

Blue Grass Christian Camp
Camp Access
June 12 - 15, 2018

Thank you for your interest in Camp Access at Blue Grass Christian Camp. We are excited about this upcoming year at camp.

Enclosed you will find the application for Camp Access.

Please follow the directions below when completing the enclosed application.

1. Complete the application. Please be thorough and complete all sections.
A thoroughly completed application is required for each camper.

2. Enclose deposit of \$85.

The cost of camp is \$175 per camper per session they attend. A \$85 deposit due at the time the application is sent in. Remember once you complete a Blue Grass Christian Camp Application, it is for Blue Grass Christian Camp's programs only and this information will be sent directly to Blue Grass Christian Camp (see address below).

As you begin the application process, if you have any questions, you may contact Blue Grass Christian Camp at 859-263-5239 for more information. It is essential that you complete each section of the application thoroughly. Any additional information that might be helpful in our caring for the camper can be attached to the back of the application. Incomplete applications or unreadable applications may be returned to the sender for more detailed information.

If a camper cannot attend their week of camp, please contact the camp as soon as possible. This may allow for an open spot for another camper.

We look forward to seeing your camper(s) this upcoming year. All applications should be sent to:

Blue Grass Christian Camp
7463 Athens Boonesboro Rd.
Lexington, Kentucky 40509

Camper Registration

Please note that a separate registration will be needed for each camper. **Space is limited and Blue Grass Christian Camp reserves the right to limit the number of campers to insure camper safety. Registrations will be processed in the order they are received.** The cost for Camp Access is \$175 per camper and includes a t-shirt, picture and all meals.

Please fill out this form completely. If the information requested is not applicable, simply place "N/A" in the blank. If, in the course of the admissions process, it is determined that information provided is not adequate for the necessary care of the camper, the camper may miss an opportunity to attend camp. A camper's opportunity to attend is based upon the information provided and availability of staff to meet care requirements.

Name _____ Gender: M F

Date of Birth _____ Age _____ Height _____
Weight _____

Shirt Size: Sm. Med. L. XL XXL XXXL

Primary Contact Information (Parent, social worker or agency representative):

Agency/Facility Name: _____

Primary Contact or Person Submitting this Form's
Name: _____

Work Phone (_____) _____ Alt. Phone (_____) _____

Agency Address _____ City _____
State/Zip _____

Parent/Guardian/Caretaker _____

Address _____ City _____
State/Zip _____

Home Phone (_____) _____ Alt. Phone (_____) _____

Previous Camping Experience? Y N

Where _____

Emergency Contacts

Please provide at least one emergency contact person in the event that we cannot reach the Primary Caregiver.

1. Name _____ Phone(_____) _____ Alt.(_____) _____
Address _____ Relationship to Camper _____

2. Name _____ Phone(_____) _____ Alt.(_____) _____
Address _____ Relationship to Camper _____

Medications

Please fill out the Medications sheet including both prescription and non-prescription medications.

All medications and a list of those medications will be turned over to the staff at the time the Camper is registered. If the camper requires any additional treatments or devices that must be administered by a qualified staff person, this must be brought to the attention of the medical staff at the time of check in. All medications (including non-prescription) will be dispensed by the designated member of the staff. **Also, to aid in the smooth transition of the Camper, we ask that all medications (up to and including the 8 p.m. dosage) be dispensed before leaving the Camper in the care of Camp staff.**

Please list additional medications on another page to give to the Camp Staff.

Does the camper use tobacco products? YES NO
(Blue Grass Christian Camp is a tobacco free facility.)

1. Medication: _____
Dosage/Frequency: _____

2. Medication: _____
Dosage/Frequency: _____

3. Medication: _____
Dosage/Frequency: _____

4. Medication: _____
Dosage/Frequency: _____

5. Medication: _____
Dosage/Frequency: _____

6. Medication: _____
Dosage/Frequency: _____

7. Medication: _____
Dosage/Frequency: _____

8. Medication: _____
Dosage/Frequency: _____

Primary Care Physician Contact Information

In the event that the Camper goes to the emergency room, we would like to have their Primary Doctor's contact information.

Doctor's Name: _____

Doctor's Phone Number: (____) _____

Doctor's Street Address: _____

Parent/Guardian/Caregiver

It is most important that you provide essential information about the Camper's disabilities and specific needs. This is the information that we will use in arranging specific provisions for the Camper. **Registrations that do not provide information regarding disabilities will not be processed and notification will be made to the person responsible for filling out the form.**

Disabilities (List All)

Disability Involves (circle): Legs: R L, Arms: R L, Hands: R L, Head Breathing

Mobility: ___Independent with: ___Assistance ___Walker ___Crutches ___Wheelchair; ___Electric

For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessary augmentative devices) that is safe and in optimum operational condition. Be certain that wheels, brakes and seat belts are safe and fully operational.

Vision (circle): Normal Glasses Contacts Vision Impaired Legally Blind

Hearing (circle): Normal Hearing Impaired Deaf Uses Hearing Aids(bring extra batteries)

Communication (circle): Verbal Sp. Difficulty Nonverbal Signs Gestures

Seizure Disorder: Type and Frequency: _____

Date of Last Seizure: _____

Wears Helmet: Y N

Special Care for Seizures: _____

Allergies: _____

Precautions/Special Instructions: _____

Personal Care Information

Personal Care (circle one): Independent Requires Assistance Dependent

Level of care Required:

Bathing: _____

Toileting (circle one): Uses Urinal/Toilet Uses Bedpan Catheterizes Self Must Be Catheterized

Wears "Depends" Prompts after Toileting Assistance after Toileting

Mealtime (circle one): Uses Utensils Uses Fingers Special Container Requires Bib Uses Straw

Dietary Restrictions: _____

Special Foods/Textures: _____

Nighttime (circle): Night Incontinence Wears "Depends" Gets up during the night

Develops bedsores Sleeps on: Back Stomach Side (R L)

Other Considerations: _____

Activities Camper shouldn't engage in: _____

Discipline/Inappropriate Behavior Concerns: _____

Likes/Dislikes: _____

Special Interests: _____

Has the individual ever been the victim of abuse? Yes No

Explain: _____

Permission to photograph and publish

I hereby authorize and assign Blue Grass Christian Camp PERMISSION TO PHOTOGRAPH AND/OR VIDEO TAPE myself and/or my child. These images may be used in follow-up publications on the web and print for the purposes of marketing and publicity for future camp events.

Parent/Guardian's Signature _____

Date _____

Participant Signature _____

Date _____

Statement of Care

I understand that Blue Grass Christian Camp does not provide 24 hour medical care. There are medical professionals who will oversee the daily distribution of medicines; however, these professionals are here as volunteers and will not be available at all times for medical needs and emergencies. In addition, volunteer staff will serve as "buddies" to campers, but there is no expectation that these volunteers will be able to provide medical assistance. Blue Grass Christian Camp does have staff trained in First Aid, but our first response will be to call 911 in case of emergencies. We apologize that we are not able to accommodate if your camper requires more holistic medical care.

Parent/Guardian's Signature _____

Date _____

Participant Signature _____

Date _____

Blue Grass Christian Camp Camp Access 2018

Please give a copy of this sheet to the caregiver that is getting the camper ready to come to Camp and to the person dropping the camper off at the camp.

What do we need to bring?

- **Medications:** In original containers with complete and concise instructions
- **Clean Clothes:** Enough for the number of days that the camper will be at camp. Includes clothing for each day, underwear, and clothing to sleep in.
- **Bedding:** Sheets, blankets, or sleeping bag, and pillow
- Towels and washcloths
- **Personal toiletries:** Including enough “Depends” or underwear for the time they will be at camp.
- **Extra:** Clothing, underwear, or depends in case needed during the course of the weekend.
- **Directions & Equipment:** Any specific directions and equipment needed to properly care for camper

What time do we arrive?

Registration does not begin until **6:00 p.m.** The faculty will not be available to care for your camper before that time.

What do I do when we arrive at Blue Grass Christian Camp?

*** Please make sure that all evening medications that can be given prior to the camper arriving at camp are given before arriving or upon arrival. With the number of campers arriving at camp at one time, the nurses are busy checking medications in, and any 6:00 p.m. medications could be delayed up to 2 hours.

- 1) Registration will be in Mill Lodge (large building on right as you enter facility)
- 2) Make sure you sign-in your camper at the registration table & meet your campers buddy!
- 3) Make sure all medications are given to the nurse at registration.
- 4) Help your camper & buddy get their stuff and settled in the dorm.
- 5) Talk with your campers buddy to ensure they know everything they need in order to make the campers stay as enjoyable as possible.
- 6) Have a great week! We will see you back at camp on Friday at **10:00 a.m.** .

What do I do when I pick my camper up?

- 1) Arrive by **10:00 a.m.**
- 2) Sign the camper out (area depends on the weather)
- 3) Get the medication from the Nurse (located near the sign-out area).
- 4) Get the camper & his/her buddy will help you locate and find the campers stuff – make sure all equipment is there.
- 5) We look forward to seeing you next time!