



# Camp Escape 2024

SPONSORED BY  
GREENVILLE RECREATION AND PARKS DEPARTMENT

## **MISSION**

Our mission is to provide campers with a fun environment that helps to enhance physical, emotional, and social development.

## **GENERAL INFORMATION**

**Location:** Drew Steele Center (1058 South Elm St., Greenville, NC)  
**Ages:** 5-21 Years Old  
**Days & Times:** Monday-Friday from 9am-3pm  
**Fees:** \$60.00 Greenville Residents (\$48 for week 1 and \$36 for week 3); \$90.00 Non Residents (\$72 for week 1 and \$54 for week 3)

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

The Greenville Recreation and Parks Specialized Recreation division offers Camp Escape each summer. It is designed to allow individuals with disabilities the opportunity to participate in recreational activities through a true day camp experience. The camp will be staffed with a camp supervisor and counselors who are trained to work with individuals with special needs. Camp Escape will be divided into seven one-week sessions. Campers will participate in the free lunch program. If your camper has dietary needs, please bring their lunch.

Parents/Guardians will be responsible for transporting their camper to and from the Drew Steele Center each day. **Your camper should arrive between 8:45 am and 9:00 am unless otherwise noted on the schedule. Campers will not be allowed in the building until 8:45 am. All campers should be picked up no later than 3 pm.** Camp Escape's scheduled activities include swimming, picnicking, arts and crafts, bowling, field trips, movies, active and passive games, and much more.

To be fair, all participants are accepted to Camp Escape on a first come, first served basis. If you have any questions, please contact Brent Harpe at 252-329-4541 or [bharpe@greenvillenc.gov](mailto:bharpe@greenvillenc.gov) or Blair Spivey at 252-329-4270 or [bspivey@greenvillenc.gov](mailto:bspivey@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**

# 2024 CAMP ESCAPE APPLICATION

## Camper's Information (PLEASE PRINT)

Camper's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age (as of August 4, 2023): \_\_\_\_\_ 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

Does the camper have allergies? \_\_\_\_\_

## 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 17-21, 2024 (No Camp June 19<sup>th</sup>)</u>                  | 5) <u>July 15-9, 2024</u>     |
| 2) <u>June 24-28, 2024</u>   | 6) <u>July 22-26, 2024</u>    |
| 3) <u>July 1-3, 2024 (No Camp July 4<sup>th</sup>-July 5<sup>th</sup>)</u> | 7) <u>July 29-Aug 2, 2024</u> |
| 4) <u>July 8-12, 2024</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: _____ |

## (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

\_\_\_\_\_ Cognition Level: 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: \_\_\_\_\_ Alone

Uses: \_\_\_\_\_ Braces \_\_\_\_\_ Walker

Gait: \_\_\_\_\_ 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

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

How does your child interact in group settings: \_\_\_\_\_

**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: \_\_\_\_\_

**Animals (check all that apply)** Camp Escape will have activities that involve animals.

Comfort level with animals: \_\_\_\_\_ Loves animals      \_\_\_\_\_ Will need encouragement      \_\_\_\_\_ Does not like animals

Animals my child enjoys: \_\_\_\_\_

Animals my child does not enjoy: \_\_\_\_\_

**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.**

## Greenville Recreation and Parks Department

**YOUTH REGISTRATION FORM**

Document #901343, updated 05.27.2020

| ALL PARTICIPANTS  |                          |  |
|---|--------------------------|--|
| <b>PROGRAM NAME:</b>  |                          |  |
| <b>FIRST NAME</b>   | <b>LAST NAME</b>         |  |
| <b>BIRTHDATE</b> ____ <b>MO</b> ____ <b>DAY</b> ____<br><b>YEAR</b> | <b>AGE</b> (as of today) | <b>SEX</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b> |
| <b>PHONE (HOME)</b>   | <b>PHONE (CELL)</b>      |  |

**NEW PARTICIPANTS OR PARTICIPANTS WITH INFORMATION CHANGES  
SHOULD BE COMPLETED BY PARENT/GUARDIAN BELOW ALSO:**

|  |                     |
|--|---------------------|
| <b>ADDRESS</b>   |                     |
| <b>ZIP CODE</b>  | <b>CITY</b>         |
| <b>PHONE (HOME)</b>  | <b>PHONE (WORK)</b> |
| <b>PHONE (EMERGENCY NUMBER &amp; NAME)</b>   |                     |
| <b>RESIDENT OF GREENVILLE</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |                     |
| <b>PARENT/GUARDIAN'S NAME</b>  |                     |
| <b>MEDICAL INFORMATION</b> (allergies, special medications, instructions, etc.)                      |                     |
| <b>EMAIL ADDRESS</b>   |                     |

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

I, as parent, guardian, or legal representative of the below identified youth participant ("Participant"), in consideration of being allowed to participate in \_\_\_\_\_ ("Program") sponsored by the City of Greenville, Greenville Recreation and Parks Department (collectively the "City"), hereby assume, on my behalf and Participant's behalf, any and all known, unknown, and unanticipated risks and hereby release, indemnify, and hold harmless the City, its officials, officers, employees, agents, consultants, and volunteers from any and all claims, demands, lawsuits, actions, proceedings, or liability caused by an accident, injury, damage or other occurrence resulting in bodily injury, death, sickness, disease, or exposure to, and illness from, an infectious disease, or damage to person or property in any nature whatsoever in connection participation in the Program. I, individually, and on behalf of Participant, intend this Permission, Release, and Assumption of Risk to be binding not only for myself and Participant, but also on our heirs, executors, administrators, successors, or assigns, legal representatives, and any other persons who may act on my behalf or on behalf of Participant. For the safe enjoyment of this Program by all participants, the City has established rules, regulations, terms, and conditions ("Program Rules"). I, individually, and on behalf of Participant, acknowledge receipt and understanding of all Program Rules and willingly agree to comply with and abide by the Program Rules. I, individually, and on behalf of Participant, further understand and agree that the City in its sole discretion may immediately dismiss Participant and/or me from the Program for a violation of any Program Rule. I, individually, and on behalf of Participant, hereby grant permission to the City to use, for promotional purposes, photographs and video images taken of Participant and/or me while participating in this Program. In the event that the Participant is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the City staff or volunteers to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat the Participant, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

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 Parent/Guardian's Name (PLEASE PRINT)

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 Date

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 Parent/Guardian's Signature

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 Date

# Late Pick-Up Policy for Camp Escape

Hey Everyone,

I wanted to let everyone know about our Pick-Up Policy. Our drop offs in the morning will remain the same (parents/guardians have to sign your child in.)

**As for our pickup, we are going to now be having a car pickup in the afternoons. We will have staff in the parking lot waiting on our parents. Our staff will then radio into the gym and your camper will be ready to be picked up. Parents will not need to get out of their vehicle! We believe this system will be more time efficient for Camp Escape.**

If your child is not picked up by the scheduled end of camp the following steps will be taken:

☐ First time late – a verbal warning will be given and the parent/guardian will have to sign the Parent Communication Log indicating they understand the policy and will be charged accordingly in the event their child is picked up late again. If a guardian picks a child up, the parent will be notified.

## Subsequent Late Pick-ups

- ☐ Up to 15 minutes late - \$5 fee
- ☐ Up to 30 minutes late - \$10 fee
- ☐ Up to 45 minutes late - \$15 fee
- ☐ More than 45 minutes late - \$15 additional for each half hour thereafter and police will be notified.

**All late pickup fees must be paid in full prior to your child returning to camp the following day.**

**If late pickups continue to be an issue, there will be a meeting with parents, camp supervisor, and the camp director.**

# 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: \_\_\_\_\_

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

In consideration of 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 participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

I hereby grant permission to the City of Greenville to use, for promotional and educational purposes, photographs and video images taken while participating in this program.

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.

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

\_\_\_\_\_  
 Date

## **CAP Worker Expectations**

As a CAP worker for a camper at Camp Escape there are guidelines you are required to follow. If you do not follow these guidelines, you and your camper may be asked to leave camp at any time. Your job description as a CAP worker should carry over during camp hours. It is your responsibility to provide one-on-one assistance for your client in order to enhance their camp experience. Below are guidelines we ask you to follow as you participate in our camp:

- **Camp Escape will be communicating with supervisors on a bi weekly basis in regards to CAP worker performance.**
- **Be prepared to complete and pass the City of Greenville's background check before camp begins (allow 14 days to process).**
- **You will be responsible for your own transportation to and from activities/trips**
- If you have to leave camp you must take your camper and will need to sign out.
- We ask that you follow the same rules as our counselors, demonstrating respect to other campers as well as programs/activities we participate in during camp hours.
- When we go on field trips, you are required to pay your own way into these activities. You will also pay for your own lunch, snack, etc.
- You are to arrive at camp on time every day. We participate in many activities that are on a strict time schedules. If you are late, there is a possibility of you being left.
- It is important that you encourage your client to engage in all scheduled activities.
- Cell phones should not be used during camp hours unless it is an emergency. If we see this as a constant problem we will discuss this with you. If the behavior continues, we will contact your supervisor.
- When working with your clients, engage in the activities to enhance the experience for the camper.
- If your client is having behavior issues, it is your responsibility to assist our counselors in controlling this.
- Please only discipline your client.
- Note that counselors are not responsible for one-on-one assistance for your client.
- HAVE FUN! Let us know of any suggestions you have during camp. All concerns need to be addressed with the camp supervisor.