

# **Camp Able Information Sheet**

**2009 SESSION – For ages 12-21**

**July 19-23**

**Camp Director : The Rev. Kyle Bennett**

## **LOCATION**

DaySpring Episcopal Conference Center is located on the banks of the Manatee River in Parrish, Florida. DaySpring is a sacred place set apart and sanctified to the glory of God. Amenities include recreation hall, dinning hall, swimming pool, athletics field, a craft/central meeting building, chapel and lots of woods and beautiful nature trails. All facilities are easily accessible to persons with limited mobility.

## **ACCOMMODATION**

Camper's sleeping quarters consist of four self-contained cabins equipped with full bathroom facilities. There are 4 cabins, recreation hall, dining hall, swimming pool, athletic field, craft building, chapel and lots of woods.

## **FOOD SERVICES**

The food at DaySpring is first rate. A professional kitchen staff lovingly prepares the day's meals, which are served buffet style. The menu is varied. There are also salad and fruit bars. Special dietary needs are gladly accommodated. Snacks are also provided. Nobody leaves DaySpring hungry.

## **STAFF**

There will be a large staff of qualified adults, as well as a contingency of college and high school aged counselors, who have all received training and worked previous camping events.

## **COST**

The cost of the camp is \$350. A non-refundable deposit of \$ 100.00 must be sent with your registration form. There is some limited financial aid available. We ask that you apply for aid only if it is really needed. Full financial aid will pay \$250.00, which is the total balance after deposit, and half assistance will pay \$125.00, leaving a balance of \$125.00 to be paid at registration.

## **APPLICATION & REGISTRATION PROCESS**

You are required to first complete the attached Preliminary Application Form. The application must be completed by a parent or legal guardian and each question must be answered providing as much information as possible. Once the application has been completed, it must be mailed to:

**The Rev. Kyle Bennett  
St. Mark's Episcopal Church  
1101 N. Collier Blvd.  
Marco Island, FL 34145-2507**

**THE DEADLINE FOR RECEIVING APPLICATIONS IS June 1st, 2008.**

The session is expected to be filled before the deadline, so we encourage you to apply early. You will be sent a letter advising you of acceptance or telling you that you've been placed on a waiting list.

# Camp Able Preliminary Application

This application must be completed by a parent or legal guardian. Please answer each question as fully and honestly as you can. If you have any queries or require assistance, please contact The Rev. Kyle Bennett at St. Mark's Episcopal Church, Marco Island at (239) 394-7242, e-mail [kyle@stmarksmarco.org](mailto:kyle@stmarksmarco.org), or visit the website at [www.campable.org](http://www.campable.org)

**Each camper is required to have had a physical examination within the past 12 months. The camper's primary care physician is required to sign the application where indicated and provide the date of the camper's last check-up.**

Camper's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

## **This box must be completed by camper's Primary Care Physician**

(Camp Able requires that each camper have a physical examination within the past 12 months)

I have examined this individual and have reviewed his/her health history. I have been this applicant's physician for \_\_\_\_\_ years.

Patient's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of this individual's last check-up: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Doctor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# CAMPER PROFILE

**CAMPER'S NAME:** \_\_\_\_\_

Describe in your own words his or her disability:

---

---

---

---

---

---

---

---

---

---

What does he/she want to do at camp?

---

---

---

---

---

What do you want him/her to gain by coming to camp?

---

---

---

What are his/her special interests?

---

---

---

---

Does he/she need help eating? **YES / NO** (Circle appropriate answer)

If yes, what help is needed?

---

---

---

---

Will he/she need assistance in and out of a wheelchair? **YES / NO** (Circle appropriate answer)  
If yes, what help is needed?

---

---

Does he/she need help bathing/attending to personal hygiene? **YES / NO** (Circle appropriate answer)  
If yes, what help is needed?

---

---

---

---

Does he/she need help dressing? **YES / NO** (Circle appropriate answer)  
If yes, what help is needed?

---

---

---

---

Does he/she have any difficulty communicating? **YES / NO** (Circle appropriate answer)  
If yes, how does he/she communicate? (If a communication device is used, please provide details)

---

---

---

---

Is he/she scared of certain things? **YES / NO** (Circle appropriate answer)  
If yes, please list.

---

---

---

---

Date of last tetanus shot: \_\_\_\_\_

Can camper eat a normal camp diet? **YES / NO** (Circle appropriate answer)

If no, please describe what special diet is required.

---

---

---

---

Is he/she allergic to anything? **YES / NO** (Circle appropriate answer)

If yes, list both what the allergy is and how it is treated.

---

---

---

Does he/she have any medical problems? **YES / NO** (Circle appropriate answer)

If yes, please list the problem(s) and the treatment and/or precautions required?

---

---

---

---

Does he/she have seizures? **YES / NO** (Circle appropriate answer)

If yes, are the seizures controlled by medication?

---

---

---

---

If not, what needs to be done if camper has a seizure?

---

---

---

---

---

Does he/she have any difficulty using his/her hands? **YES / NO** (Circle appropriate answer)  
If yes, please describe the difficulty and the assistance needed.

---

---

---

Does he/she have any other difficulty (e.g., hearing, seeing, etc.)?  
**YES / NO** (Circle appropriate answer)  
If yes, please describe the difficulty and the assistance needed.

---

---

---

---

How physically active is he/she? (What type of exercise is he/she used to getting each day?)

---

---

---

Is there anything you are worried about in sending he/her to camp?

---

---

---

---

---

Does he/she have trouble sleeping? **YES / NO** (Circle appropriate answer)  
If yes, what needs to be done if Camper wakes up?

---

---

---

Please clearly mark the appropriate box for each type of activity:

Type of Activity	Likes	Dislikes	Needs Encouragement	Has not done Before	Should not Participate
Group Activities					
Music					
Swimming					
Arts & Crafts					
Boating					
Fishing					
Ropes (low elements)					
Ropes (high elements)					

Please indicate any other activities he/she would enjoy.

---

---

---

What activities does he/she do without assistance (games, art, watch TV, sports, etc.)?

---

---

How much attention does he/she want (likes to do things on his/her own - Needs encouragement - Wants to be helped)?

---

---

---

---

---

Does he/she have any difficulty getting along with others? **YES / NO** (Circle appropriate answer)  
If yes, please describe the difficulties and what to do if the problem occurs?

---

---

---

Does he/she misbehave at times? **YES / NO** (Circle appropriate answer)  
If misbehavior is a problem, please describe the ways in which he/she is likely to get into trouble and how you handle the situation.

---

---

---

---

Is acting on sexual urges likely to be an issue at camp? **YES / NO** (Circle appropriate answer)  
If yes, what do we need to watch out for and how do you handle the situation?

---

---

---

---

Other information Camp Staff should know about:

---

---

---

---

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact information for the person who completed this form (in case we need more information)**

**Name:** \_\_\_\_\_ **Phone #:** (       ) \_\_\_\_\_

# Camp Able Scholarship Request

Please note that "Funds Are Limited" and that scholarship will only be awarded in situations of financial hardship, with the understanding that without these monies the participant would not be able to attend the event.

**You Must** apply for scholarship funds before the event. This form must be filled out completely and returned together with your Camp Able Preliminary Application Form by the registration deadline, April 15<sup>th</sup>, 2007. There is only limited financial aid available, so we ask that you apply for aid only if it is absolutely necessary.

The maximum scholarship that will be awarded is \$250.00. The cost of the camp is \$350.00. Payment of the balance of \$100.00 will be required when you are sent the official registration packet. Please do not send any payments with your Preliminary Application Form.

Please complete this request form, and submit return to:

**The Rev. Kyle Bennett  
St. Mark's Episcopal Church  
1101 N. Collier Blvd.  
Marco Island, FL 34145-2507**

Name of Camper: \_\_\_\_\_

Name of Parent / Guardian applying scholarship funds: \_\_\_\_\_

Parent / Guardian Contact Information:

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for assistance: \_\_\_\_\_

Signature of Parent / Guardian applying scholarship funds:

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_