

Camp WAMP at Deer Lake
CAMP APPLICATION
2018 SCHEDULE

Please check the session in which you wish to enroll.

Mail to:
Stephen J Wampler
941 Orange Ave #440
Coronado, CA 92118
stephen@wamplerfoundation.org
800-381-6891 phone

CAMP WAMP at Deer Lake (Sierra Nevada Mountains)

- _____ **Session 1** (July 8–13th) Children with Physical Disabilities (ages 10-14)
- _____ **Session 2** (July 15 - 20th) Teens and young Adults with Physical Disabilities (ages 15-18)
- _____ **(July 22 - 27th) Camp Wamp Reunion**
- _____ **Session 3** (July 29th - August 3rd) Children with Physical Disabilities (ages 10-14)
- _____ **Session 4** (August 5th – 10th) Teens and young Adults with Physical Disabilities (ages 15-18)
- _____ **(August 12th – 17th) Family Camp – Adults & children with physical disabilities ALL AGES**

APPLICATION PROCESS and SELECTION

All applicants will be notified by the camp director that your application has been received and an interview will be scheduled with a parent and child. You may specify your preferred week at camp on this application, but no child will attend more than one week during the summer due to the high number of applicants. Most likely your child will have a spot at camp if you fill out all the paperwork on time and it's completed in it's entirety.

FUNDING

A \$100 deposit is required to reserve a place for your child at Camp Wamp. If your child attends camp, this deposit will be returned to you. If you register your child, but your child does not attend camp, the deposit will not be returned. An in-kind donation of \$200 for your camper would be much appreciated. Donations are tax deductible and should be written to Camp WAMP, Inc. Any donation is appreciated.

Private gift of \$

Other

_____ () _____
Name Phone #

_____ Gifting Party

_____ Describe

Optional: The following information is helpful to Camp WAMP for statistical purposes and will in no way affect this application.

Ethnicity: African American, Asian, Caucasian, Hispanic, Native American, Other

Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, gender or disability.

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Camper's Last Name	First	Middle	()	Telephone #
Address	City		State	Zip

Camper Disability (*please be specific*) _____

Age _____ Birth date (Month/Day/Year) _____ Height/Weight _____ (Male Female)

Name of facility/care home (*if applicable*) _____

Facility Director _____

Parentor Legal Guardian _____

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

Person to notify in case of Emergency _____ Telephone # () _____

Will parent's/guardian's be away from home while Camper is at Camp? Yes No If yes, please give complete information where

They can be contacted: _____

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Ethnicity: African American, Asian, Caucasian, Hispanic, Native American, Other

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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

Use a lift to transfer? (Hoyer lift, etc.) Yes No

2. Does Camper need bed rails or other special night care? Yes No

If yes, please specify:

(NOTE: If camper stays awake at night & keeps other campers from sleeping, camper may be sent home.)

3. Does Camper need help dressing? Yes No

4. Does Camper need help 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? _____

Does Camper have accidents with bladder and bowel control? Yes No

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 Camper's mental age below the actual age? Yes
If so, what is his/her approximate mental age? _____ No

7. Does Camper have seizures? Yes
No

Seizure type: _____

Frequency: _____

Date of last seizure: _____

List any special emergency care for seizures

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.)

12. Does Camper have hearing difficulty? Yes No

If yes, to what degree? _____

Does Camper wear a hearing aid? Yes No

Does Camper have difficulty speaking? Yes No

If yes, please describe: _____

Does Camper wear glasses? Yes No

Does Camper fatigue easily? Yes No

13. May Camper participate in the following programs:

**** If you feel that your camper has exceptional needs or complications that go beyond the scope of this form and you would feel more comfortable speaking directly with us, please feel free to call 619 957-4285. If you have failed to notify us of the severe needs of your camper and this causes us to exceed the number of campers to whom we can provide care, your camper will be sent home.***

Swimming?	Yes	No
Hiking?	Yes	No
Horseback Riding?	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:

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

If yes, how did camper react:

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

16. Please list all other camps that Camper has attended previously: _____

17. Does Camper have favorite activities? Hobbies? _____

18. Does Camper have dangerous tendencies that could result in harm to self, other campers or staff? If yes, please describe:

* (NOTE: Please be as upfront with all information as possible. If the campers needs/behaviors do not meet eligibility guidelines, the camper will be sent home)

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19. Does Camper require one-to-one supervision? Yes No
(Not physical care but constant supervision to assure safety of camper and others.)

20. Please tell us anything about Camper and home life that you think would help your camper feel at ease and have fun:

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PARENTS CONSENT FORM

RELEASE AND WAIVER: In consideration of the permission granted by Camp WAMP, Inc. for _____ (camper) to participate in activities at camp the undersigned hereby agrees to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin, may or might have against Camp WAMP Inc., its Board of Directors, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. The undersigned further agrees to indemnify and hold harmless Camp WAMP, Inc. from any loss, liability, damage or costs that may be incurred due to the acts of the camper during the camper's participation in activities at camp.

PHOTOGRAPHIC RELEASE: The undersigned does hereby give consent to Camp WAMP, Inc. to photograph camper and, without limitation, to use such picture and/or stories in connection with any of the work of said Camp WAMP, Inc. without consideration of compensation of any kind, and does hereby release said Camp WAMP, Inc. from any claims whatsoever which may arise in said regard. **Yes No**

MEDICAL RELEASE: In the event that an emergency should arise while _____ (camper) is at camp, going or returning therefrom, requiring medical or surgical care or treatment, the undersigned authorizes camp staff and Camp WAMP, Inc. to select and designate nurses, physicians, and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiner's of the State of California, may be needful and proper. The undersigned absolves the Camp WAMP, Inc. and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith. Parents / Guardians will be notified within 24 hours of any treatment sought.

PERSONAL PROPERTY: The undersigned recognizes that Camp WAMP, Inc. cannot accept responsibility for camper's personal property. Lost items may be returned to the owner if found. To help eliminate losses, the undersigned has ensured that ***all clothing is labeled with campers name and a list of belongings has been included in luggage.***

CHECK OUT PROCEDURES: Camp staff will not release any camper to anyone other than the parent or guardian without prior written authorization. ***Remember to confirm check out time on the last day.***

I authorize **Camp WAMP, Inc.** camp staff to release this camper to the following person(s):

NAME	Relationship to Camper
NAME	Relationship to Camper

Please sign below to acknowledge consent to conditions above:

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Please sign below to acknowledge consent to conditions above:

BOTH PARENTS' SIGNATURES ARE REQUIRED or (SINGLE PARENT/GUARDIAN WITH LEGAL CUSTODY):

Please specify your relationship: MOTHER FATHER GUARDIAN DATE

Please specify your relationship: MOTHER FATHER GUARDIAN DATE

IF CAMPER IS RESPONSIBLE FOR HIS OR HER OWN CARE AND/OR LEGAL AFFAIRS:

CAMPER'S SIGNATURE DATE

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