



Mount Jubilee Ministries

Camp Jubilee 2017 Camper Application

GENERAL INFORMATION

Camper's Full Name _____ Nickname _____

T-Shirt Size: **Youth:** YSmall YMedium YLarge **Adult:** ASmall AMedium ALarge AXLarge AXXLarge
(Circle one)

Male Female Height _____ Weight _____ Birthdate _____

Address _____ City/State/Zip _____

Name of Parent/Guardian _____

Address _____ City/State/Zip _____

E-Mail Address _____

Phone: Cell (____) _____ Daytime (____) _____ Night (____) _____

Emergency Contact Name _____ Phone (____) _____

DEGREE OF DISABILITY

_____ Mild: able to perform all activities of daily living in self-care and movement at normal speed.

_____ Moderate: performs all activities, but not at normal speed.

_____ Severe: unable to perform all activities of daily living.

DAILY CARE INFORMATION

Can the camper speak and be understood? _____

Can the camper hear? _____

Can the camper dress him/herself? _____

Is the camper able to walk? _____

Does the camper use a walker and/or wheelchair?

Can the camper bathe alone?

Does the camper like to be touched?

How does the camper react to crowds or loud noises?

Is the camper able to feed him/herself?

Does the camper have difficulty swallowing? _____

Should food be soft? _____

Does the camper have a tendency to overeat?

If so, how do you handle this?

List any special dietary instructions: _____

DAILY CARE INFORMATION (cont'd)

List any foods that should not be given _____

Is the camper able to control bowels and bladder?

How many hours/night does the camper usually sleep?

Is the camper able to express his/her need to use the toilet? _____

Does he/she have sleep apnea? _____

Can the camper use the toilet alone? _____

Does he/she have problems sleeping? _____

How often should the camper be taken to the toilet?

If yes, please describe sleeping problems _____

How often at night? _____

Does the camper need any adaptive equipment? If so, explain

List any special precautions we should take in the care of this camper. _____

All campers will be required to pass a swimming test before they will be allowed to enter the "deep" end of the pool. Is your camper an experienced swimmer? _____ Describe his/her swimming competency:

Does the camper have any particular likes? _____

Dislikes? _____

Please give any other information that would be of help in caring for this camper.

MEDICAL INFORMATION

Diagnosis of handicap. _____

Any known allergies (drugs, foods, insects, latex, etc.) _____

If camper has an allergy, do they have an epinephrine pen? _____

Any known communicable diseases

HIV/AIDS Hepatitis Type _____ Other _____

(If this information is not included, in case of emergency, general safety protocol will be followed.)

List all current medications. Include name, times given, dosage and any special instructions.

Special note: Be sure that an adequate number of medications are sent in the original prescription containers, with the camper's name and instructions on the bottle. Be sure that the dosage on this application and on the bottles are the same. It is helpful if we know when you give the medicine; for example, mealtimes, bedtime, etc. This information is very important so we can adapt to special needs when we are aware of them. Medications are to be put in a separate bag, marked "Nurse." **Please do not give campers their own bottles of aspirin, cough syrup, etc.**

Lice Check – For the safety of all Camp Jubilee participants, all campers and staff will be checked for lice at registration.

_____ Parent/Guardian initial that you are aware of the lice check procedure.

INSURANCE INFORMATION

Provider _____

Primary Subscriber _____

Policy Number _____ Group Number _____ Effective Date _____

I give my permission for any medical treatment necessary for the camper's health and well-being.

Authorized Signature _____ Date _____

NOTE: Please provide copy of all insurance/Medicaid/Medicare ID card(s)

PERMISSIONS: All campers are required to have permissions signed by a parent or guardian.

Permission to photograph

Camper's name _____

During this week, many pictures and videos will be taken for the campers to enjoy. These photos may also be used in promotional presentations of Camp Jubilee. Be assured that the pictures will not be sold, solicited, defamed, or used in any way that would knowingly bring harm or shame to anyone.

- I give permission for my camper to be included in photos
- Do not include my camper in pictures to be used for promotion.
- Do not include my camper in ANY pictures.

Authorized signature: _____

Permission to travel

My camper, _____, has permission to travel with authorized personnel affiliated with Mount Jubilee Ministries, Inc. This permission includes trips to and from activities in the camp schedule and any necessary transportation for the well-being of my camper. Personnel will transport my camper in a safe vehicle with a licensed, adult driver and adequate supervision.

Authorized signature: _____

REGISTRATION INFORMATION:

COST: \$250 (\$225 + \$25 Deposit) due July 1.

Deposit of \$25 must accompany application.

Mail completed application & balance of fee by **July 1** to:

Camp Jubilee

PO Box 11621

Winston-Salem, NC 27116

CONTACT INFORMATION

For further information or questions contact:

Cecil Cottrell, Director

(336) 349-8923.

MountJubileeMinistries@gmail.com