



2011 Kamp Kiwanis® Adult Application

Please return to:
 Kamp Kiwanis
 9020 Kiwanis Road
 Taberg, NY 13471
 Tel: (315) 336-4568 Fax: (315) 336-3845
 kampkiwanis@hotmail.com www.kampkiwanis.org 

FOR OFFICE USE ONLY	
Date Received	_____
Date Entered	_____
Date Completed	_____
Health Center	_____

2011

Kamp Application

Applications will not be processed unless deposits are included and application is complete.
 The deposit of \$200.00 per kamper, per session is non-refundable. *Please type or print in ink.*

Kamper name _____ / _____ / _____ Nickname _____
Last First Middle

Birth Date _____ / _____ / _____ Gender: M F Kamper's email _____
Month Day Year

Wheelchair? Y N Mechanical Wheelchair? Y N Uses Walking Aid? Y N

Sponsoring Agency Contact: _____ Sponsoring Agency Phone: _____

Sponsoring Agency Address: _____ State: _____ Zip: _____

Sponsoring Agency Email: _____ Sponsoring Agency Fax: _____

Sponsoring Kiwanis Club _____ Paying Kiwanis Club _____

Contact: _____ Phone: _____ Email: _____

Parent/Guardian #1

Parent/Guardian #2

Name _____

Name _____

Relationship to Kamper _____

Relationship to Kamper _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Mailing Address _____ City _____ State _____ Zip _____
Number Street Apt#

Who is the legal guardian of this Kamper? _____ Phone _____

How did you hear about Kamp Kiwanis? _____

Registration

Enroll me in:	Program	Dates	Kamp Fee	Bus Fee	Drive In	Bus Stop: Write in
	Adult Session 1	Sunday, July 3 –Friday, July 8	\$725.00	\$150.00		

Kiwanis Kamper Profile

to be completed by Parent/Guardian

Kamper Name _____

This information will assist the staff in providing the structure, support and sensitivity your kamper needs for a successful kamp experience. Profiles are handled confidentially and seen only by appropriate staff.

- Your kamper may **request** one (1) buddy they would like to room with. Both kampers must be the same gender and be in the same level of function. **(This request cannot be guaranteed.)**

Buddy's Name: _____ Age: _____

- Please check off any recent changes (in the last 2 years) that the kamper is adjusting to:

- new home/neighborhood
- difficulty at home
- new brother/sister
- new parental employment
- parent/guardian job loss
- death of relative or friend
- marriage of relative or friend
- divorce of parents
- separation of parents
- loss of a pet
- loss of a close friend
- separation from caregivers & siblings
- adoption
- serious/long term illness or health concern
 - self parent/guardian other
- none of these are applicable to my kamper

Any other concerns or recent events to be aware of?

- Has the kamper experienced any traumatic incidents?

Yes _____ No _____ If yes, please detail:

- The kamper's family situation is: (Check all that apply)

- lives with parent/guardian
- lives in group home
- lives with spouse
- lives in apartment with assisted living
- parent(s)/guardian(s) is deceased
- lives with a birth parent and step-parent/partner
- separated from biological parents
- lives with foster caregivers
- lives with biological siblings
- separated from biological siblings
- lives with stepbrother(s)/stepsister(s)

Other? _____

- How often does the kamper sleep away from home?
Never _____ Rarely _____ Frequently _____

- Behavior management plans/programs my kamper may respond to: _____

- Ways in which this kamper receives discipline include: _____

- Ways in which this kamper receives praise include: _____

- This kamper is my....

biological kamper foster kamper adopted kamper
 client
Other _____

- Are there any custody concerns or restrictions regarding who may have contact with this kamper?
Yes _____ No _____ If yes, please detail: _____

- Please list the name, relationship to kamper, and age of all people living in the kamper's home. If cannot list name, please list # of people in home.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
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- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- Additional information regarding my kamper that might be helpful for kamp staff:

Kiwanis Kamper Profile (cont.)

Kamper Name _____

Please check all personality and behavior traits that apply to this kamper

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Issues with eating |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Throws objects | <input type="checkbox"/> Quick learner | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Very close with siblings/cousins | <input type="checkbox"/> Cries frequently | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Gets back at others | <input type="checkbox"/> Emotionally mature | <input type="checkbox"/> Throws tantrums | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Limited self-management/hygiene | <input type="checkbox"/> Takes initiative | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Fights | <input type="checkbox"/> Curses | <input type="checkbox"/> Teases | <input type="checkbox"/> Soiling |
| <input type="checkbox"/> Extremely shy | <input type="checkbox"/> Independent | <input type="checkbox"/> Runs away | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Difficulty reading or writing | <input type="checkbox"/> Positive role model | <input type="checkbox"/> Difficulty with siblings/cousins |
| <input type="checkbox"/> Head banging | <input type="checkbox"/> Chants/shrieks | <input type="checkbox"/> Wanders | <input type="checkbox"/> Flaps hands/twirls |
| <input type="checkbox"/> Hits self | <input type="checkbox"/> Pushes others | <input type="checkbox"/> Bites self | <input type="checkbox"/> Scratches self |
| <input type="checkbox"/> Hits others | <input type="checkbox"/> Eats inedibles | <input type="checkbox"/> Bites others | <input type="checkbox"/> Kicks others |
| <input type="checkbox"/> Echolalia | <input type="checkbox"/> Slaps others | <input type="checkbox"/> Rigid | <input type="checkbox"/> Kind to others |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Scratches others | <input type="checkbox"/> Team Player | <input type="checkbox"/> Likes to help |

- | | |
|---|---|
| <ul style="list-style-type: none"> • Has kamper attended Kamp Kiwanis before?
Yes ____ No ____ Year began? _____
Any problems or concerns? _____ • Has kamper attended another camp before?
Yes ____ No ____ Day ____ Overnight ____
Where? _____
Any problems or concerns? _____ • How often does the kamper wet the bed?
Never ____ Rarely ____ Frequently ____ • Does kamper have a fear of water/water activities?
Yes ____ No ____ Comments _____ • Does kamper have a fear of the dark or the night?
Yes ____ No ____ Comments _____ • Does the kamper sleepwalk, have nightmares, or other sleep disturbances?
Yes ____ No ____ Comments _____ • Does your kamper smoke? Yes ____ No ____
If so, how many per day? _____ • Does your kamper drink caffeinated coffee?
Yes ____ No ____
If so, how many cups per day? _____ | <ul style="list-style-type: none"> • Does the kamper participate in community activities & programs?
Yes ____ No ____ Program/activities: _____ • Has this kamper been asked to leave any camp, community activities & programs?
Yes ____ No ____ Year ____
Where? _____
Comments _____ • Does this kamper have a history of fire setting?
Yes ____ No ____ Year ____
Comments _____ • Has this kamper ever been involved with the court systems?
Yes ____ No ____ Year ____
Reason _____
Comments _____ • Has this kamper been under medical or psychiatric hospitalization? If yes please forward any necessary paperwork.
Yes ____ No ____ Year ____
Diagnosis _____
Comments _____ • Describe your kamper's feelings about coming to camp:
<input type="checkbox"/> Excited <input type="checkbox"/> Happy <input type="checkbox"/> Apprehensive <input type="checkbox"/> Fearful
<input type="checkbox"/> Angry <input type="checkbox"/> Curious <input type="checkbox"/> Anxious <input type="checkbox"/> Eager |
|---|---|

Name of Person Completing Profile _____ **Relationship to kamper** _____

Parent/Guardian Agreement

These sections must be read and signed before your kamper can be accepted into kamp.

If my kamper is accepted, I agree:

- To allow my kamper to participate in all activities except those medically prohibited.
- I hereby grant Kamp Kiwanis and it's agents full authority to take whatever actions they deem necessary regarding my kamper's health and safety, and I fully release Kamp Kiwanis from any liability in connection therewith.
- To send necessary medication in original bottles 2 weeks in advance and in a quantity sufficient for the duration of the kamper's kamp stay.
- To notify the Kamp of any changes in my contact information (i.e. changes in address or phone #).
- That the health form is complete and is correct as far as I know.
- To instruct my kamper in the importance of knowing and abiding by the kamp's rules, regulations and procedures for the safety of kamp participants.
- To authorize social service agencies, schools, clinics, and/or medical professionals to release information which the Kamp director feels necessary to best plan for my kamper at kamp.
- That there are certain hazards and dangers are inherent in kamp events and programs and particularly, but not limited to the activities of swimming, canoeing, hiking, mountain hiking, fishing and sports.
- That Kamp Kiwanis has a right to enforce appropriate standards of conduct and the Kamp may terminate my kamper's participation in the kamp program if he/she does not maintain these standards. If my kamper's participation is terminated, I will pick up and transport my kamper at my expense.
- That Kamp Kiwanis will observe all reasonable precautions in providing for the care and protection of my kamper. By signing this application, I hereby release and hold harmless Kamp Kiwanis, NY District Kiwanis, NY District Circle K, NY District Key Club, Kiwanis Clubs, Aktion Clubs, Builders Clubs, Circle K Clubs, Key Clubs, Kiwanis International, Kiwanis International Foundation and the NY District Kiwanis Foundation, Inc, its directors, officers, employees, agents, members, and representatives from any and all damages, claims, injuries, and liabilities of whatever kind, *including but not limited to claims for bodily injury or loss or damage to personal property*, which may arise out of my kamper's attendance at Kamp and out of his/her participation in any activities while in attendance at Kamp and/or Kamp-sponsored events.

I give my permission:

- For Kamp Kiwanis to take and use photographs and video of my kamper at kamp in brochures, web-site, pamphlets, videos, slide shows, and other written or media presentations.

Optional: Cross out this paragraph if you do not give permission.

I understand:

- If my kamper comes to kamp without necessary medication in original containers that I will overnight it to Kamp immediately.
- That my kamper must comply with the Kamp's rules and standards of behavior.
- If my kamper needs to return home for any reason, I agree to provide transportation as soon as needed.
- I will be available by telephone for the duration of my kamper's stay at kamp and will keep kamp informed as to where I can be reached in the event of an emergency.
- That Kamp Kiwanis provides a health center and the stocked over the counter medications at no charge. All bills for Physician's care, dental care, hospital or doctor visits, laboratory tests, x-rays, and prescription medications will be sent directly to the family for submission to it's insurance plan. Kamp will charge the family for any medication, depends, thickener, high calorie shakes, etc. ordered by the family physician that we do not stock.
- I agree that my kamper will not be allowed to attend kamp until all necessary paperwork is completed and all kamp fees and debts are paid in full or until other arrangements are made.

Kamper's Name: _____ **Kamper Signature:** _____



Parent/Guardian Signature: _____ **Date:** _____

You may now pay with Credit Cards if you wish:

Name on Credit Card: _____ Amount to charge: _____

Credit card Number: □□□□-□□□□-□□□□-□□□□

Expiration Date: Month/Year □□/□□ Signature: _____ Date: _____

We accept MasterCard, Visa, Diner's Club and Discover Cards.

Optional: Racial/Ethnic Identity

At Kamp Kiwanis, we value the cultural diversity of our community. It is our policy that no person will be discriminated against because of race, ethnicity, gender, sexual orientation, color, national origin, age or disability. As a non-profit agency, we are often asked to provide aggregate data about the racial and ethnic identity of our participants. The following question, while optional, will help us ensure that Kamp Kiwanis is a welcoming community for all.

Please Check a Ethnic Category:

- Hispanic or Latino
- Non-Hispanic or Latino

Please Check a Racial Category:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White