

# 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 \_\_\_\_\_

**TBI**  
**Weekend**  
**Photo Optional**

**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
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County	Mailing Address (address to which mail should be sent)					
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City	State	Zip	(Area code) Home Phone		Email
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**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"/> <u>Partial</u> <input type="checkbox"/> <u>Total</u>
<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Other (Indicate): _____
<input type="checkbox"/> Hearing Impaired		
<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!*

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**Alabama District- Pilot International**  
**MEDICAL CARE AND PUBLICITY CONSENT**  
**WAIVER FORM**

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**VII. MEDICAL RELEASE: MUST BE COMPLETED IN FULL AND RETURNED WITH APPLICATION**

**NAME** \_\_\_\_\_ **SESSION** \_\_\_\_\_

I hereby grant permission to the Camp Physician or his/her authorized representatives to furnish or arrange for the furnishing of such hospital and/or medical care as the above mentioned might require during such time as he/she is a resident of Camp ASCCA.

This medical care shall include, but not be limited to, examinations, treatments, immunizations, injections, anesthesia, surgery, and other procedures, etc.

This permission is conditioned upon the understanding that in an event of serious illness or accident, or in the event of a need for hospital services and/or major surgery, said person will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of the said camper.

This form may be photocopied. Camp ASCCA has permission to obtain a copy of the above camper's health record from the providers treating him/her. I understand that information about his/her health will be shared on a "need to know basis" with other medical providers/Camp ASCCA staff.

For and in consideration of said covenants, the camper and the undersigned hereby release, acquit, and covenant to hold harmless the said Camp Physician and all other persons, firms, and corporations from all claims, damages, and causes of action of whatever nature which may accrue to the said camper or the undersigned, their heirs, executors, administrators and legal representatives and assigns, arising out of any of the above procedures.

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Signed (Parent or guardian) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Permission is also granted for said camper to be photographed and/or videotaped, with such pictures, video recordings and names to be used in public relations and fund-raising efforts (including websites) to promote programs of Camp ASCCA and Easter Seals Alabama.**

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Signed (Parent or guardian) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**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**

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(Name)

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(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.**

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**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



**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](mailto:misskay311@aol.com)

CAREGIVER SIGNATURE\_\_\_\_\_

PRINT NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

PHONE\_\_\_\_\_

CAMPER

SIGNATURE\_\_\_\_\_

ADDRESS\_\_\_\_\_

PHONE\_\_\_\_\_

**THIS WAIVER MUST BE SIGNED DATED AND RETURNED BY MARCH 15, 2026**

2026 ALABAMA DISTRICT TBI CAMP  
CAMP ASCCA

Tee Shirt Sizes: Camper \_\_\_\_\_ Caregiver \_\_\_\_\_

We will be "Take Me Out to the Ballgame"  
at Camp ASCCA April 10-12, 2026