



Application 2010

Located at Hawley Lake (Sierra Nevada Mountains)

Please Note: Hawley Lake is a program of the City of Sacramento, Department of Parks and Recreation Access Leisure section, in partnership with the Stephen J. Wampler Foundation and CCYC Camp Nejedly.

Return application to: City of Sacramento Jenny Yarrow, 3291 Truxel Rd. #26, Sacramento, CA, 95833

Phone: 916-808-6017 Fax: 916-808-6506 or E-mail: jyarrow@cityofsacramento.org

Please check the session in which you wish to enroll:

Session 1 July 24- July 31
(Campers ages 10-14)

Session 2 August 1-7
(Campers ages 15-18)

T-shirt size:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

An in-kind donation of \$300 for your camper would be much appreciated. Donations are tax deductible and should be sent to the Stephen J. Wampler Foundation. Any donation is appreciated.

Private gift of \$ _____ Other _____

Donor Name _____ Telephone () _____

Please mail donations to: Stephen J. Wampler Foundation
924 Orange Ave, STE 440 Coronado, CA, 92118

Camper's Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Camper Disability (*please be specific*) _____

Age _____ Birthdate ___/___/___ Height/Weight _____/_____ Gender: Male Female

Parent/Legal Guardian Name _____ Phone () _____

Parent's/Guardian's address (*if different from Camper's*): _____

Email address _____ Cell # _____

Emergency Contact Name _____ Telephone () _____

Will parents/guardians be away from home while Camper is at Camp? Yes No If yes, please give complete information where they can be contacted: _____

NOTE: Please be as upfront with all information as possible. If the camper's needs/behaviors do not meet eligibility guidelines, the camper will be sent home. Please feel free to use extra paper if need be.

1. Does Camper walk independently? Yes No

Does Camper use: crutches / walker / wheelchair

Wear helmet for protection against falls? Yes / No

Wear braces? Yes / No

2. Describe any Range-of-Motion limitation: _____

***NOTE: If camper stays awake at night and keeps other campers from sleeping, camper may be sent home.**

3. Does Camper need assistance dressing? Yes / No

4. Does Camper need assistance eating? Yes / No

If yes, please describe needed help, special utensils, etc. _____

5. Does Camper need assistance in toileting? Yes / No

If yes, please describe routine: _____

Is Camper prone to constipation? Yes / No

If yes, what is recommended for this condition? _____

Explain in detail campers Bowel/Bladder Program: _____

Does Camper wear diapers? Yes/No *** If yes, please send ample supply of disposable ones.**

Does Camper use a Foley catheter? Yes / No A urinal bag? Yes / No

If Camper needs help with these, please state details of care: _____

Has Camper started menstrual periods? Yes / No

6. Is the camper prone to seizures? Yes / No **If yes**, are they controlled by medication? Yes / No

Seizure type: _____

Frequency: _____

Date of last seizure: _____

Symptoms camper experiences prior to and after a seizure: _____

Please feel free to use more paper if need to be, for more information.

7. Please list all medications camper is currently taking, along with dosage and frequency:

8. Does Camper have a cardiac condition? Yes / No

If yes, list care and limitations: _____

9. Does Camper have allergies? Yes / No

If yes, please specify: _____

10. Does Camper have any food allergies or dietary restrictions? Yes / No

If yes, please specify: _____

(Please provide list of restricted foods or substitutions on a separate page.)

11. Does Camper have any severe respiratory problems? Yes/ No If yes, list special equipment required to alleviate this condition: _____

12. Does Camper wear a hearing aid? Yes / No

Does Camper have a speech difficulty? Yes / No

Does Camper use a communication device? Yes/ No

Does Camper wear glasses? Yes / No

Does Camper fatigue easily? Yes / No

13. May Camper participate in the following programs:

Swimming? Yes / No

Hiking? Yes / No

Overnight camp-out, with bedding on the ground? Yes / No

Are there any precautions you wish to have observed at Camp? If so, please describe and be specific: _____

14. Has Camper been separated from the family before? Yes / No

If yes, how did camper react: _____

15. What types of behaviors is Camper apt to exhibit when he/she is unhappy?

16. Does Camper have favorite activities? Hobbies? _____

AGREEMENTS

1. Campers shall conduct themselves in conformity to City of Sacramento, Access Leisure policies and procedures and with the traditional etiquette of residential camps. This includes, but is not limited to: bringing credit and honor to yourself, your peers, your counselors, volunteers, the City of Sacramento, Access Leisure, Stephen J Wampler Foundation Inc. and the CCYC Camp Nejedly Hawley Lake Program.
2. All campers will display proper respect and behavior toward peers, counselors, administrators, volunteers, and the public.
3. All campers will practice appropriate conduct such as, but not limited to:
 - Campers will try their best to participate in all camp activities, unless excused by the Camp Nurse or the Director.
 - Campers must strive to be as independent as possible.
 - Maintain a positive attitude.
 - Treat fellow campers and staff as you would like them to treat you.
 - Campers will treat equipment and lodging facility with respect.
 - Camper will follow all rules set forth by transportation personnel both prior to, during trip, and when unloading.
 - Know and follow the rules of the activities/events you are participating in.
 - Campers will not possess or consume alcohol, tobacco or illegal drugs, or consume any drugs other than those prescribed to you.
 - Campers will not purposefully engage in unsafe activities.

Action to be taken if a Camper issue arises as a result of not complying with Agreements:

1. Program Director will assess the behavior issue and discuss a reasonable solution with the camper prior to dismissal.
2. Program Director will then discuss the issue with camper and give the camper an opportunity to rectify the problem.
3. If the behavior persists, the camper will be informed that he or she is to be dismissed from camp.

Exception: If the behavior results in an intentional injury to self, other campers, staff, volunteers, or other program members, no counseling may occur and the camper may be asked to leave without the opportunity to amend his or her behavior.

The City of Sacramento, Access Leisure Program Director is responsible for enforcement of all the Agreements.

I, _____ understand that if I **choose** to engage in behaviors or unsafe activities that create a potential hazard to the emotional or physical safety of other campers, staff, and/or volunteers; or am disruptive to the operation of camp, staff may ask me to depart camp.

Signature

Date

Parent Signature if Camper Under 18

Date

City of Sacramento, Access Leisure
Hawley Lake Program
Health Examination Form

Mail to: City of Sacramento Jenny Yarrow 3291 Truxel Rd, # 26
Sacramento, CA 95833

Name _____

_____/_____
Name of Program and Session Dates

This Health Examination Form for all programs must be completed by the parent/guardian & physician at the time of examination and must be received by the Program Registrar no later than 30 days prior to the program session. There will be no exceptions. *A physician must personally examine all campers within 1 year of camp attendance date.**

Is participant covered by medical insurance? Yes No

Name of insurance company: _____

Insurance plan number: _____

**** Attach a photocopy (front & back) of all current Insurance card(s) & prescription cards. ****

Health History: (Check and give appropriate dates, if known)

Asthma _____ Diphtheria _____ Rheumatic Fever _____
Arthritis _____ German Measles _____ Scarlet Fever _____
Chicken Pox _____ Measles _____ Typhoid _____
Diabetes _____ Mumps _____ Whooping Cough _____
Other _____

Immunization History: Record dates of last injection. (If unknown, write unknown or up-to-date.)

DPT Series _____ Smallpox _____
Booster _____ Tetanus Booster _____
Polio OPV (Sabin) _____ Typhoid _____
Booster _____ Tuberculin Test _____
Measles Vaccine (live) _____ Mumps Vaccine (live) _____
German Measles (Rubella) _____ Other _____

PLEASE NOTIFY US IF CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS IMMEDIATELY PRIOR TO ATTENDANCE.

MEDICAL EXAMINATION (Must be completed by physician.)

Diagnosis: _____

Significant Health History: _____

DOB: _____ Age: _____ Height: _____ Weight: _____

Temp: _____ HR: _____ BP: _____ RR: _____

Allergies (Drug): _____

Allergies (Environmental) : _____

Special Diet: _____

IS PARTICIPANT ON MEDICATION? YES NO

Name of drug(s): _____

** Participant is required to bring ample supply of all medications, with prescriptions to camp. All medicines MUST BE prescribed and in their original containers (including all vitamins and herbs) and will be administered according to the doctor's written directions. If there is no prescription the medicine will not be administered by the program nurse.*

Operations or serious injuries (dates & details): _____

Chronic of recurring illnesses: _____

Any pressure sores of significant bruises: _____

Are there any other recommendations or special instructions regarding participant's activity limitations? (Activities include Four wheel drive in and out, swimming, kayaking, and aerobic exercise.) _____

I have examined _____ and reviewed his/her Health History.
 (Participant's Name)

In my opinion this Participant is physically able to engage in camp activities, except as noted. I have attached prescriptions for the Participant as needed.

EXAMINING PHYSICIAN

(Please type or print name)

Street _____ City _____ State _____ Zip _____

Telephone: (_____) _____

Signature of Examining Physician

Date

THIS FORM MUST BE SIGNED AND DATED BY A PHYSICIAN
(within 1 year of attendance date)
AND RECEIVED BY THE PROGRAM DIRECTOR NO LATER THAN
30 DAYS BEFORE SESSION BEGINS.
*****You must complete the form in its entirety or your child will not be able to attend.*****