**ABC *at CAMP PRIDE, August* 18*/2*4*, 201*3**

***General Information***

**Campers must be between the ages of 9 and 15.**

**OBJECTIVES:** To discover undeveloped potential, increase self-confidence, improve mental and physical vigor, and develop an appreciation for the campers own abilities and independence.

**ELIGIBILITY:** Legally blind persons age 9 to 15 are eligible on a nondiscriminatory basis. **The medical exam must be signed by your doctor before your application can be processed. Campers with multiple disabilities may not be eligible.**

**REASON FOR DISMISSAL AND REJECTION:** The Association of Blind Citizens has the right to reject or send a camper home, **at the campers or caregivers expense,** for the following reasons:

 1. Falsifying the application

 2. Engaging in illegal or prohibited activities

 3. Not cooperating with the camp staff.

 4. Recording false medical and/or mental condition

**ARRIVAL AND DEPARTURE:** Registration begins at 2:00 p.m. on the day that camp starts, and departure time on closing day is between 9:00 and 12:00 noon, except where otherwise designated in the acceptance letter.

**TRANSPORTATION:** Campers are ***RESPONSIBLE*** for their own transportation to and from camp. Association of Blind Citizens, Inc. assumes no responsibility for the transportation of blind or visually impaired campers to or from camp.

**NOT ALLOWED AT CAMP:** No smoking, alcoholic drinks, drugs, firearms, or explosives are allowed at camp. Sexual activity is not allowed at camp.

A counselor is one to every three or four campers. A nurse is on duty 24/7.

**ACTIVITIES:** The activities will vary based on age and skill levels. Some of the activities are campfire, talent night, canoeing, beep baseball, touch and-feel trail, crafts, hiking, swimming, and much more.

**NOTICE OF POSSIBLE CHANGES:** Association of Blind Citizens, Inc. plans far in advance for its camps with the full intention of holding the camp as scheduled. It may become necessary, however, to reschedule, relocate, or cancel and the Association of Blind Citizens, Inc. assumes no financial liability for such changes. To confirm a camp date or location, please call the organizations office at 781-961-1023

**2013 CAMP APPLICATION**

 ***(Please print and mail completed application)***

 **Campers name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

 Name camper goes by if different from first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legally blind: Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses; field of vision no greater than 20 degrees in its widest angle (visual acuity of 20/200 means that a person can see at a distance of 20 feet what one with normal sight can see at 200 feet.)

[ ] Legally [ ] Totally

[ ] Male [ ] Female Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

 In emergency, notify Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

 **INCOMPLETE APPLICATIONS WILL BE RETURNED (Print clearly)**

 **MAIL COMPLETED APPLICATION TO:**

 **Association of Blind Citizens**

 P.O. Box 246

 Holbrook, MA 02343

**CAMPER PERSONAL AND HEALTH HISTORY**

**IMPORTANT** Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true medical and/or mental condition is reason for dismissal or rejection.

**VISUAL ACUITY (please answer)**

 Uncorrected Left 20/ \_\_\_\_\_\_\_ Right 20/ \_\_\_\_\_\_\_

 Corrected Left 20/ \_\_\_\_\_\_\_ Right 20/ \_\_\_\_\_\_\_

 If your eyes are better than 20/200, why are you considered legally blind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY** (Check and give approximate dates & causes.)

[ ] Asthma [ ] Heart trouble [ ] Kidney trouble

[ ] Athletes foot [ ] Diabetes

[ ] Seizures (date & cause of last one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Chronic or recurring illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operations** (dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serious injuries** (dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bedwetter** (Bring Pull-ups/Depends/or equivalent for the entire week.)

**Allergies**

[ ] Insect stings [ ] Penicillin

[ ] Other (including medication or food allergy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabilities**

Can camper sleep on top bunk? Yes No

Mental (to what extent?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical (to what extent?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESTRICTIONS**

Association of Blind Citizens camp Pride is **NOT** staffed to care for campers with mental and/or physical problems that require professional staff. Campers must be able to walk on their own and care for personal needs. Otherwise campers family is expected to provide, and cover the costs for, sighted guides or other services.

Those with multiple disabilities may not be eligible.

Persons who cannot control their bowels should not attend camp.

[ ] Camper can perform daily hygiene activities **unassisted** (dress, comb hair, etc.).

[ ] Camper can perform daily personal activities **unassisted** (eating, restroom, etc.).

Reason camper cannot perform activities unassisted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach additional sheets if necessary.

**INSURANCE INFORMATION**

Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper\_\_\_\_\_\_\_\_\_\_

Please provide a copy of the medical insurance card (both sides).

***MEDICAL EXAM AND PHYSICIAN STATEMENT***

**MEDICAL EXAMINATION** (Required)

To be completed by campers primary care licensed physician or nurse. This examination should be performed not more than 12 months before arrival at camp for determining fitness to engage in strenuous activities.

Height \_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_ Blood pressure\_\_\_\_\_\_\_\_\_\_\_\_

General appraisal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Restrictions

**IMMUNIZATION RECORD**

ABC urges each camper to make sure that all immunizations are up to date. Campers MUST have had a tetanus shot within the past 10 years.

Last tetanus booster date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS** (Campers must bring medicines in original containers to camp).

Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach a separate list if necessary)

I have examined the person herein described and have reviewed their health history. It is my opinion that they are physically able to engage in camp activities, except as noted above.

**Licensed Primary Care Medical Professional**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION ABOUT THE CAMPER**

1. What are the Camper’s favorite foods?

1. What are the Camper’s favorite movies?

1. What are the camper’s favorite board games?

1. ­In what sports has the camper participated?

1. What sport would the camper like to try?

1. What crafts has the camper participated in and what is their favorite?

1. Does the camper enjoy reading during quiet time and what type of book. For example: mystery, science fiction, fantasy?

Format:(circle one) Braille Large Print Audio

1. Other quiet time activities the camper enjoys are:

1. Does the camper know how to swim? Y/N
2. Has the camper had any computer training? Y/N If so, using which program for accessibility (i.e. JAWS, Zoom Text, etc.)

1. Does the camper use a white cane for travelling independently? Y or N
2. What are the camper’s favorite foods (including breakfast)?

1. Does the camper have any dietary restrictions? If so, please describe:

Please read carefully and sign below. **IT IS MANDATORY THAT THIS BE SIGNED. Your application will be returned if it is NOT signed.**

**TRANSPORTATION TO AND FROM CAMPT IS YOUR RESPONSIBILITY!**

* I release the Association of Blind Citizens, the camp, its management and ownership from liability in case of accident of illness and do further indemnify and hold harmless such entities and persons from such claim.
* In case of a **medical emergency**, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary.
* I understand that campers may be photographed videographed, and/or interviewed for use in news media, publications, or promotionals. I consent for the association of Blind Citizens, Inc. to use all photographs, quotes, and recordings.
* Be sure that the $500 campership fee is enclosed with the application
* A primary care medical person has singed the medical information
* All information is correct to the best of my knowledge
* I agree to cooperate with the camp staff
* I agree not to engage in illegal or prohibited activities.
* I understand and agree to abide by the restrictions placed on my camp activities
* I understand that smoking and Use of illegal drugs, alcohol, tobacco products, firearms, explosives and sexual promiscuity are not permitted at camp.

**Signature Date:**

I am the \_\_\_ Parent \_\_\_Legal Guardian \_\_\_Caregiver

(All campers under 18 years old must have parent’s or guardian’s signature.