

SOAR Camp Onaway June 11- June 15, 2019

Camp Departure: Tuesday, June 11

Registration will begin at 8 am at the Town of Fox Crossing Community Center (1000 Valley Road, Menasha). Early registration will be available, date and times to be announced later.

Camp Return: Saturday, June 15 noon at the SOAR office

Camp Fees: SOAR members \$585 / Non-members \$785

ABOUT THE CAMP

This program provides an opportunity for campers to enjoy a typical camp experience, which includes opportunities for personal growth and steps towards greater independence. While family/caregivers receive a week of much needed respite.

Eligibility Guidelines:

The camper must meet the following requirements:

- ◆ Age 14 and over with a mild cognitive disability.
- ◆ All campers must be fully toilet trained and independent in their self-care skills.
- ◆ This camp is not able to accept campers with the following disabilities: physically handicapped, severely emotionally disturbed, life threatening conditions, certain medical conditions, inappropriate for group living situations, or behaviors unsuitable for the camp setting.
- ◆ Camp is a smoke free environment. No cigarettes, chewing tobacco, cigars, pipes, vapor cigarettes etc. are allowed on the property.
- ◆ Campers must be able to climb two flights of stairs.
- ◆ Supervision ratio is 1 counselor for 4 campers.

Facility:

The Boys & Girls Brigade of Neenah operates Camp Onaway. Campers are bused from the Fox Cities to Taylor Lake boat landing. Campers are then transported by pontoons to the camp that is located on the Chain of Lakes. Campers must be able to climb two flights of stairs to the topside of the island. The terrain of the camp is uneven (sandy & rocky). Campers stay in rustic cabins. Bathroom and shower facilities are located in a separate building.

Activities Include:

An off island excursion, arts & crafts, boating, fishing, games, music, swimming and special events.

SOAR Fox Cities Inc.
211 E. Franklin St. Suite A
Appleton, WI 54911
(920) 731-9831

APPLICATION PROCESS:

- 1. Complete the registration form (pink sheet) and return it with a \$200 non-refundable deposit.**

Camp will be filled on a first come first serve basis. If the deposit is being sent from a third party please indicate that on the registration form. Complete the application and return it as soon as possible. We anticipate having a waiting list this summer.

The Doctors form (green sheet) can be sent in separately when it is completed by the medical staff. If you have a physical appointment after the deadline date please let the SOAR office know the form will come in after that date. If you had a Special Olympic medical form completed recently that form can be substituted for the Doctors form, as well as, a Clinic Summary or AVS from the doctor's office.

Caregivers- If you are not the legal guardian, you can fill out the camper application. Do not sign the liability release or the consent for emergency treatment; this must be signed by the guardian. Please sign your name on the back page of the application and indicate your title/position. Please contact the SOAR office and request a guardian release form be sent to the camper's guardian.

- 2. All camp forms and fees must be received by Monday, May 20, 2019**

If forms and fees are not received by this date you may lose your spot for camp if there is a waiting list.

*Camp fees – Payment plans can be worked out past this date please contact Zach Wroblewski at ext. 118 or accounting@soarfoxcities.com.

- 3. You will be notified by mail when all your forms and fees are in and the camper is accepted to camp.**

In addition to the acceptance letter you will receive a list of what to bring to camp, more information on packaging medications, early registration and information for registration day.

If you have any questions please contact:

LeeAnn Stein

Phone: 731-9831 ext. 112

Email: leeann@soarfoxcities.com

SOAR Camp Onaway Registration

Camper Name _____ Male / Female Phone _____

Guardian _____ Phone _____

SOAR Member \$585/Non-member \$785 _____

Non-Refundable Deposit \$200 payment - \$200.00

Balance

ALL camp fees must be paid by Monday, May 20, 2019.

_____ non-refundable deposit or payment enclosed **OR** _____ check is coming from 3rd Party

I understand that all camp fees must be paid prior to camp departure. If any balance is outstanding at the time of departure, I understand that the camper will not be able to attend camp. Camp balance is due in full by Monday, May 20, 2019. We understand Third Party payments may be after this date. No refund will be made for dismissals due to disciplinary action, late arrival, or early departure. Refunds of the full tuition minus the \$200 non-refundable deposit may be given if request is legitimate and is made in writing more than 2 weeks prior to the scheduled camp week. Otherwise, refund requests will be handled on a case-by-case basis. SOAR Fox Cities, Inc. reserves the right to cancel any camp before the date of departure. If cancellation should occur, campers have the option of receiving a full refund (including deposit) or transferring to another camp.

Signature of guardian or self-advocate

Date

I would like the following information sent to me:

_____ Campership Form (funding assistance)

_____ I would like to set up a payment plan.

Contact Zach Wroblewski
731-9831 ext. 118 or
accounting@soarfoxcities.com

<i>Office Use Only</i>	
Date Received: _____	
Fee Paid _____	Check # _____
.....	
SOAR Camp Onaway	



**BOYS' & GIRLS' BRIGADE
RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT**

Name of Participant _____ Date _____

If under 18, name of parent or legal guardian _____

Acknowledgement of Risks:

I acknowledge that there is inherent risk of injury in the services provided by the Boys' & Girls' Brigade. I hereby assume full responsibility and risk of injury, death, property damage, any loss or liability and any cost that may be incurred as a result of participation in Brigade sanctioned activities. I assume the risks for all Boys' & Girls' Brigade activity at any location and any ensuing transportation involved. I understand that camp outings provide an increased level of physical and emotional risks as I have read below and I agree to assume these risks.

Insurance:

I understand it is my responsibility to provide for my child's own accident and health coverage while participating in Boys' & Girls' Brigade programs and I further understand that the Boys' & Girls' Brigade does not provide this coverage.

Photograph Permission:

I give permission for the Boys' & Girls' Brigade to use, without limit or obligation, photographs, film footage or tape recordings which may include my child's image (including nametag identification) or voice for purposes of publicity, promotions and public relations. These images may appear in any brochure, magazine, film, social media (including but not limited to Facebook) or other media.

Property Loss:

I understand that the Boys' & Girls' Brigade is not responsible for personal property lost, damaged or stolen while using Boys' & Girls' Brigade facilities or participating in Boys' & Girls' Brigade programs.

Medical Treatment:

In the event that I cannot respond, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician, nurse or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health.

Release from Liability:

I hereby agree to release the Boys' & Girls' Brigade, its employees, volunteers, agents, and independent contractors from any and all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage resulting from my child's participation in any Boys' & Girls' Brigade activity.

Awareness of Risks for Camp Outings

Camp outings are a special part of the Boys' & Girls' Brigade program. The elements that make camp a unique experience, such as being outdoors, in and around water and traveling by bus, automobile and powerboat, can cause loss or damage to equipment, injury, illness and even death. We want all participants to know in advance what to expect and what some of the potential risks are by participating in camp outings.

The following describes some, but not all, of the activities with risks: Activities may include games involving running, group initiative problems and other rigorous physical adventure activities. Participants may be outdoors for periods of time exposed to wind, rain, snow, sun and other natural elements. If doing a ropes, climbing or challenge course, participants may be climbing trees or walking on cables and logs which are suspended in the air. If riding in powerboats or boats not under power there may be exposure to natural conditions for prolonged periods of time, including the possibility of drowning. Camps also expose participants to fire and wildlife, to potentially slippery paths and to bunk beds from which participants could fall.

I have read and understand this document and I agree with the terms in their entirety.

Participant Name _____ Participant Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

EATING (check all that apply)

____difficulty drinking ____difficulty chewing ____difficulty swallowing

____choking risks ____stuffs mouth ____eating disorder

Assistance Needed: ____portion control ____cutting food

Diet Restrictions: ____low salt ____low spice ____diabetic

____lactose intolerant ____ other explain:

ALLERGIES

NO known allergies

Medication allergies: _____

Food Allergies: _____

Other Allergies (insect stings*, hayfever, asthma): _____

*Please bring your own epi pen to camp.

VACCINATIONS

Date of last tetanus shot _____

Has the camper been vaccinated against?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mump |
| <input type="checkbox"/> German Measles | |

COGNITIVE FUNCTIONING (check all that apply)

___ Down Syndrome ___ Autism ___ Mental Health Issues
___ Cognitive Disability Level of Functioning: ___ mild ___ moderate
___ Attention Deficit Disorder: with hyperactivity? ___ YES ___ NO
___ Other please explain _____

PHYSICAL CONDITIONS (check all that apply)

___ Spinal Cord Injury ___ Visual Impairments ___ Cerebral Palsy
___ Stroke ___ Heart Condition
___ Diabetic ___ oral med ___ insulin ___ check blood sugars how often _____
Does the camper do this independently? Yes No Please bring your monitor.
___ Epilepsy type _____ Frequency _____ Date of last _____
Behavior/Aura prior to seizure _____
Treatment _____
___ Asthma (Inhaler or Nebulizer used?) _____

MOBILITY

Limitations: _____
Gait: ___ Stable ___ Unsteady ___ Falls Easily
Special Equipment: ___ braces ___ splints ___ cane ___ prosthesis
other: _____

SLEEPING (check all that apply)

___ walks in sleep ___ wanders ___ restless sleeper ___ sound sleeper
___ uses a CPAP I am bring it to camp? YES NO ___ camper needs assistance with machine
___ incontinency

PERSONAL CARE (If special help is needed explain)

BATHROOM ___ independent
 ___ requires reminders (how often _____)
 ___ difficulty bladder/bowel control (explain)
GROOMING:

DRESSING:

HEALTH QUESTIONS

Has/does the camper:

Had an infectious or communicable disease? Yes / No
Had mononucleosis in past 12 months? Yes / No
Had any recent injury? Explain Yes / No

Have a chronic or recurring illness/condition? Yes / No

Head Injury? Explain Yes / No

Ever had surgery? Explain Yes / No

High blood pressure? Yes / No
Ever passed out or dizziness? Yes / No
Joint problems (knee, ankle, etc.)? Yes / No
See a professional for mental health issues? Yes / No
Problems with diarrhea/constipation? Yes / No
Abnormal menstrual cycle? Yes / No
Have frequent headaches? Yes / No
Ever been unconscious? Yes / No
Frequent ear infections? Yes / No
Chest pain? Yes / No
Heart murmur? Yes / No
Skin problems (acne, rash, etc.) Yes / No

DOCTORS

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

MEDICAL INSURANCE

Is the camper covered by insurance? Yes No

Insurance # _____

Carrier or Plan Name _____

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/ward. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the camper. This completed form may be photocopied for trips out of camp.

Guardian/Self Advocate

Date

MEDICATIONS

If camper is currently taking medications please list below. Attach additional page if need.

DRUG	DOSAGE	FREQUENCY	PURPOSE

Special Instructions:

Signature of Licensed Medical Personnel _____	
Name Printed _____	Title _____
Date _____	Phone _____

Return this form to:
SOAR Fox Cities
211 E. Franklin St. Suite A
Appleton, WI 54911
Phone: (920) 725-0943
Fax: (920) 725-1531

A Clinical Summary or AVS
maybe used in place of
this form.

Health Care Recommendations By Licensed Medical Personnel

Camper Name _____

Height _____ Weight _____ Blood Pressure _____

Date of last Examination _____ **(must be within 1 year)**

Date of last tetanus shot _____

The applicant is under care of a physician for the following conditions: _____

Current treatment at the time of this report includes: _____

Treatment to be continued at camp: _____

Known allergies: _____

Any dietary restrictions: _____

Additional information for Camp Nurse: _____

In my opinion, the above applicant is is not able to participate in an active camp program.

Describe any limitations or restrictions on camp activities.