Camp Friendship

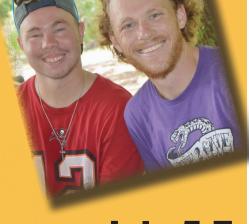
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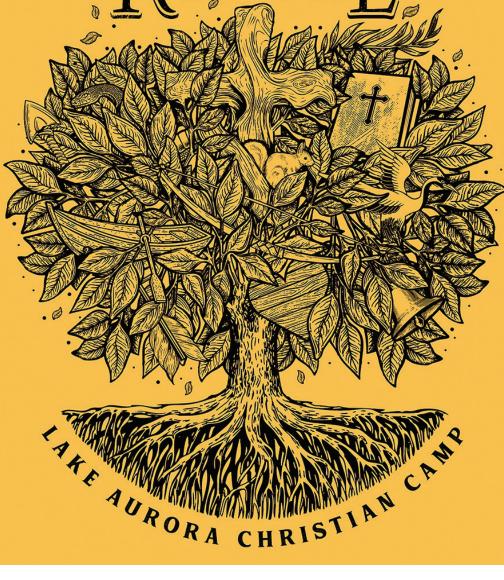
Removing barriers to great experiences. Wednesday 4 pm - Friday 4 pm

Age 10 thru Adult w/self help skills









July 5-7, 2023

Camp Friendship is planned especially for those with developmental and physical disabilities. Campers, each accompanied by a "special friend," will have opportunities to participate in a wide variety of experiences, including worship, Bible study, crafts, swimming, fishing, game room, talent night, hayride and much more.

Lake Aurora teams up with groups experienced with specialized programming and is a part of Lake Aurora's The Sunshine Project.

Lake Aurora Christian Camp www.lakeaurora.org 863-696-1102 info@lakeaurora.org





Camp Friendship Registration Form All 3 pages MUST be completed!

02/07/2023

Camper's LAST Name:		First Name:	
Sex: ☐ Male ☐ Female Date of Birth:	Age:	Height:	Weight:
Mailing Address:			
		Zir	o:
City:rimary Disability:			
Home Phone: ())	
D . 1 11 C)	
Best e-mail address for contact:			
ather's/Guardian #1 Name:		Emergency P	hone #'s (area codes):
Iother's /Guardian #2 Name:			
		0 ,	
amper ives with (if different than above).		attorising to earnper.	
amper's Home Church:		City	Member?
revious Camping Experience? Y N Where:			
ummer Camp 2023	. Revo	221,	
amp Friendship July 5-7, 2023 - (4 pm check in - 4 pm Er		:OCheck OAm E	Express OMastercard O Visa
eposit \$50 Total Fee: \$195 Aurora Buck Discount \$50	l '	-	- Exp date:
Dev balance vaca and 1			Security code:
Pay balance upon arrival	Amt to Charge \$		
	Print Name on C	ard:	
☐Scholarship Receipent Agency/Group:	D'II: A 1.1 C	c 1:ee	
Agency/Group: Amt: \$		f different than camper	,
Agency/Group:	1	f different than camper	Ph#:
Agency/Group: Amt: \$ Contact Name: Phone: () **	Signature: *** Emergency Conta	acts***	Ph#:
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🗖 Yes 🚨 No "Camper may be given over-the counter medication as deemed necessary by the camp nurse, according to protocol, for comfort measures."

(Aspirin will NOT be given) Exceptions:_

Parent/Guardian/CareGiver -

Campers must be at least 10 years old and have self-help skills.

It is most important that you provide essential information regarding 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.

Disabilities (L	ist All)	
Physical Disal	bilities	
Phys. Disabili	ity Involves: Legs: R L Arms: R L Hands: R L Head	_ Breathing
For nor tive device) th	Independent With:AssistanceWalkerCrutchesWheelchair;Electric n-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessar nat is safeand in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe & fully neelchair:Propels selfMust be pushed	ry augmenta- operational.
Vision:	NormalGlassesContactsVision ImpairedLegally Blind	
Hearing:	NormalHearing ImpairedDeafUses Hearing Aids (bring extra batteries)	
Communicati	ion:VerbalSpeech DifficultyNonverbalSignsGesturesComm. Bd.	
Seizure Disor	rder: Type & Frequency:	
Date of la	ast seizure: Wears Helmet:YesNo	
Special Ca	are for Seizures:	
Allergies:		
Reaction/Mar	nagement:	
Personal Care	e:IndependentRequires Assistance	
Level of Car	re Required:	
Showering/	/Bathing:	
Toileting:	Uses Urinal/ToiletUses BedpanWears "Depends"Prompts After ToiletingAssistance after toileting	
	Other:	-
Mealtime:	Dietary Restrictions: Special foods/textures:	
	Other mealtime provisions:	
Nighttime:	Nighttime incontinenceWears "Depends"Gets up during night	
	Requires a bottom bunk (top bunks have safety rails)	
	Other considerations:	
Other Needs:		
Activities cam	nper should not engage in:	
Discipline /I-	propriories a Robarrion Concerns	_
Discipinie/ In:	pappropriate Behavior Concerns:	_

Likes/Dislikes to be Aware Of:	
Special Interests/Skills:	
Reading Skill:YesNoWith Assistance; Writing Skill Other pertinent information that would be helpful to staff:	ll:YesNoWith Assistance
Please Note: Based on the level of care required for the Camper, and the a caretaker for the duration of the session(s).	ne staffing patterns of each Camp Friendship session requested, you may be required to provide
Has this individual ever been the victim of abuse?Yes Explain:	No
Has this individual ever been charged with abuse or related misco	
Explain:	
registration process is absolutely essential. Additiona on the opening day of each Camp Friendship session	very seriously. Therefore, the information that you provide during the l time for completion of the information gathering process is provided. If, in the course of the Camp Friendship session, it is determined that ppropriate care cannot be assured, this Camper will be required to return Physician Phone
1 7	
Health Insurance Information:	Delice / Course #
Insured's Name (not camper)	Policy/Group # Insured's Date of Birth (not camper)
a health care professional to do what is necessary for the health of my ch	le to take part in the camp program. In the event of a medical emergency, I give permission for hild. I have reviewed this form and certify that all appropriate medical information is included. I hey have an overnight stay in the infirmary, if they have a fever, severe allergic reaction to food
Lake Aurora Summer Program, including but in no way limited to (1) sl	tivities at camp. I have full knowledge and understanding of inherent risks associated with the ips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, (4) illness, including exposure to and owledge that the preceding list is not inclusive of all possible risks associated with participation
An adaptive equine activity may be offered and under Florida law, an equine equine activities resulting from the inherent risks of equine activities.	ine activity sponsor or equine professional is not liable for an injury to, or death of, a participant
	and that camper conduct, as expressed in the camp literature, will be expected that is consistent for campers and will not allow my camper to bring one to camp. I also give my permission for camp publicity."
Parent/Guardian Signature Required X	Date
(Parent or Legal Guardian)	



Please return Registration & payment to:
Lake Aurora Christian Camp 863.696.1102 Phone
237 Golden Bough Road info@lakeaurora.org
Lake Wales, FL 33898 www.lakeaurora.org