

# CAMP ESCAPE 2014



**SPONSORED BY**  
**GREENVILLE RECREATION AND PARKS DEPARTMENT & EASTER SEALS UCP**

## **GENERAL INFORMATION**

**Location:** Drew Steele Center (1058 South Elm St., Greenville, NC)  
**Ages:** 5-21 Years Old  
**Days & Times:** Monday-Friday from 9am-3:15pm  
**Fees:** \$45.00 Greenville Residents (\$36 for Session 3); \$68.00 Non-Residents (\$55 for session 3).  
**Acceptance Policy:** Each camper is accepted on an individual basis, and acceptance is based upon our ability to accommodate each camper's needs. All campers will be notified of acceptance at least 7 days prior to start of camp.

## **CAMP ESCAPE STAFF CAN NOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH CAMPER.**

The Greenville Recreation and Parks Specialized Recreation Office conduct Camp Escape each summer. It is designed to allow children **with special needs** and **non-special needs** the opportunity to participate in recreational activities through a true day camp experience. Camp Escape will be divided into eight, one-week sessions. Campers will participate in the free lunch program. If your child has dietary needs please bring their lunch. Camp Escape will supply drinks daily.

Parents/Guardians will be responsible for transporting their child to and from the Drew Steele Center each day. Your child should **arrive** between **8:45 am and 9:00 am**. All children should be **picked up no later** than **3:15 pm**. Camp Escape's scheduled activities include: swimming, picnicking, arts and crafts, music and rhythms, bowling, field trips, movies, active and passive games, and pedal boating. The camp will be staffed with camp supervisor and counselors who are trained to work with children with special needs.

To be fair, children are accepted to Camp Escape on a first come, first served basis. If you have any questions, please contact Scott Lineberger at (252) 329-4270 or email [slineberger@greenvillenc.gov](mailto:slineberger@greenvillenc.gov). We look forward to seeing everyone at Camp Escape.

## **PAYMENT MUST ACCOMPANY APPLICATION UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.**

### **Mail Payment or Checks To:**

**Greenville Recreation & Parks Department**  
**Attn: Camp Escape**  
**P.O. Box 7207**  
**Greenville, NC 27835**

# 2014 CAMP ESCAPE APPLICATION

## Camper's Information (PLEASE PRINT)

Camper's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age (as of June 18, 2013): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Greenville City Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_  
 Parent/Guardian Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does the camper have CAP Services (Please Circle One)? Yes No

## **In Case of Emergency (Other than Parent/Guardian, who can be reached during camp hours)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Please indicate which camp session you are applying for. Choices will be granted on a first come first serve basis based on our ability to provide a qualified caregiver. All applications and fees are to be turned in NO LATER than 7 days prior to the start of each camp session.

- |  |                                    |
|--|------------------------------------|
| 1) <u>June 16-20, 2014</u>                                   | 5) <u>July 14-July 18, 2014</u>    |
| 2) <u>June 23-27, 2014</u>                                   | 6) <u>July 21-July 25, 2014</u>    |
| 3) <u>June 30-July 3, 2014 (No Camp July 4<sup>th</sup>)</u> | 7) <u>July 28- August 1, 2014</u>  |
| 4) <u>July 7-July 11, 2014</u>                               | 8) <u>August 4- August 8, 2014</u> |

*\*Applications may not be accepted after the deadline. Also, application must be submitted with payment to reserve a space for your child.*

Persons authorized to pick up your child from the program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disabling Conditions (Check All That Apply) Please Be Specific.

### **Physical Disabilities**

_____ Brain Trauma	_____ Spinal Cord Injury	_____ Cerebral Palsy	_____ Stroke
_____ Heart Condition	_____ Hearing Impaired	_____ Visually Impaired	_____ Wears Glasses
_____ Wears Hearing Aid	_____ Muscular Dystrophy	_____ Multiple Sclerosis	_____ Spina Bifida
_____ Diabetes (type) _____			
_____ Epilepsy –If applicant has seizures: Type _____ Frequency _____ Length of Seizure _____			
_____ Behavior/Aura prior to seizure _____ Recovery time/Treatment _____			
_____ Other (describe) _____			

**Cognitive Disabilities**

\_\_\_\_\_ Mental Retardation: level of functioning affected

\_\_\_\_\_ Down Syndrome

\_\_\_\_\_ Mild \_\_\_\_\_ Moderate

\_\_\_\_\_ Autism

\_\_\_\_\_ Severe \_\_\_\_\_ Profound

\_\_\_\_\_ Other (describe) \_\_\_\_\_

\_\_\_\_\_ Attention Deficit Disorder: With hyperactivity: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional information: \_\_\_\_\_

**Mobility (Check all that apply)**

\_\_\_\_\_ Wheelchair: \_\_\_\_\_ Manual \_\_\_\_\_ Electric \_\_\_\_\_ Reclining

\_\_\_\_\_ Transfers alone

\_\_\_\_\_ Needs assistance in transferring

\_\_\_\_\_ Bears own weight

\_\_\_\_\_ Needs support in transferring

\_\_\_\_\_ Manipulates wheelchair alone

\_\_\_\_\_ Paraplegic

\_\_\_\_\_ Quadriplegic

Walks: \_\_\_\_\_ AloneUses: \_\_\_\_\_ Braces \_\_\_\_\_ WalkerGait: \_\_\_\_\_ Stable \_\_\_\_\_ Slow

\_\_\_\_\_ With assist

\_\_\_\_\_ Crutches \_\_\_\_\_ Cane

\_\_\_\_\_ Unsteady \_\_\_\_\_ Medium

\_\_\_\_\_ Non-ambulatory

\_\_\_\_\_ Support from other person

\_\_\_\_\_ Falls easily \_\_\_\_\_ Fast

Further instructions: \_\_\_\_\_

**Special Equipment (If camper has special appliances, please send to camp.)**

\_\_\_\_\_ Splints

\_\_\_\_\_ Prosthesis

\_\_\_\_\_ Braces

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Further instructions: \_\_\_\_\_

**Eating (Check all that apply) \* Please note we do not have a microwave or refrigerator on site**

Assistance level: \_\_\_\_\_ No help \_\_\_\_\_ Portion taking \_\_\_\_\_ Placing food in mouth \_\_\_\_\_ Uses straw

\_\_\_\_\_ Special utensils (If so, please send to camp.)

\_\_\_\_\_ Difficulty drinking

\_\_\_\_\_ Diet supplement (please send

to camp)

Difficulty swallowing: \_\_\_\_\_ Solids \_\_\_\_\_ Liquids

Difficulty chewing: \_\_\_\_\_ Chopped foods only \_\_\_\_\_ Pureed foods only

Food allergies: \_\_\_\_\_

Special diet: \_\_\_\_\_

Further instructions: \_\_\_\_\_

**Bathroom Use (Check all that apply)**

\_\_\_\_\_ Independent in bathroom

\_\_\_\_\_ Requires reminder (how often?) \_\_\_\_\_

\_\_\_\_\_ Bladder control during the day

\_\_\_\_\_ Bowel control during the day

\_\_\_\_\_ Incontinent during the day

(Please send adequate change of clothing, if needed.)

\_\_\_\_\_ Needs to adhere to toileting schedule (describe) \_\_\_\_\_

Uses: \_\_\_\_\_ Urinal

\_\_\_\_\_ Commode

\_\_\_\_\_ Disposable undergarments (**send with camper**)

Further instructions: \_\_\_\_\_

**Personal Care (Check all that apply)**

Grooming: \_\_\_\_\_ Independent, needs no assistance      **Needs assistance with:** \_\_\_\_\_ Washing up      \_\_\_\_\_ Showers/baths  
                  \_\_\_\_\_ Combing hair      \_\_\_\_\_ menstrual care

Dressing: \_\_\_\_\_ Independent needs no assistance      **Needs assistance with:** \_\_\_\_\_ Buttons/snaps      \_\_\_\_\_ Zippers  
                  \_\_\_\_\_ Pants      \_\_\_\_\_ Shirt      \_\_\_\_\_ Shoes/socks

Further instructions: \_\_\_\_\_

**Communication Skills (Check all that apply)**

\_\_\_\_\_ Verbal      \_\_\_\_\_ Nonverbal      \_\_\_\_\_ Uses sign language      \_\_\_\_\_ Lip-reads  
 \_\_\_\_\_ Uses gestures      \_\_\_\_\_ Reads print      \_\_\_\_\_ Language board **(send with camper.)**  
 \_\_\_\_\_ Able to communicate wants/needs      \_\_\_\_\_ Needs assistance communicating wants/needs  
 \_\_\_\_\_ Understands simple directions      \_\_\_\_\_ Ignores speaker      \_\_\_\_\_ Responds to questions  
 \_\_\_\_\_ Speech defect (describe) \_\_\_\_\_

Further instructions: \_\_\_\_\_

**Socialization (Check all that apply)**

\_\_\_\_\_ Social      \_\_\_\_\_ Withdrawn/shy      \_\_\_\_\_ Verbally aggressive      \_\_\_\_\_ Cautious      \_\_\_\_\_ Wanders  
 \_\_\_\_\_ Self-abusive      \_\_\_\_\_ Physically aggressive      \_\_\_\_\_ Compliant      \_\_\_\_\_ Temper tantrums  
 \_\_\_\_\_ Helpful      \_\_\_\_\_ Attaches to opposite sex      Other \_\_\_\_\_

(Explain any inappropriate behaviors, their frequency, and methods for dealing with them.) \_\_\_\_\_

**(PLEASE NOTE:** Any behaviors, which endanger or are disruptive to other campers or staff, are grounds for non-acceptance to camp or immediate dismissal from camp. If dismissal is required, parents, guardian, or group home is responsible for transportation home. No refunds will be issued in the case of dismissal as all applicants are expected to function to an appropriate degree in a group setting.)

**Activities (Check all that apply)**

Needs help with: \_\_\_\_\_ Arts & crafts      \_\_\_\_\_ Sports activities      \_\_\_\_\_ Field trips or outings  
 Water activity: \_\_\_\_\_ Does not swim      \_\_\_\_\_ Fears water      \_\_\_\_\_ Wades  
                  \_\_\_\_\_ Swims shallow      \_\_\_\_\_ Swims deep      \_\_\_\_\_ Wears earplugs

Recreational activities camper enjoys: \_\_\_\_\_

Recreational activities camper should not participate in: \_\_\_\_\_

**FEE SCHEDULE**

**CAMP FEE:** Greenville City Resident      \$ 45.00  
                  Non-Greenville City Resident      \$ 68.00  
                  Number of Sessions x      \_\_\_\_\_

**Notes:**

\* Failure to provide proper information may provide grounds for refusal of admission to camp! Attach another page if additional space is needed.

\* My signature below indicates all information provided is accurate to the Best of my knowledge. \*I also agree that Greenville Recreation and Parks may use this camper's photograph and comments in promotional materials.

## **PERMISSION, RELEASE, AND ASSUMPTION OF RISK**

*In consideration of my child being allowed to participate in Camp Escape, sponsored by the Greenville Recreation and Parks Department (GRPD). I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.*

*For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.*

*In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.*

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**Signature of parent, guardian, or self if own legal guardian**

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**Relationship**

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**Date**

\* Camp Escape does not discriminate on the basis of race, religion, creed, or national origin.

## MEDICAL HISTORY

**ALL CAMPERS ARE REQUIRED TO HAVE MEDICAL HISTORY COMPLETED &  
SIGNED BY A PARENT OR GUARDIAN BEFORE ACCEPTANCE.**

- I. Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_
- II. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
- III. Medical Diagnosis: \_\_\_\_\_
- IV. List food or other allergies (bee sting, etc.) and describe reaction: \_\_\_\_\_  
\_\_\_\_\_
- V. List drug allergies and describe reaction: \_\_\_\_\_  
\_\_\_\_\_
- VI. Has applicant been immunized for the following? Please give dates:  
Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ (must be within 7 yrs)
- VII. Hospitalizations and/or surgeries:  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Reason: \_\_\_\_\_
- VIII. If applicant has had any of the following conditions, please give age of onset:  
 \_\_\_\_\_ Anemia      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Hay fever      \_\_\_\_\_ High blood pressure  
 \_\_\_\_\_ Asthma      \_\_\_\_\_ Seizures      \_\_\_\_\_ Headaches      \_\_\_\_\_ Chicken pox  
 \_\_\_\_\_ Mumps      \_\_\_\_\_ Measles      \_\_\_\_\_ Skin problem      \_\_\_\_\_ Rheumatic fever
- IX. Blood/body fluid precautions? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, type: \_\_\_\_\_

## MEDICATIONS

If camper is currently taking any medications, list below. Answer COMPLETELY. All medications must be in the original container correctly marked with contents and directions. ***If medications are to be administered by Camp Escape Staff a Greenville Recreation & Parks Department Administration of Medication form must be completed. This form must be requested and filled out prior to the start of camp.***

DRUG	DOSAGE	FREQUENCY	TIMES	ROUTE
Ex: Dilantin	two 50mg tabs	4 times daily	8am, 12pm, 4pm, 8pm	chewable

Special Instructions: (ex: crush pills, mix with pudding)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### INSURANCE INFORMATION

Insurance company name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy holder's name: \_\_\_\_\_

Medical Assistance #: \_\_\_\_\_

# GREENVILLE RECREATION AND PARKS DEPARTMENT

## CAMP ESCAPE DAY CAMP

### CBS/CAP WORKER APPLICATION

**(Please Print)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

### IN CASE OF EMERGENCY, WHO CAN BE CONTACTED?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Allergies** (Please list all allergies to foods or medications)

\_\_\_\_\_  
 \_\_\_\_\_

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*In the event that I am injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat me, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.*

\_\_\_\_\_  
 Signature of parent, guardian, or self if own legal guardian

\_\_\_\_\_  
 Date