARE

Is camper prone to skin breakdown? Yes \_\_\_ No \_\_\_

If yes please describe location and normal precautions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL EQUIPMENT THAT CAMPER WILL BE BRINGING TO CAMP

AMBULATION

Crutches

Cane

Walker

Wheelchair

Elec. Wheelchair

Amigo

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BRACING

Short Leg

Long Leg

AFO

Body Jacket

Hand Splint

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EATING

Special Cup

Straw

Special dish

Special Utensils

Plate Guard

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER

Hoyer Lift

Toilet Commode

Communication Board

Helmet

Special Shower Chair

Shunt

Pace Maker

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR THOSE CAMPERS DIAGNOSED WITH AUTISM AND OTHER RELATED DISORDERS**

Please provide us with a profile on the camper that will help in transition into camp. Information should be provided to help us handle inappropriate and problem behaviors if they arise. Also any tools used at home or school that would be helpful and please provide explanation. Any materials that will help provide the best experience for his/her stay at camp please note \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTIVITIES OF DAILY LIVING

EATING

- Independent
- Needs only food cut & plate set
- Must be fed

AMBULATION

- Walks
  - Independent
  - Needs assistance\*
    - \*Describe \_\_\_\_\_
- Manual Wheelchair
  - Independent
  - Assistance on inclines and rough areas
  - Total assistance
- Power Chair
  - Independent
  - Needs assistance\*
    - \*Describe \_\_\_\_\_

DRESSING & UNDRRESSING

- Independent
- Need assistance with fine motor skills (buttons, zippers etc.)
- Limited assistance with clothing
- Total assistance

BATHROOMING

- Independent
- Limited assistance
- Total assistance

PERSONAL CARE INFORMATION

Check any which camper will need assistance with

- Showering
- Shaving
- Teeth-Brushing
- Personal care menstrual cycle

TRANSFERS

- Approximate Weight \_\_\_\_\_
- Independent
- Can bear weight for pivoting
- Must be lifted

Precautions that should be taken if any:

\_\_\_\_\_

\_\_\_\_\_

URINARY NEEDS (check all that apply)

- Independent
- Needs transfer/pivot to toilet
- Assistance with clothing
- Must be wiped
- Urinary Appliance
  - Urinal
  - Intermittent catheter
  - Indwelling catheter
  - Urostomy
- Diapered (if checked please describe)
  - Night only
  - Day only
  - 24/7
  - Other \_\_\_\_\_

Prone to bladder infections  Frequent urinary accidents

BOWEL NEEDS

- Independent
- Needs assistance with transfer and clothing onto toilet
- Must be wiped
- Camper knows when they have to go
- Campers does NOT know when they have to go
- Special dietary considerations (describe) \_\_\_\_\_
- Special bowel treatment/program (describe) \_\_\_\_\_

How often does camper have bowel movements: \_\_\_\_\_

BEHAVIOR DIFFICULTIES

Does camper have any behavior problems? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

How might we deal with these behavior problems \_\_\_\_\_

ADJUSTMENT TO CAMP

- Has attended Indian Trails Camp before
- If new to Indian Trails Camp, has the camper been to another camp in the past
  - Camper adjusted well
  - Camper experienced some homesickness
- Camper has never been away from home
- Best way to handle adjustment problems \_\_\_\_\_

Any known fears \_\_\_\_\_

What are you most concerned about? (either from the camper's or parents standpoint) \_\_\_\_\_

If a new camper, how did you hear about Indian Trails Camp?

\_\_\_\_\_

\_\_\_\_\_

CABIN-MATE REQUESTS

Please list any requests you have for cabin mates at camp. Please list them in the order to your preference. We will NOT be able to honor all requests due to the many factors that are included in determining cabin groupings. We will try our best!

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**INDIAN TRAILS CAMP  
2011 SUMMER CAMP FINANCIAL FORM**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ County: \_\_\_\_\_

Sessions (select sessions to attend)	<input type="checkbox"/> #1	<input type="checkbox"/> R1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> R2	<input type="checkbox"/> NA #4	<input type="checkbox"/> NA R3	<input type="checkbox"/> NA #5	<input type="checkbox"/> #6	<input type="checkbox"/> R4	<input type="checkbox"/> #7
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- LEVEL 1 Minimal Dependence: 0 - 5 points \$127 (1-day) \$762 (6-day)
- LEVEL 2 Moderate Dependence: 6 - 9 points \$186 (1-day) \$1,116 (6-day)
- LEVEL 3 Complete Dependence: 10+ points \$256 (1-day) \$1,536 (6-day)

**Please complete the attached Level Determination Form and submit with application.**

*If at any time after receipt of this form and camper application, the Camp Director and/or Health Director find the camper to be at a different level than indicated, ITC reserves the right to make the appropriate change. In the event of a change, the camper and/or family will be notified.*

**TOTAL DUE \$ \_\_\_\_\_ = \_\_\_\_\_ 6-day @ \$ \_\_\_\_\_ + \_\_\_\_\_ 1-day respite @ \$ \_\_\_\_\_**

- DEPOSIT \$ \_\_\_\_\_ (minimum \$100) Chk # \_\_\_\_\_ or \_\_\_\_\_ Credit Card (complete part B)
- DISCOUNT \$ \_\_\_\_\_ (5% if paid in full by 2/28/2011)

**BALANCE DUE \$ \_\_\_\_\_**

*\*Note: If an agency/insurance is being billed, a deposit is not required.*

**A) PARENT/GUARDIAN OR SELF WILL PAY BALANCE INCOMMING DAY OR \$ \_\_\_\_\_ EVERY \_\_\_\_\_**

**B) CREDIT CARD PAYMENT \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD SECURITY CODE \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_**

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zip Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Ph # \_( \_\_\_\_\_ ) \_\_\_\_\_

Card billing address \_\_\_\_\_

**C) Bill Organization: \_\_\_\_\_**

*Name Address Phone#*

Attn: \_\_\_\_\_ Amt to be paid: \_\_\_\_\_ Bef session: \_\_\_\_\_ Aft session: \_\_\_\_\_

**D) Scholarship requested in the amt of \$ \_\_\_\_\_ for the following reasons (check all that apply):**

Financial Considerations \_\_\_\_\_ Low Family Income \_\_\_\_\_ Live Independently \_\_\_\_\_ Unemployed \_\_\_\_\_

Special Circumstances \_\_\_\_\_ Hospitalization/major medical \_\_\_\_\_ Change in Level of Determination \_\_\_\_\_

Unexpected Hardship \_\_\_\_\_

**Scholarship funds are allocated on availability & need. Amount requested may not be amount allocated. You will be notified of scholarship granted with your final acceptance.**

X \_\_\_\_\_

*Signature of parent/guardian or camper*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Date*

## Level Determination

Indian Trails Camp uses a point system to determine the level of care a camper needs. This system should provide us with more comprehensive information that will allow us to provide the best care possible for each camper.

Please mark all that apply and total the points to determine what level the camper should be registered at.

Scholarship funds may be available to help offset any increases in camper fees as a result of a change in level.

Please see the financial form, section D, to apply for a scholarship.

### Medication

- Takes medication 1 time daily (1-Point)
- Takes medication 2-3 times daily (2-Points)
- Takes medication more than 3 times daily (3-Points)

### Eating

- Requires some assistance with cutting food or needs verbal prompting to guide through tasks (1-Point)
- Requires some physical assistance with accessing food at meals (2-Points)
- Requires specialized diet/nutrition (ex. Puree food) (2-Points)
- Requires total assistance with eating (not feeding tube-see medical) (3-Points)

### ADL's (Bathing, Grooming, Dressing)

- Camper requires verbal prompting to ensure completion of all hygiene needs (1-Point)
- Camper requires some physical assistance with hygiene needs (2-Points)
- Camper requires full-assistance in caring for hygiene needs (3-Points)

### Toileting

- Camper requires verbal prompting (1-Point)
- Camper requires some physical assistance (2-Points)
- Camper requires full-staff assistance (3-Points)

### Medical (Please mark all that apply)

- Camper requires respiratory treatments (2-Points)
- Camper requires routine catheterization by nursing staff (3-Points)
- Camper requires colostomy care (3-Points)
- Camper requires a feeding tube (3-Points)

### Non-Medical

- Camper requires 1 on 1 staffing. Please explain (10-Points) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Level 1**

**Level 2**

**Level 3**

**0-5 points**

**6-9 points**

**10 or more points**



# 2011 Summer Camp Insurance Form

Return This Form WITH Your Camper Application

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

Sessions (select sessions to attend) <input type="checkbox"/> #1 <input type="checkbox"/> R1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> R2 <input type="checkbox"/> NA #4 <input type="checkbox"/> NA R3 <input type="checkbox"/> NA #5 <input type="checkbox"/> #6 <input type="checkbox"/> R4 <input type="checkbox"/> #7
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**\*NOTICE TO ALL PARENTS AND CAMPERS: *Indian Trails Camp, Inc. does not assume responsibility for health care/medical expense benefit insurance coverage for campers. The Camp does not carry medical/accident insurance for campers. This is the responsibility of the camper and his/her family. You should make certain to assure that you are adequately covered with insurance for medical expenses/health care coverage.***

I understand the above: \_\_\_\_\_  
*Signature parent/guardian or adult camper*

Is the camper covered by medical insurance? Yes  No

If yes, please list the camper's health care carrier (examples: Blue Cross, Medicare, PPOM, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

**PLEASE attach a current copy of the card to this form.**

Additional information: \_\_\_\_\_  
\_\_\_\_\_



# 2011 Summer Camp Camper Physical Form



This form **MUST** be completed by a licensed physician on or after 2/1/2011. This form **MUST** be completed in its entirety. We **CANNOT** accept applications for campers with incomplete medical information.

Camper Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_

1. Applicant must be diagnosed with a physical disability, developmental disability, Downs Syndrome or Autism.
2. Applicant must be capable of social interaction and participation in camp activities.
3. Applicant must be able to communicate needs through at least a yes or no response (e.g. eye blinks, headshake, or use of communication board, etc).

Primary Diagnosis/disability: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

### Medical History

- Asthma/Respiratory problems
  - Apnea
  - Diabetes type: \_\_\_\_\_
  - Kidney Disorder
  - Heart Defect
- Does the camper frequently suffer from any of the following (circle all applicable):  
Headaches, Sore throat, Ear infections
- Other \_\_\_\_\_

### Immunizations (check those that have been issued)

- Diphtheria
- Measles
- Pertusis
- Polio
- Rubella
- Small Pox
- Date of last Tetanus \_\_\_/\_\_\_/\_\_\_  
Must be within 10 years
- Date of last TB test: \_\_\_/\_\_\_/\_\_\_  
Result: Pos \_\_\_ Neg \_\_\_  
If positive, date of X-ray \_\_\_/\_\_\_/\_\_\_  
(must be tested yearly  
Attach copy of TB card)

### Does camper have known communicable diseases?

- Measles
- Hepatitis: A B or C \_\_\_\_\_
- Chicken Pox
- HIV positive
- Other: \_\_\_\_\_

Allergies and Reaction: \_\_\_\_\_

Seizures please indicate type, length and frequency: \_\_\_\_\_

Current Health: Age \_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_ RR \_\_\_ Temperature \_\_\_ Pulse Ox \_\_\_\_\_

Overall health condition: \_\_\_\_\_

Other information for Health care staff, including treatments to be continued at Camp, activity restrictions, medically prescribed meal plan or dietary restriction while at Camp \_\_\_\_\_

I have treated this applicant for: \_\_\_ years \_\_\_ months and am familiar with the camper's disabilities. In my opinion, the applicant is physically and emotionally able to participate in an adaptive camp program. The information provided on this form represents my authorization for distribution of medications as well as treatment/care.

Physician's Signature

Date

Physician's Office Name & Phone #



## SUMMER CAMP CHECK LIST

DATE SENT	FORM	NEED BY
_____	4-Page Application	ASAP <i>*Note: ITC will continue accepting applications up to two weeks prior to session or unless cap has been reached – whatever occurs first.</i>
_____	Financial Form	ASAP <i>*Note: Send with application</i>
_____	Level of Determination	ASAP <i>*Note: Send with application</i>
_____	Physical Form	2 weeks <u>prior</u> to camp session
_____	Insurance Card	ASAP <i>*Note: Send with application</i>

**DROP OFF TIMES FOR SUMMER SESSIONS ARE 3:00PM - 5:00PM**

**PICK UP TIMES FOR SUMMER SESSIONS ARE 10:00 AM -11:00 AM**

Some sessions fill up fast. Please send your application, financial form, level of determination and copy of insurance card with your deposit as soon as possible to reserve your spot. If an agency or insurance company pays in full for your session you *do not* need to send a deposit.

**NOTE:** Please send all forms as soon as they are completed. Final acceptance/confirmation notices will be sent once all completed paperwork is received. We would advise you to mail us the completed the application, financial form, level of determination, and copy of insurance card even if you do not have the physical form completed so that your spot is reserved. Then mail in the physical form upon completion but no later than 2 weeks prior to camp session.

The cut off date to enroll is 2 weeks prior to the start of the camp session to ensure proper staffing, no exceptions will be made to this deadline.

Mail applications to:  
Indian Trails Camp  
O-1859 Lake Michigan Dr NW  
Grand Rapids, MI 49534

Or Fax to:  
1(616) 677-2955



