

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.

\$210

Removing barriers to great experiences.

Wednesday 4 pm - Friday 4 pm

Age 10 thru Adult w/self help skills

Dir: Kim Meeks

SPARK

CAMP FRIENDSHIP

June 29-July 1, 2025



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 01/07/2025

Camper's LAST Name: _____ First Name: _____

Sex: Male Female Date of Birth: _____ mm/dd/yy Age: _____ Height: _____ Weight: _____

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 2025 - SPARK

Camp Friendship June 29-July 1 - (4 pm check in - 4 pm End)
Deposit \$50 Total Fee: \$210 Aurora Buck Discount \$50

Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Am Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa CC# _____ - _____ - _____ Exp date: ____/____/____ Security code: _____ Amt to Charge \$: _____ Print Name on Card: _____ Billing Address (if different than camper): _____ Signature: _____ Ph#: _____
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- Pay balance upon arrival
- Scholarship Receipt
 - Agency/Group: _____
 - Amt: \$ _____
 - Contact Name: _____
 - Phone: () _____

**** 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 _____ |
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| 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 Signature _____ Date _____

Required _____

(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