

Alabama District-Pilot International TBI Camp

Seasonal Application and Information

****Campers are required to fill out pages 1 -5. Non-campers (attendants and/or family members) that are attending camp are required to fill out pages 4-6 for each additional person****

AN INTRODUCTION TO CAMP ASCCA

Our program continues to offer exciting one-of-a-kind activities for you all year round! Located on Lake Martin off Highway 280 between Dadeville and Alexander City, Camp ASCCA is the world's largest year-round, barrier-free camp for people with disabilities.

Opened in 1976, Camp ASCCA has modern, centrally heated and air conditioned buildings that accommodate up to 284 people. Program areas include the demonstration farm, environmental center, adventure area, nature trail, ballfield, horseback riding ring, miniature golf course, rifle range, lakefront, modern filtered swimming pool, an all-weather pavilion, and much, much more! All of this is on 230 beautiful wooded acres with 1.5 miles of Lake Martin shoreline.

The philosophy of Camp ASCCA is to offer an exciting camp program geared to the age, interest, and ability of our campers. This involves learning new skills; making new friends; and participating in programs such as swimming, water skiing, tubing, an accessible water playground, a waterslide, canoeing, boating, fishing, arts and crafts, golf, nature appreciation, geocaching, horseback, bocce, riflery, and even high adventure activities such as climbing and rappelling. In addition to all of this, there are evening programs that include campfires, dances, and talent shows. The emphasis for the camp's programs is in meeting the needs of each camper and utilizing ability and capability to enable each camper's participation to their fullest potential!

WHO IS ELIGIBLE FOR CAMP?

Camp ASCCA seeks to serve all qualified individuals with disabilities who meet the essential eligibility requirements enumerated below. These criteria are necessary to ensure not only the safety of participating campers but also their ability to receive the maximum educational benefits of the particular camp for which they have applied. Camps are organized around a general group setting (summer camp) or a specialized (specialty) camp designed to meet the needs of a particular group. Camp ASCCA seeks to serve eligible campers in the most integrated setting possible.

All acceptances of applications are conditional. Camp ASCCA reserves the right to accept or deny applications or defer admission on site or prior to attendance should it later become aware that the initial application was flawed or the camper's health has severely declined or upon demonstration that a camper does not meet the applicable eligibility criteria. All deferrals or revocation of admission must be approved by the Camp Director.

Essential Eligibility Requirements for Camp Admission (for general group setting)

An eligible applicant must meet the following criteria:

1. Be of appropriate age for session requested;
2. Have a physical or intellectual (mental) disability;
3. Have the ability to effectively communicate needs to a camp counselor (this communication may consist of a verbal, audible, or physical response such as an eye shift or a very slight gesture; persons in a minimally responsive state would not meet this criteria);
4. Have the ability to adapt to the group living routine of Camp within 24 hours from time of check-in without disruption to the group living environment, which disruption includes, but is not limited to the following: not following directions of Camp counselors and program leaders, and the inability to have meals in the dining hall without disrupting others;
5. Is not abusive toward him/herself or others, i.e. does not physically, verbally, or sexually abuse self or others, which abuse may include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling or verbal degradation, inappropriate touching or fondling or other inappropriate behavior;
6. Does not pose a direct threat to himself/herself or others that cannot be eliminated or reduced below the level of a direct threat with or without reasonable accommodation. Direct threat is defined as a substantial risk of harm to the camper or others; direct threat may include having a highly contagious condition such as tuberculosis, hepatitis, an open or draining wound or rash, topical parasites, etc. or other conditions that may be spread through casual human contact;
7. Does not have a medical condition or impairment that requires specialized medical treatment (i.e. intravenous infusions, tube feeding);
8. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury;
9. Is in acceptable health as indicated by: Not having a temperature greater than 100.4 orally; not having blood pressure greater than 160/90; not having a heart rate greater than 120 BPM;
10. Has ability to eat or drink amounts adequate for nutritional support;
11. Agrees to and takes personal prescription medication.

Specialty Camps

Applicants not eligible for general or summer camp may be eligible for appropriate specialty camps. At a minimum, they must meet eligibility criteria 1, 2, 5, and 6 above.

FOR OFFICE USE ONLY

Date rec'd _____ Careload _____
Amt. fee rec'd _____ Session _____
Confirmation Sent _____ Paid by _____

SEASONAL CAMPER APPLICATION.

Mail to: Alabama District-Pilot International, 104 Jackson Way, Decatur, AL 35603
Misskay311@aol.com

PLEASE PRINT OR TYPE

Date of Birth: _____

I. IDENTIFYING INFORMATION

Last Name First Name Middle Name Name Called Sex Age Race

County Mailing Address (address to which mail should be sent)

City State Zip (Area code) Home Phone Email

Primary Contact #1 Information: Parent(s) Guardian Caregiver Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Contact #2 Information: Parent(s) Guardian Caregiver Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Emergency/Other Contact Information: Relationship to camper: _____

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

If applicable, name of group home, contact person, & phone number: _____

Has the camper attended Camp ASCCA before? Yes No First year attended? _____ Most recent year attended? _____

How did the camper find out about Camp ASCCA? _____

II. NATURE OF DISABILITY (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Paraplegia |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intellectual/Mental Disability: | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Mild | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Moderate | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Severe | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Mental Illness (Indicate): | <input type="checkbox"/> Partial <input type="checkbox"/> Total |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | _____ | <input type="checkbox"/> Other (Indicate): |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Muscular Dystrophy | |
| <input type="checkbox"/> Partial <input type="checkbox"/> Total | | |

Last Name _____ First Name _____

III. CAMPER CARE

Approximate Mental Age Level _____ Approximate Functional Age Level _____ Height _____ Weight _____

EATING: No assist Partial assist Total assist

DIET: Normal Chopped food Pureed Diabetic

Any other special diet (explain): _____

Appetite is: Large Typical Small Does camper have any difficulty swallowing? Yes No

List problem foods or any food allergies (explain): _____

SPEECH: Normal Mildly affected Moderately affected Severely affected Nonverbal

COMMUNICATION: Is the camper able to understand & communicate his/her needs to others? Yes No

Camper makes his/her needs known by: Speaks ASL Gestures Communication Board

Other, (please specify): _____

MOBILITY: Walks Cane Walker Wheelchair (manual electric) Other: _____

Can the camper independently use his/her wheelchair? Yes No

TRANSFERS: No assist Partial assist/Standby Total assist

ADAPTIVE DEVICES: None AFO's or night braces Helmet Glasses Hearing Aid Other: _____

TOILETING: Bladder Control: No assist Incontinent Night Incontinence

Needs assistance/schedule (explain): _____

Bowel Control: No assist Incontinent Night Incontinence

Needs assistance/schedule (explain): _____

Aids used: None Needs reminder Urinal Disposable undergarments Toilet chair

Ostomy Other (please specify): _____

Catheterization: Self Cath/Independent Dependent/Nurse _____ Catheter Schedule: _____

SHOWERING: No assist Partial assist Total assist (explain): _____

DRESSING: No assist Partial assist Total assist (explain): _____

SLEEPING: Does camper normally sleep through the night? Yes No

Bedtime routine/positioning: _____

IV. SOCIAL BACKGROUND

Please list camper's favorite hobbies, leisure, recreational, or camp activities _____

Does the camper have any behavior issues? Yes No If yes, please describe _____

When do the behavior issues occur? _____

Describe effective methods to control difficult behaviors _____

Last Name _____ First Name _____

V. MEDICAL INFORMATION – EVERY BLANK MUST BE COMPLETED!!

List all allergies (If NO allergies, please write “NONE”) _____

Please list any issue, medical, health or otherwise of which we should be aware: _____

Has camper had any recent hospitalizations or illnesses? Yes No If yes, please describe: _____

Does the camper currently have any skin breakdown or pressure sores? Yes No If yes, please describe: _____

SEIZURES: None Yes, Type _____ Typical length _____ How often _____ Most recent _____

SHUNT: Yes No If yes, any special instructions _____

Physician’s Name: _____ Phone Number: (____) _____ City _____ State _____

Are the campers immunization up-to-date? _____

Is camper/patient healthy enough to participate in camp activities within the limits of his/her disability (sessions are residential camps and most activities are outdoors)? **Yes** _____ **No** _____ **if no, please explain:** _____

MEDICATIONS: Please list all medication, dosages, and times medication is to be taken. ****ALL MEDICATIONS (INCLUDING OVER-THE-COUNTER) MUST BE SENT IN ORIGINAL PRESCRIPTION BOTTLES/BLISTER PACK****

Name of medication	Dosage (mg)	# of pills ea. time	Times to be taken (8a, 12n, 3p, 6p, 8p)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any further medications on a separate sheet please. **IF NO MEDICATIONS TAKEN, PLEASE WRITE “NONE”.** **PLEASE NOTE: Camp nurses MUST be notified if the above medications change between the time application is submitted and the actual camp date (256-825-9226 ext. #231).** **Camp nurses can only administer medications according to the prescription label. Only the Physician can make changes.**

Are there any OTC (Over The Counter) medicine that you do not wish the camper to be given? _____

The Camp Director reserves the right to send the camper home if illness, eligibility policy is not met, or other significant reason so dictates. If above named camper must be sent home and I cannot be reached, the following person has consented and has permission to check-out the camper:

Name: _____ Work Phone: (____) _____ Cell Phone: (____) _____

VI. INSURANCE INFORMATION

Insurance Coverage for accidents or illnesses while participating in programs at Camp ASCCA is the responsibility of the camper or family. Please list your family health, accident, medical, or hospital insurance coverage.

CARRIER _____ POLICY OR GROUP NO. _____

MEDICARE NO. _____ MEDICAID NO. _____

I hereby certify that all information given on this application is true and complete.

Print Name: _____ Signature: _____

Application completed by: _____

No camper will be discriminated against because of race, age, sex, color, national origin, religion, or disability!

APPLICATION MUST BE FULLY COMPLETED BEFORE CAMPER IS CONFIRMED.

Mail to: Alabama District-Pilot International; 104 Jackson Way; Decatur, AL 35603

Misskay311@aol.com

**NOTICE OF PROGRAM/ACTIVITY
CONSENT AND RELEASE**

(Name)

(Session)

Easter Seals Camp ASCCA strives to provide an enjoyable and enriching experience for all campers. Camp staff is trained to determine whether a camper is able to safely participate in an activity and will provide instruction and supervision of the camper prior to and during each activity.

It is important, however, that the Camper/Sponsor alert Camp ASCCA of any activity which is unsuitable or objectionable, including any of the following activities which are normally provided at the camp:

- | | |
|---------------------------------|--|
| arts and crafts | horseback riding (ring riding) |
| boat rides | nature study |
| camping | ropes course (treehouse, zip line, cargo net) |
| climbing/rappelling | shooting sports (riflery, skeet, archery) |
| dancing | Sports and games of various types |
| farm (petting zoo) | swimming |
| field trips outside camp | Water skiing and tubing |
| fishing | Water slide |
| hiking | canoeing |

Please list below all activities which you direct Camp ASCCA not to provide camper.

Release

I, the undersigned, recognize and understand that there are inherent dangers and risks associated with the natural environment and through participating in the Camp’s recreational activities. Accordingly and in consideration of Camp ASCCA enrolling camper or me in the Camp (with the exception of those activities I have directed Camp ASCCA to exclude as written above), I, and on behalf of the camper, hereby release and hold harmless Camp ASCCA, its agents and employees, of and from any and all claims, actions, causes of actions, and demands, for all injuries, damages, and losses, incurred or which may occur, to me or the camper as a result of, or arising out of, activities during camp.

All activities, camps, or athletic programs shall be undertaken at my sole risk, and Alabama District Pilot & Pilot International shall have no responsibility for such. I hereby release and forever discharge Alabama District Pilot & Pilot International, its agents, employees, servants, volunteers, directors and contractors from all claims whatsoever arising from my participation in sponsored or related activities, including without limitation, all claims for personal injury, death, and/or property damage.

Signed: _____

Relationship: _____

Witness: _____

Date: _____

This Form is **only** if you are one of the following and will be attending the camp with the camper:

CHECK ONE:

- () ASCCA STAFF () Volunteer () Agency Staff () Attendant () Family Member

CAMP ASCCA MEDICAL HISTORY (non-camper)

THIS FORM REQUIRED BY ACA (AM. CAMPING ASSOCIATION) TO BE USED IN THE EVENT OF MEDICAL CARE AS DEEMED APPROPRIATE BY CAMP'S AUTHORIZED MEDICAL PROVIDERS.

Name _____

SEX: () F () M AGE: _____ DOB ____ - ____ - _____

Emergency Contacts:

1. Name _____
Address _____
Telephone () _____ - _____ Relationship _____

2. Name _____
Address _____
Telephone () _____ - _____ Relationship _____

Pertinent Medical History:

_____ No Known Allergies Year of Last Tetanus Booster: _____

_____ Medication/Food or Environmental Allergies; please list, and describe reaction, and explain how it is managed. _____

_____ List Chronic or Recurring Illness or Medical Conditions: _____

_____ Current Medications/Dosages: _____

INSURANCE CARRIER _____ NUMBER _____

Signature of Person completing form:

_____ Date: ____ - ____ - ____

All Campers must come with a Caregiver

Attendants that are attending camp must fill out pages 4, 5 and 6

- **The Staff will assign rooms. All special needs will be considered. We only have so many rooms and this will determine how many Campers we can accept.**
- **Private Rooms cannot be guaranteed.**
- **We are accepting 25 Camper/Caregivers. These will be determined by date registered and if proper accommodations can be met.**
- **The decisions of the TBI Committee and Camp ASCCA Staff are final**

**AGREEMENT REGARDING PARTICIPATION
IN CAMP OR OTHER ACTIVITIES AT
ALABAMA DISTRICT PILOT & PILOT INTERNATIONAL**

(This form must be executed by each participant and/or Guardian)

In order to participate in Club related camps or sports activities, I expressly agree to the following:

All activities, camps, or athletic programs shall be undertaken at my sole risk, and Alabama District Pilot & Pilot International shall have no responsibility for such. I hereby release and forever discharge Alabama District Pilot & Pilot International, its agents, employees, servants, volunteers, directors and contractors from all claims whatsoever arising from my participation in sponsored or related activities, including without limitation, all claims for personal injury, death, and/or property damage.

DATE _____

LEGAL GUARDIAN
SIGNATURE: _____

PRINT NAME _____
ADDRESS _____
PHONE _____

RETURN:

Alabama District, Pilot International
c/o Kay Chandler, TBI Co-Chair
104 Jackson Way
Decatur, AL 35603
256-214-8551
misskay311@aol.com

CAREGIVER SIGNATURE _____

PRINT NAME _____
ADDRESS _____
PHONE _____

CAMPER
SIGNATURE _____
ADDRESS _____
PHONE _____

THIS WAIVER MUST BE SIGNED, DATED AND RETURN WITH CAMP APPLICATION.

2019 ALABAMA DISTRICT TBI CAMP
APRIL 5-7, 2019
CAMP ASCCA

Tee Shirt Sizes: Camper _____ Caregiver _____

IT'S GOING TO BE A Luau THIS YEAR!!