



Fall-Winter-Spring Shepherds Camp 2019-2020 Registration Form

Registration form, signed physical within 1 year of camp date, and \$100 deposit are required to reserve a space.

Camper _____ Age _____ M F DOB ___/___/___
 Address _____ Phone () _____ - _____
 City _____ State _____ Zip _____ County _____

Adult T- Shirt Size: (Circle One) 3XL XXL XL L M S Nickname _____

Has the camper attended Arrowhead before? Yes No Last year attended: 2019 _____
If camper attended Summer 2019 (and information has not changed) – Only page 1 of this form is required.

Care Provider _____
 Home Phone () _____ - _____ Cell Phone () _____ - _____
 Address _____ City _____ State _____ Zip _____
 Care Provider E-mail address _____
 Relationship to Camper: (FCP, parent, sibling, House Manager, etc.) _____

Please Check Session(s) Desired:

1 Week Sessions	Check-In: 10am	Check-out: 1pm	5:1 care	1:1 care
<input type="checkbox"/> Monday October 28 th – Friday November 1 st			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday November 4 th – Friday November 8 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday November 11 th - Friday November 15 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday December 9 th – Friday December 13 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday March 9 th – Friday March 13 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday March 16 th - Friday March 20 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095
<input type="checkbox"/> Monday March 23 rd – Friday March 27 th			<input type="checkbox"/> \$545	<input type="checkbox"/> \$1,095

Registration Fee: \$100.00 (non-refundable)
Remaining Balance Due 1 month before selected camp session

2 Week Sessions	Check-In: 2pm	Check-out: 10am	5:1 care	1:1 care
<input type="checkbox"/> Monday September 23 rd - Saturday September 5 th			<input type="checkbox"/> \$1,095	<input type="checkbox"/> \$2,630

Registration Fee: \$100.00 (non-refundable)
Remaining Balance Due 1 month before selected camp session

Please contact the main office today for information on Camper Scholarships!

Make check or money order payable to: Arrowhead Bible Camp
 Mail to: Shepherds Camp, Arrowhead Bible Camp, 122 Arrowhead Cottage Rd., Brackney, PA 18812
 Questions? Call - (570) 663-2419 Fax- (570) 663-2903 bkarrowhead@gmail.com www.shepherds-camp.org

<u>Office Use Only</u>					
Rec'd: _____	M1: ___	M2: ___	PRN: ___	MA: ___	Amount: _____
Check # : _____			E: ___ C: ___		

Camper Profile - please complete to the best of your knowledge

NOTE: While this camper may have attended camp in the past, his/her counselor for the session may be unfamiliar with them. Be thorough so staff can best understand and care for your individual's unique needs.

Activities of Daily Living:

	Independent	Assistance	Total Care	Please specify assistance required
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hands and Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tying Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menstruation (women only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Camper uses: Glasses Hearing Aids Dentures Orthopedic Device (explain in Mobility) Other: _____

Toileting & Overnight Care:

Camper requests to stay in: Cabin Dorm
Bunk with: _____
Do NOT bunk with: _____
 Needs Bedrails
 Uses CPAP/Oxygen Concentrator
Wets Bed: Never Occasionally Frequently
How is bed-wetting handled? _____
Wears Diapers: Never Nightly Daily Always
 Uses Commode/Portable Urinal at Night
 Sleeps through the night
 Needs to be awakened to use the toilet
 Hourly bed checks
Bowel Routine: _____
Other: _____

Mobility:

Walking: Normal Slow Unsteady No Walking
 Cane(s) Walker No Stairs Prone to Wander
 Wheelchair: Electric Manual Always Distance
 Braces/Orthopedic Device: (Explain) _____
Transfer Assistance: Independent 1-Person Assist
 2-Person Assist Hoyer Lift
Other: _____

Communication:

Verbal Speech Impaired Speech No Speech
 Sign Language Communication Device/Book
 Normal Hearing Hearing Impaired Deaf
 Normal Sight Vision Impaired Legally Blind
Other: _____

Behavior:

Active Sedentary Excitable Passive Behaves Rebellious Participates Cooperative Stubborn
 Quiet Loud In need of constant watching Independent Attention-Seeking Story-Teller
Follows Directions: circle Yes / No Needs Time to Process Needs Reminders/Cues Needs Physical Assistance
History of Aggression: circle Yes / No Verbal Physical against Peers/Staff Self-Injurious Other
If this camper has a behavior support plan, please provide a copy for camp staff.
What provokes or precedes the aggressive behavior? _____
What interventions correct the aggressive behavior? _____
Describe any fears the camper may have: _____
Describe the camper's personality on a typical day: _____
What assistance/prompts do you commonly give the camper: _____
History of inappropriate behavior to the opposite gender: _____
How does this camper act when upset or angry? _____
Other: _____

Physical / Medical Information:

Please enclose a completed medical/physical form with the Application/Registration Form.

NOTE: If you are unable to do so please state why and give *date that the physical is scheduled*.

Reason: _____ Date Scheduled: _____

Eating:

- Eats Independently Needs Assistance Eating Feeding Tube: _____
- Whole Diet 1" Pieces 1/2" Pieces 1/4" Pieces Ground Puree Meat Cut *Only*
- Liquids: Thin Nectar Honey Pudding
- Overeats PICA Uses Straw for Liquids No Straws May Take Food From Others Needs Verbal Prompts
- Specialized Adaptive Equipment (must be brought along with camper): _____
- Food Restrictions: _____
- Other: _____

(REQUIRED) OPWDD Food Modifications:

YES / NO (circle one) Camper is an OPWDD Individual and their diet must conform to the OPWDD Food Regulations.

If Yes, Describe: _____

If Yes, Eating Strategies: _____

Swimming: *Note: A Lifeguard is on duty at all times*

- Enjoys Water Fears Water
- Swims Independently No Swimming
- Needs 1:1 Supervision in Water
- Paddle Boats (Accompanied by Staff & Wearing Life Jacket at all times)
- Shallow End Swimming (0-4 feet deep)
- Deep End Swimming (over 6 feet deep)
- Must wear life jacket in shallow end
- Must wear life jacket in deep end
- Other: _____

Program Information:

- Favorite Activities: _____
- Goals/Objectives being worked on: _____
- Favorite Song: _____
- Favorite Food: _____
- Favorite Chore/Job: _____
- Dislikes: _____
- Attends School: Grade & School _____
- Employed: Type & Location _____
- Other: _____

Health:

- Allergies: _____
- Obesity Diabetes Asthma Blood Clotting Disorder Seizures Frequent UTI Frequent Constipation
- Frequent Diarrhea Recent Illness/Injury/Hospitalization: _____
- Allergy to Bee Stings or Insect Bites? Describe Reaction & Treatment: _____
- Does this camper sunburn easily? Yes No If Yes, list restrictions: _____
- Should this camper avoid exertion due to heart or other health concerns? _____
- Describe additional health concerns that may hinder this camper's participation: _____
- Other: _____

Activity Restrictions:

Please review the following camp activities and determine whether this camper may participate. Contact the camp office with any questions. All activities are closely supervised and modified to fit the camper's individual ability level.

- | | | | |
|-------------------|--|--------------|--|
| Adaptive Archery | <input type="checkbox"/> Yes <input type="checkbox"/> No | Basketball | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Volleyball | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nature Walks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Kickball | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fishing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hay Ride (No Hay) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bowling | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mini Golf | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bocce Ball | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pedal Carts | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9 Square | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Other: _____

**CONTACT INFORMATION- Campers will not be admitted without completed emergency contact
ALL INFORMATION BELOW NEEDS TO BE UPDATED AND RELEVANT AT CHECK-IN**

Emergency Contact Person - 24-hour coverage - Person *other than* primary care provider who will be contacted in the event that the camper needs to be picked up early from camp:

Name: _____ Relationship to Camper: _____ Phone: (____) ____ - _____

Other names/numbers: _____

Is the primary care provider planning to be away during the camp sessions?

- No, the primary care provider will be the contact person during the camp session.
- Yes, and the PCP has informed the 24-hour contact person listed above that they will be on call and responsible.

13. Permission/Medical Release/Authorization for Treatment

(The following must be signed by custodial parent/guardian, care provider, or camper if self-guardian)

A. I, as an individual, parent, guardian, or appointed representative of the individual, understand that Arrowhead Ministries, Inc., henceforth referred to as "AMI", takes reasonable efforts to operate and conduct activities in a safe and responsible manner. These recreational activities include but are not limited to those named in this registration packet. I understand that these activities and the actions or inactions of other program individuals involve certain inherent risks. I recognize these risks and agree to assume all liability for these risks by allowing the individual to attend AMI's camp and participate in such programs and activities. I hereby release, indemnify, and hold harmless AMI, its officers, agents, employees, and all others from all liability and damages for injury, illness, and or death sustained by the individual relating to or deriving in any way from participation in aforementioned programs and activities, whether arising from an act of omission to the fullest extent permitted by law.

B. I, as an individual, parent, guardian, or appointed representative of the individual, understand AMI generally provides supervision of the individual in a 5:1 individual to staff ratio for all programs and activities, unless 1:1 is specified.

C. I, as an individual, parent, guardian, or appointed representative of the individual, hereby certify that I will accept emergency care offered by AMI for injury or illness. I hereby acknowledge that the designated first aid person/hospital in charge may perform emergency care and I hereby grant permission to AMI to release any medical information required by said parties and do hereby give permission for treatment. I understand that medical care will be provided according to the standard set forth by the Commonwealth of Pennsylvania and said designated first aid person is protected under the Good Samaritan Act. I acknowledge that all medications will be administered by AMI's nurse and hereby consent to treatment for minor illnesses as deemed necessary. I hereby give my permission to the medical personnel selected by the camp staff to order x-rays, routine tests, treatment, and necessary transportation for the above named individual. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the individual as named above.

E. I attest to the fact that the above named individual is free of any communicable disease prior to attending camp, or I have spoken with the Camp Nurse and Program Manager to ensure safety.

F. I, as an individual, parent, guardian, or appointed representative of the individual, hereby grant AMI permission to use any narratives, film, photographs, videotape, sound, and digital recording of any kind made by AMI of the aforementioned individual for the promotion of its programs and services in any publication or media outlet including website entries, without payment or any other consideration. I understand and agree that these materials will become the sole and exclusive property of AMI. I irrevocably authorize AMI and its agents to edit, alter, copy, exhibit, publish, distribute, or otherwise use any of aforementioned individual's likeness derived above for the purposes of publicizing Arrowhead's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy, wherein the individual's likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of any likeness. I hereby hold harmless and release and forever discharge AMI from all claims, demands, and causes of action which I, the aforementioned individual, heirs, representatives, executors, administrators, or any other persons acting on the individual's behalf or on the behalf of the individual's estate have or may have by reason of authorization.

Signature: _____

Please print name: _____

Date: _____

After review of the preceding information, the camp program manager will make a decision regarding acceptance into the camp program. **All necessary paperwork must be completed, signed, and submitted two weeks before camp session.** If the camper is accepted, you will receive a confirmation letter, medicine administration form, and list of what to bring to camp. The primary care provider will be contacted if the camp program manager has any concerns regarding acceptance. The registration fee will be refunded if the camper is denied acceptance to the program.