

Camp Friendship

\$195

Removing barriers to great experiences.

Wednesday 4 pm - Friday 4 pm

Age 10 thru Adult w/self help skills

Dir: Kim Meeks



Reveal

**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, hay-ride 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!

Camp Office Use	02/07/2023
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Camper's LAST Name: _____ First Name: _____
 Sex: ☐ Male ☐ Female Date of Birth: _____ Age: _____ Height: _____ Weight: _____
mm/dd/yy

Mailing Address: _____
 City: _____ ST: _____ Zip: _____

Primary Disability: _____
 Home Phone: () _____ Alt. Phone: () _____
 Best e-mail address for contact: _____ @ _____

Father's/Guardian #1 Name: _____ Emergency Phone #'s (area codes): _____
 Mother's /Guardian #2 Name: _____ Emergency Phone #'s (area codes): _____
 Camper lives with (if different than above): _____ Relationship to camper? _____

Camper's Home Church: _____ City _____ Member? _____
 Previous Camping Experience? Y N Where: _____

Summer Camp 2023 - Reveal

Camp Friendship July 5-7, 2023 - (4 pm check in - 4 pm End)
 Deposit \$50 Total Fee: \$195 Aurora Buck Discount \$50

☐ Pay balance upon arrival
☐ Scholarship Recipient
 Agency/Group: _____
 Amt: \$ _____
 Contact Name: _____
 Phone: () _____

Payment Method: <input type="radio"/> Check <input type="radio"/> Am Express <input type="radio"/> Mastercard <input type="radio"/> Visa
CC# _____ Exp date: _____ Security code: _____
Amt to Charge \$: _____
Print Name on Card: _____
Billing Address (if different than camper): _____
Signature: _____ Ph#: _____

**** Emergency Contacts****

In case contact with the primary caregiver is unavailable during the Camp Friendship session, you must provide designated person(s) to contact in the event of an emergency or urgent need.

1. Name _____	Phone () _____	Alt () _____
Address _____		Relation to camper _____
2. Name _____	Phone () _____	Alt () _____
Address _____		Relation to camper _____
3. Name _____	Phone () _____	Alt () _____
Address _____		Relation to camper _____

Health Record - The following information must be completely filled in and signed by parent/legal guardian.

Required - Date of Last Tetanus Booster _____

*** Medications ***

All medications will be turned over to the medical staff at the time that Campers are registered. All medications (including non-prescription will be dispensed by the designated member of that staff. Please list required medications below:

Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____
Medication _____	Dosage/Frequency _____

Please provide a list of any and all additional medications to the medical staff. 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 registration on the opening day of camp.

☐ 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 (List All)_____

Physical Disabilities_____

Phys. Disability Involves: 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 device) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe & fully operational.

If in wheelchair: ☐Propels self ☐Must be pushed

Vision: ☐Normal ☐Glasses ☐Contacts ☐Vision Impaired ☐Legally Blind

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

Communication: ☐Verbal ☐Speech Difficulty ☐Nonverbal ☐Signs ☐Gestures ☐Comm. Bd.

Seizure Disorder: Type & Frequency:_____

Date of last seizure:_____ Wears Helmet: ☐Yes ☐No

Special Care for Seizures:_____

Allergies:_____

Reaction/Management: _____

Personal Care: ☐Independent ☐Requires Assistance

Level of Care Required:

Showering/Bathing:_____

Toileting: ☐Uses Urinal/Toilet ☐Uses Bedpan ☐Wears "Depends" ☐Prompts After Toileting ☐Assistance after toileting

Other:_____

Mealtime: Dietary Restrictions:_____

Special foods/textures:_____

Other mealtime provisions:_____

Nighttime: ☐Nighttime incontinence ☐Wears "Depends" ☐Gets up during night

☐Requires a bottom bunk (top bunks have safety rails)

Other considerations:_____

Other Needs:_____

Activities camper should not engage in:_____

Discipline/Inappropriate Behavior Concerns:_____

Likes/Dislikes to be Aware Of: _____

Special Interests/Skills: _____

Reading Skill: ____Yes ____No ____With Assistance; Writing Skill: ____Yes ____No ____With Assistance

Other pertinent information that would be helpful to staff: _____

Please Note: Based on the level of care required for the Camper, and the staffing patterns of each Camp Friendship session requested, you may be required to provide a caretaker for the duration of the session(s).

Has this individual ever been the victim of abuse? ____Yes ____No

Explain: _____

Has this individual ever been charged with abuse or related misconduct? ____Yes ____No

Explain: _____

We take our obligation to provide appropriate care very seriously. Therefore, the information that you provide during the registration process is absolutely essential. Additional time for completion of the information gathering process is provided on the opening day of each Camp Friendship session. If, in the course of the Camp Friendship session, it is determined that crucial information has not been provided, such that appropriate care cannot be assured, this Camper will be required to return home immediately.

Camper's Physician _____ Physician Phone _____

Health Insurance Information:

Insurance Company _____ Policy/Group # _____

Insured's Name (not camper) _____ Insured's Date of Birth (not camper) _____

In Case of Emergency & Permission to Participate:

"To the best of my knowledge my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission for a health care professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included. I understand I will be notified if my camper has any of the following: if they have an overnight stay in the infirmary, if they have a fever, severe allergic reaction to food, insect bite, etc., or have a need for an emergency room trip.

I understand that there are elements of inherent risk associated with activities at camp. I have full knowledge and understanding of inherent risks associated with the Lake Aurora Summer Program, including but in no way limited to (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, (4) illness, including exposure to and infections with viruses, bacteria, and infectious diseases. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of the Agreement.

An adaptive equine activity may be offered and under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

I recognize that this is a Christian camp, that the Bible will be studied, and that camper conduct, as expressed in the camp literature, will be expected that is consistent with Christian values. I understand that cell phones are not permissible for campers and will not allow my camper to bring one to camp. I also give my permission for the use of photographs/videos including my camper to be used in future camp publicity."

Parent/Guardian

Date _____

Signature
Required X

(Parent or Legal Guardian)



Please return Registration & payment to:

Lake Aurora Christian Camp
237 Golden Bough Road
Lake Wales, FL 33898

863.696.1102 Phone
info@lakeaurora.org
www.lakeaurora.org