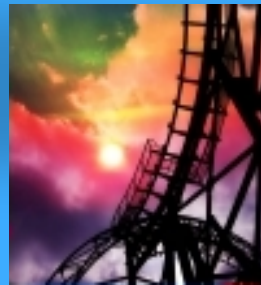


# Civitan Acres 2017



## SUMMER VACATIONS @ CIVITAN ACRES

**Session 1: *June 26-June 30* **NEW - MOVING & GROOVING!!** **Day Camp Only** **Adults \$500****  
Start the summer off right! Come spend your vacation exploring the best of everything camp has to offer. Art Projects! Pool Party! Jewelry Making! Cooking Demo! Movie! Dance! Talent Show! You won't believe all the fun we can pack into camp everyday from 8:00 am – 3:00 pm.

**Session 2: *July 3-July 7* **ARTSY FARTSY!!** **Overnight Camp** **Adults \$600****  
Show off your creative side with Arts and Crafts this week! You'll take home picture frames, jewelry, coasters, and mosaic pieces made by you! Create your own pottery with Potts n' Paints Ceramics, and paint your own masterpiece with help from a local artist! Bring your swimsuit for pool parties and your singing and dancing for the talent show. We'll celebrate Independence Day with a cookout and ice cream! Don't go home without your Best Camper Award at our going-away lunch.

**Session 3: *July 10-July 14* **NEW - WET 'N WILD!!** **Overnight Only** **Adults \$650****  
Enter the Splash Zone! Off we go to **WATER COUNTRY USA** for slides, rides, and inner tubes! Catch "the one that got away" on a fishing trip to the Ocean View Fishing Pier and spend a morning at the Virginia Beach Boardwalk. Indulge in smoothies at the pool, watch movies on the big screen, and roast s'mores by the campfire. We won't let you go home without getting your end-of-week award at Friday's Luau!

**Session 4: *July 17- July 21* **WE ARE THE CHAMPIONS!!** **Overnight Only** **Adults \$600****  
Sport Fans, enjoy a week of fun and games! Perfect for the Number #1 sports fan! You'll bowl, you'll golf, you'll swim! Best of all, you'll play football with some local pros and be part of their team. Challenge the counselors to games of basketball, soccer, and corn hole – Go Campers, Beat Counselors! At night, enjoy movie night, a dance, and wow us at the Talent Show. Enjoy a delicious farewell BBQ lunch on Friday.

**Session 5: *July 24- July 28* **NEW – GOURMET STAY!!** **Overnight Only** **Adults \$600****  
Are you a chef? You can be! Campers, visit a local restaurant where you'll be the pizza chef. Tour the back of a local bakery, learn how cakes are made, then taste test some sugary delights. Also, make your own gingerbread house during Christmas in July – you may see Santa too! Like pie? Staff won't after you challenge them to a pie throwing contest! At night, show us your dance moves at your very own Formal Dance and wow us at the Talent Show. We'll say "See You Next Year" at Friday's BBQ lunch.

**Session 6: *July 31 – August 4* **THRILL SEEKERS!!** **Overnight Only** **Adults \$650****  
Here we go to **BUSCH GARDENS!** We know you can't get enough of Rides, Shows, and Roller Coasters! Continue the fun with miniature golf, pool parties, movies, arts and crafts, campfires, and more. At night, grab that mike at the talent show, and enjoy a Formal Dance with a live DJ. A Luau lunch where you'll get your camp award closes off our week of thrilling fun!

**Session 7: *August 7 – August 11* **WHERE THE WILD THINGS ARE!!** **Overnight Only – Adults \$600****

Animal Lovers and Adventurers, come spend your vacation with us! Love reptiles? Meet them up close and personal when the snake man comes to visit. Love horses? Ride horses and learn about barns at a local stable. Love all animals? You'll love visiting the SPCA to take care of dogs, cats, and more. Pool parties, water balloon fights, arts & crafts, campfires, movies, singing and dancing all make the rest of your week fun, fun, fun. Don't forget to get your camper award at our See-You-Next-Summer Luau Lunch.

***Attendance is not confirmed until **\$125 deposit** is received or camp fee is paid in full. If the total camp fee is not enclosed, balance is due by the first day of camp at check-in.***

Please attach a recent photo



Civitan Acres

Vacation Services 2017

2210 Cedar Road Chesapeake, VA 23323-6303

Phone: 757-487-6062

Please Mail Application—Do Not Fax

FOR OFFICE USE ONLY

Date rec'd: \_\_\_\_\_
Date approved: \_\_\_\_\_
Session #: \_\_\_\_\_
Paid w/ app: \_\_\_\_\_
Paid by: \_\_\_\_\_
Doc #: \_\_\_\_\_
Quote #: \_\_\_\_\_

PLEASE CHECK THE DESIRED VACATION SESSION(S).

- Session 1 (6/26/17 to 6/30/17) NEW - Moving and Grooving!! (Adults Day Only) \$500
Session 2 (7/3/17 to 7/07/17) Artsy Fartsy!! (Adults Overnight Only) \$600
Session 3 (7/10/17 to 7/14/17) NEW- Wet 'n Wild!! (Adults Overnight Only) \$650
Session 4 (7/17/17 to 7/21/17) We Are The Champions!! (Adults Overnight Only) \$600
Session 5 (7/24/17 to 7/28/17) NEW - Gourmet Stay!! (Adults Overnight Only) \$600
Session 6 (7/31/17 to 08/04/17) Thrill Seekers!! (Adults Overnight Only) \$650
Session 7 (8/07/17 to 8/11/17) Where The Wild Things Are!! (Adults Overnight Only) \$600

Applicant's Name ( )
Last First Preferred Name Telephone

Address: ( )
City State Zip Fax #

Social Security #: Date of Birth: Age: Sex: Male Female

T-Shirt Size: Small Medium Large Extra Large XX Large XXX Large XXXX Large

Is Applicant own guardian? YES NO

Person Responsible for payment:

If No, Guardian/Authorized Representative:

Name Address
Telephone

Is this Applicant's FIRST time attending Civitan Acres Summer Vacations? YES NO

Date Last Attended?

Transportation is not an option this year you will be scheduled a check in time once registration is complete



**24 HOUR EMERGENCY CONTACT** (This section **must** be completed-identify someone who can be reached **at all times**, including overnight. At all times is **24 hours a day!**)

Primary Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternative Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**INSURANCE INFORMATION:** *Please attach a copy of Insurance/Medicaid/Medicare Card*

Is the applicant covered by hospitalization insurance?  YES  NO

Carrier \_\_\_\_\_  
Policy or Group No. \_\_\_\_\_ Medicaid/Medicare# \_\_\_\_\_

Camper's Physician or Healthcare Facility: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Applicant's Name \_\_\_\_\_

**MEDICATIONS:** *Must be brought in Original Container(s) or Bubble Pack(s) & Include AUTHORIZATIONS!*

**PLEASE LIST ALL MEDICATIONS CAMPER IS TAKING AND INDICATE PRESCRIBING PHYSICIAN  
THIS DOES NOT REPLACE AN AUTHORIZATION (SEE PAGE 5)**

MEDICATION	DOSAGE	PRESCRIBING PHYSICIAN



NATURE OF DISABILITY \*\*\*All boxes must be filled in\*\*\*\* Please remember the more information you can provide will allow for a more enjoyable experience for the Vacationer!!

Primary Disability \_\_\_\_\_

Intellectual Disability: YES  NO  Mild  Moderate  Severe  Profound

Autistic: YES  NO

Allergies: YES  NO

Type: \_\_\_\_\_ HIV Positive YES  NO

Immun. Date: \_\_\_\_\_

Hepatitis Carrier: A  B  If yes, are they at a contagious stage? YES  NO

Seizures:  Yes  No Type \_\_\_\_\_ Frequency \_\_\_\_\_ \*Date of last seizure \_\_\_\_\_

Describe any warning or aura before seizure \_\_\_\_\_ Is medication used for seizures?  Yes  No

Mobility  Ambulatory (No assistance req'd)  Wheelchair (manual): Can applicant push self?  YES  NO

Be sure to bring mobility devices with you!  Walker  Crutches  Wheelchair (electric)

About how far can applicant walk/wheel self? \_\_\_\_\_

Transfers Is Assistance needed transferring to vehicle: Yes  No  Toilet: Yes  No   
Shower: Yes  No

Assistive Devices  None  Oxygen  Prosthesis  Braces  Dentures  
Be sure to bring assistive devices with you!  Helmet  Glasses  Hearing Aid  Other \_\_\_\_\_

Communication Difficulty expressing thoughts or wants/needs?  YES  NO  
Do they use the following devices?  Communication Board  Facilitated Communication  Sign language  
 System of gestures (please describe): \_\_\_\_\_

Eating  No assisting  Partial assist  Total assist  Special/Provided utensils (bring to with you!)  
Please list utensils \_\_\_\_\_

Diet  Normal  Chopped food  Blended/Pureed  Low Calorie  
 Low Salt  Diabetic (if yes, total # of calories \_\_\_\_\_)  Special diet  
 Food allergies: (list): \_\_\_\_\_

Bowel Bladder Control  Always in control  Sometimes  Needs reminding  Incontinent  
 Needs assistance Toileting  Wets Bed  On a schedule: if yes, please describe \_\_\_\_\_  
Incontinent (Uncontrolled urination/bowel movement) YES  NO   
Wears Depends or special undergarments?  Day  Night **\*\*Please Provide Undergarments\*\***



# Medication Authorization

**A FORM MUST BE FILLED OUT FOR EACH MEDICATION!**

*Please note: medications must be delivered as it was originally dispensed from the pharmacy*

Participants Name: \_\_\_\_\_

Site: Civitan Acres Summer Camp 2017

The following is to be completed by the **PHYSICIAN OR DESIGNEE**:

**Name of medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Route:** \_\_\_\_\_ (circle one) **DAILY** **PRN**

If given daily-specify time(s): \_\_\_\_\_

If given PRN - *describe*: \_\_\_\_\_

*Indications:* \_\_\_\_\_ *Frequency:* \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

If side effects, occur notify Doctor: Yes\_\_ No\_\_ Any restrictions on activity(s)? Yes\_\_ No\_\_

If restrictions, what? \_\_\_\_\_

What instructions should be followed if the medication is omitted in error and discovered? \_\_\_\_\_

Less than 8 hours after scheduled dose? \_\_\_\_\_ More than 8 hours after scheduled dose? \_\_\_\_\_

When should the patient be re-evaluated? \_\_\_\_\_ Is this a controlled substance? Yes\_\_ No\_\_

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

***Participant, Care-provider and/or Legal Guardian should complete this section...***

I will be responsible for bringing the prescription drugs to Eggleston in the original labeled container from the pharmacist. I also understand that I am responsible for maintaining a sufficient quantity of the medication at Eggleston to avoid any interruptions in the physician's orders. Failure to do this will result in termination of this authorization.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Medications must be in their pre-packed bubble packs, as received from the pharmacy. This policy covers all prescription and non-prescription such as Tylenol. The label must include the participant's name, route, dosage, time to be administered, quantity and the prescribing physician's name.**

**(Call office for questions)**



**MEDICAL FORM**

*Note: you do not have to use this form if you have a physical within the past year-your Physician may send us the previous copy*

**Dear Parent / Guardian:**

Please complete form fully, it is extremely important. The form must be completed by the applicant’s regular physician based upon an examination that has taken place within one year of the session starting date and must be received in our office no later than 10 days prior to the first day of the session the camper is attending. ***After this date the applicant’s reservation may be voided and filled by an applicant on the waiting list.***

**NOTE TO PHYSICIAN:** The information requested in this form is extremely important to the applicant’s health and safety during participation in our vacation and respite services at Civitan Acres. In most cases the level of activity will be higher than normal and the daily routine will be different. Camp may have visiting nurse; however, we are able to provide only routine, basic health care. It is crucial that care be taken in thoroughly completing this form in the event that an emergency situation should arise. Thank you for your assistance in this important matter. **\*\*\*Please attach a copy of a record of immunizations\*\*\***

APPLICANT’S NAME: \_\_\_\_\_ SEX:  Male  Female

DATE OF BIRTH: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**PRIMARY DIAGNOSIS:** (please be specific)

\_\_\_\_\_

**Functional disabilities** \_\_\_\_\_

Any communicable diseases?  No  Yes *If Yes, give name and treatment* \_\_\_\_\_

**\*DOES APPLICANT HAVE ANY LIFE THREATENING ALLERGIES?**  Yes  No

**\*TO WHAT?:**  Bee sting or insect bite  Pollen  Serum  Other \_\_\_\_\_

Food (**Be specific**) \_\_\_\_\_

Drugs (penicillin,etc.) \_\_\_\_\_  Other \_\_\_\_\_

**Signs of allergic reaction** \_\_\_\_\_

**Recommended treatment** \_\_\_\_\_

**Please list any activities in which applicant may NOT participate or attach precautions or special instructions for routine camp activities:** \_\_\_\_\_

\_\_\_\_\_



Medical Form (continued)

Applicant's Name \_\_\_\_\_

Last Tetanus shot date: \_\_\_\_\_

Please examine the following areas:

	Normal	Abnormal (describe)		Normal	Abnormal (describe)
Eyes			Cardio-Vascular		
Ears			Respiratory		
Nose			Abdominal		
Throat / Mouth			Neurological		
Skin			Musculoskeletal		

Check if applicant has had any of the following and list treatment needed:

- Bleeding/Clotting disorders \_\_\_\_\_
- Frequent ear infections \_\_\_\_\_
- Heart defect disease \_\_\_\_\_

- Frequent Urinary Tract Infections \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Shunt \_\_\_\_\_

Has applicant been hospitalized in the past year?  YES  NO reason: \_\_\_\_\_

Has applicant ever required any psychiatric treatment/counseling or hospitalization?

YES  NO if yes Date/reason: \_\_\_\_\_

*I have examined the above named individual and certify that they are in satisfactory physical condition, free from any contagious or infectious disease and capable of active participation in the regular vacation/respite program.*

Signature of Physician completing physical: \_\_\_\_\_

Doctor's Name (Print) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





**SELF CARE SKILLS** (Level of Assistance, Check one)

	Independent	Verbal prompt	Limited Assist	Dependent	Explain
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Show ring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toothbrush:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
having:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
treet Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Sleeping Habits**  Sleeps through the night  Sleepwalks  Typically uses bathroom at night; times? \_\_\_\_\_  
 Bedwetting \_\_\_\_\_ usual bedtime \_\_\_\_\_ Usual wake time  Other Bedtime routines \_\_\_\_\_

**SOCIAL BACKGROUND**

**Has applicant ever attended any other camp?**  NO  YES **Been away from home overnight?**  YES  NO

**Social Behavioral Information:**

- Shy or withdrawn  Interacts inappropriately with opposite sex  Wanders  Physically aggressive
- History of stealing  Interacts inappropriately with same sex  Excessive talking  Verbally aggressive
- Inappropriate touching  Interacts inappropriately with children  Excessive teasing

Memory deficit

- Fabricates stories  Interacts inappropriately with strangers
- Particularly vulnerable (explain how) \_\_\_\_\_

**Does applicant have any special behavior challenges or Behavior Plan?**  NO  YES

Please describe (**Must attach copy of plan**)

\_\_\_\_\_

\_\_\_\_\_

**Can the applicant have unsupervised time** YES  NO

If yes, how long? \_\_\_\_\_

If yes, in what setting?  Amusement Park  Community Outings  At Camp Only

**Applicant can independently handle all money:** YES  NO  Counselor should keep control of all money YES  NO

Applicant can have some money, but needs supervision with purchasing. YES  NO

**Please add anything about home, work or school that may help the applicant enjoy themselves** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Vacation Program Fees:** (Note: There is a \$125.00 non-refundable deposit required to guarantee your reservation(s) for the week(s) of your choice (the fee will be applied to the full cost of the program).

**Session 1**

**Day Camp—Monday thru Friday.....\$500**

**Session 2,4, 5, and 7**

**Overnight—Monday thru Friday.....\$600**

**Sessions 3 and 6**

**Overnight—Monday thru Friday.....\$650**

**PAYMENTS**

Payment is required by first day of camp at check-in.

Payments can be made by Cash, Visa, MasterCard, or check.

Please make checks payable to Eggleston Services-Civitan Acres.

**A \$125.00 non-refundable deposit is required to hold a place in the session.**

Total Fee \$ \_\_\_\_\_ -Less Deposit Enclosed \$ \_\_\_\_\_ =Balance \$ \_\_\_\_\_

Payment Method:  Check  Cash  Visa  MasterCard **or**  Vacation Club Payment Plan

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**\*\*\*As a government contractor, we are required to periodically provide reports on the sex, race, ethnicity, disability, veteran, The following data is used for analysis only.**

**Your cooperation is voluntary and appreciated.**

**NOTE: All data records are kept in a confidential file and are not part of your camp application**

**Sex:** Male Female

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Referral Source:**  Advertisement  Friend  Relative  Agency  Current Employee

Other (Please specify.): \_\_\_\_\_

**Ethnic Group/Race:** (Please select one only.)

White

Black or African American

American Indian & Alaskan natives

Asian (Includes Asian Indian, Chinese, Filipino,

Native Hawaiian, Guamanian, Chamorro,

Japanese, Korean, Vietnamese, Other Asian) Samoan and Other Pacific Islander

Spanish/Hispanic/Latino **OF ANY RACE** Some other race

(Includes Mexican, Mexican American, Chicano,

Other: \_\_\_\_\_

Puerto Rican, Cuban, Central or South American

or other Spanish origin or culture)

Two or more races

**Veteran Status:**  Not Applicable  Vietnam Era  Veteran  Other Veteran



**The following sections must be completed for your application to be considered.**

- 1. **This application has my approval.** While Eggleston Services and Civitan Acres will take every reasonable precaution, it is agreed that the agency is not legally responsible for any accidents, incidents or injuries that may occur during the vacation. Applicant has my permission to engage in all vacation activities, including transportation as deemed necessary, except as noted by physician or myself.

Parent/Guardian/Adult Applicant \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE:** Due to safety issues, if the application is misleading, contains incomplete information and/or the applicant must be sent home due to illness or behavioral issues which endanger the safety of the participant or others, the Parent/Guardian/Residential provider will be responsible for return transportation. NO refund of fees will be made. It is also understood that if applicant must be sent home early, a reasonable response and pick-up time of no more than two hours shall be upheld, any such time after, the applicant will incur additional late fees.

Parent/Guardian/Adult Applicant \_\_\_\_\_ Date \_\_\_\_\_

- 2. It is agreed that in case of injury or medical emergency Civitan Acres may make arrangements for medical care and attention including emergency transportation to the nearest hospital; and Civitan Acres and the undersigned Parent/Guardian/Adult applicant agree that the emergency contact whose name and number appear on this application will be notified at the earliest possible opportunity. It is further agreed that the person and/or the appropriate Parent/Guardian specifically gives Civitan Acres the consent and authority to allow personnel at said hospital to take such medical steps and provide such care and attention as the medical personnel deem necessary to preserve and protect the life and limb of the above named person. Such consent shall apply when the person is unable to consent by reason of injury or other disability or handicaps, other than those listed on this application.

Parent/Guardian/Adult Applicant \_\_\_\_\_ Date \_\_\_\_\_

- 3. The participant and the Parent/Guardian agree to waive any and all claims for injuries, losses, or combination thereof, against Civitan Acres/Eggleston Services, it agents, employees, representatives and any other person acting for or on behalf of Civitan Acres/ Eggleston Services by reason of any services, treatment or combination thereof rendered for or to the above named person. It is understood and agreed that the Parent/Guardian/Residential provider will be responsible for any and all medical,hospital or combination thereof, expenses incurred. Civitan Acres is not responsible for any lost or stolen items.

Initials \_\_\_\_\_

- 4. **Photo Release:** I give permission for Eggleston Services to use photograph of myself for educational, marketing, public relations and/or training purposes. I agree that the photos and information regarding my participation may be published or used for purposes Eggleston Services deems proper. These uses may include lectures, public presentations, fairs, brochures, and other media opportunities. I release Eggleston Services and their personnel who deal with the photos of these events from any and all liability which may or could arise from the taking or use of such photographs.

YES       NO

*No applicant will be discriminated against because of race, age, sex, color, national origin, religion or disability.*



## Application Check List

### **\*\*NO LONGER ACCEPTING FAXED APPLICATIONS\*\***

This information will be held in the strictest confidence. Please answer all questions completely as the information will be used to provide a safe and enjoyable experience for the participant.

### **OUR OFFICE MUST RECEIVE THE FOLLOWING ITEMS BEFORE FINAL ACCEPTANCE IS GRANTED.**

1.  Vacation application: be sure all sections are completed\*
2.  Medication Authorization Request(s)—See perforated insert
3.  \$125.00 non-refundable deposit (will be applied to the full cost of the program).
4.  Copy of Medical Insurance Card(s)
5.  Physical/Medical Form- must be less than one year old from date of camp session requested

**\*Civitan Acres will accept the application and deposit prior to the medical forms and medication authorizations being received. We understand that extensive time may be needed to complete those requests.**

eggleston

Civitan Acres  
2210 Cedar Road  
Chesapeake, Virginia 23323

Non-Profit Org  
US POSTAGE  
PAID  
NORFOLK, VA  
PERMIT NO  
2217

Summer Camp 2017  
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