

PLEASE PRINT LEGIBLY.
PAGES 1-6 MUST BE
SUBMITTED WITH A DEPOSIT
TO SECURE SPACE.



ALL SESSIONS
ARE ADULTS
ONLY.

Summer Camp at Civitan
CAMP APPLICATION 2020 SEASON

1161 Ingleside Road, Norfolk, VA 23502
Email: summercamp@egglestonservices.org
Phone: 757-858-8011

**Reservation for camp attendance is not confirmed until \$125 non-refundable deposit is received and/or camp fee is paid in full. A separate deposit is required for each session requested. Information regarding how to prepare, what to bring, etc. will be provided after the deposit has been received.
If the total camp fee is not paid two weeks prior to the start of the registered camp session(s), the space may be reassigned to an individual on the waiting list.**

Applicant's Name: _____ () _____
Last First Preferred Name Telephone

Address: _____
Street Address City State Zip

Date of Birth: _____ **Age During 2020 Camp:** _____ **Sex:** Male Female

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

PLEASE CHECK THE DESIRED VACATION SESSION(S):

- | | | | | |
|--------------------------|-----------|-----------------------|---------------------------------------|----------|
| <input type="checkbox"/> | Session 1 | (6/22/20 to 6/26/20) | OUT & ABOUT (Day Only) | \$575.00 |
| <input type="checkbox"/> | Session 2 | (6/29/20 to 7/03/20) | ON THE HIGH SEAS (Overnight Only) | \$675.00 |
| <input type="checkbox"/> | Session 3 | (7/06/20 to 7/10/20) | GOURMET WEEK (Overnight Only) | \$625.00 |
| <input type="checkbox"/> | Session 4 | (7/13/20 to 7/17/20) | SPORTS WEEK (Overnight Only) | \$675.00 |
| <input type="checkbox"/> | Session 5 | (7/20/20 to 7/24/20) | THRILL SEEKERS (Overnight Only) | \$720.00 |
| <input type="checkbox"/> | Session 6 | (7/27/20 to 07/31/20) | RETURN TO THE OLDIES (Day Only) | \$575.00 |
| <input type="checkbox"/> | Session 6 | (7/27/20 to 07/31/20) | RETURN TO THE OLDIES (Overnight Only) | \$625.00 |
| <input type="checkbox"/> | Session 7 | (8/03/20 to 8/07/20) | ROLLER COASTER MANIA (Overnight Only) | \$720.00 |
| <input type="checkbox"/> | Session 8 | (8/10/20 to 8/14/20) | ANIMAL WEEK (Overnight Only) | \$675.00 |

Is Applicant own guardian? YES NO **If No, Guardian/Authorized Representative:**

_____ () _____
Name Relationship Telephone

Address: _____
Street Address City State Zip

Email: _____

NO TRANSPORTATION OFFERED.

Does the applicant have a Support Coordinator? YES NO

If Yes, please provide contact information:

Name _____ Agency _____

Address: _____
Street Address City State Zip

Email: _____

Office Phone: () _____ Mobile Phone: () _____

24 HOUR EMERGENCY CONTACT:

Someone **must** be accessible at all times, **including overnight**. Please provide list a primary and/or secondary contact person.

Primary Emergency Contact Name: _____

Address: _____
Street Address City State Zip

Primary Phone: () _____ Secondary Phone: () _____

Alternative Emergency Contact Name: _____

Address: _____
Street Address City State Zip

Primary Phone: () _____ Secondary Phone: () _____

PAYMENT INFORMATION:

I understand that there is a \$125.00 non-refundable deposit required to guarantee reservations for the preferred camp session(s) and that the deposit will be applied to the full fee for participation.

I understand that payment in full is due two weeks prior to the start of the camp session. In the event the camper is unable to attend due to unforeseen circumstances, Eggleston reserves the right to consider potential refunds on a case-by-case basis. Notice of cancellations are requested at least two weeks prior to the start of camp to avoid a penalty and to assist us in offering the space to another camper. Any potential refunds will not be paid until the end of the camp season.

Payments can be made by cash, check, money order, or credit card via the Eggleston website or our Corporate Office located at 1161 Ingleside Road, Norfolk, VA 23502, 757-858-8011.

SELF CARE SKILLS: Please be specific in order to assist us in creating the best experience possible.

(Level of Assistance, Please check one)

	Independent	Verbal Prompt	Limited Assist	Dependent	Explain
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showering:	<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"/>	_____
Shaving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Street Safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SLEEPING HABITS: Required for overnight sessions.

Sleeps through the night Sleepwalks Bedwetting Typically uses bathroom at night ____ times
Usual Bedtime _____ Usual Wake Time _____ Other Bedtime Routines _____

SOCIAL BACKGROUND:

Has applicant ever attended any other camp? YES NO

Been away from home overnight? YES NO

Social Behavioral Information:

- | | | |
|--|--|--|
| <input type="checkbox"/> Shy or withdrawn | <input type="checkbox"/> Wanders | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> History of stealing | <input type="checkbox"/> Excessive teasing | <input type="checkbox"/> Memory deficit |
| <input type="checkbox"/> Excessive talking | <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Fabricates stories |
| <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Interacts inappropriately with strangers | <input type="checkbox"/> Interacts inappropriately with children |
| <input type="checkbox"/> Interacts inappropriately with same sex | <input type="checkbox"/> Interacts inappropriately with opposite sex | |

Particularly vulnerable (explain how) _____

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

If yes, a copy of the plan must be attached. Please describe behavior challenges.

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

NOTE: Campers may bring cash or debit cards for incidental spending, such as vending machines and during outings. Eggleston is not responsible for lost or stolen cash or cards, so a minimal amount is recommended.

Please add anything about home, work or school that may help the applicant enjoy their time at Camp:

NATURE OF DISABILITY: ***All sections must be completed. Please remember that the more information provided will allow for a more enjoyable experience for the vacationer!***

Primary Disability: _____ **Secondary Disability:** _____

Intellectual Disability: YES NO - Mild Moderate Severe Profound

Autistic: YES NO **HIV Positive:** YES NO

Allergies: YES NO Type: _____

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

Seizures: Yes No Is medication used for seizures? Yes No

Type of Seizures: _____ Frequency: _____ Date of last seizure: _____

Describe any warning or aura before seizure: _____

Please provide any additional information for seizure or diabetic protocols: _____

Mobility: Ambulatory (No assistance required) *(NOTE: Failure to appropriately disclose mobility may result in inability to accommodate camper during session.)*

Walker Crutches Cane

Wheelchair (manual): Can applicant push self? YES NO

Wheelchair (electric)

About how far can applicant walk/wheel self? _____

Be sure to bring mobility devices with you!

Transfers: Is assistance needed transferring to **Vehicle:** Yes No **Toilet:** Yes No **Shower:** Yes No

Assistive Devices: None Oxygen Prosthesis Braces Dentures
 Helmet Glasses Hearing Aid Other _____

Be sure to bring assistive devices with you!

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 assists

Special/provided utensils (**bring with you!**) Please list utensils _____

Diet: Regular (No restrictions)

Chopped food Blended/Pureed Low Calorie Low Salt

Diabetic (if yes, total # of calories per day _____) Special diet

Food allergies: (list): _____

Bowel Bladder Control: Always in control Sometimes Needs reminding
 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****

As a government contractor, we are required to periodically provide reports on the sex, race, ethnicity, disability, or veteran status of our employees or program participants. The below data is used for analysis only. Your cooperation is voluntary and appreciated.

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)
(Includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
- Two or more races
- Other: _____

Veteran Status: Not Applicable Vietnam Era Veteran Other Veteran

ACKNOWLEDGEMENTS:

1. **This application has my approval.** While Eggleston 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.

Initials: _____

2. If any information in this 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, and 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 may incur additional fees.

Initials: _____

3. It is agreed that in case of injury or medical emergency, Eggleston staff may make arrangements for medical care and attention including emergency transportation to the nearest hospital; and it is agreed 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 Eggleston 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.

Initials: _____

4. The participant and the Parent/Guardian agree to waive any and all claims for injuries, losses, or combination thereof, against Eggleston, its agents, employees, representatives and any other person acting for or on behalf of Eggleston 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. Eggleston and its agents are not responsible for any lost or stolen items.

Initials: _____

5. **Photo Release:** I give permission for Eggleston to use photographs 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 deems proper. These uses may include lectures, public presentations, fairs, brochures, and other media opportunities. I release Eggleston 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.

Initials: _____ **YES** **NO**

6. I understand that my application is not considered complete until ALL of the below items are submitted, and that failure to submit items prior by the appropriate deadline may result in removal from requested session(s).
- A. Camp Application: Pages 1-6 are due along with the deposit payment to secure space at camp.
 - B. \$125.00 non-refundable deposit per session (will be applied to the full cost of the program).
 - C. Balance of Session – Due no later than two weeks prior to Camp Session.
 - D. Physical/Medical Form – Due no later than 30 days prior to Camp Session. Must be less than one year old from date of camp session requested.
 - E. Medication List & Authorization Form(s) – Due no later than 30 days prior to Camp Session.
 - F. Copy of Medical Insurance Card(s) – Due no later than 30 days prior to Camp Session.

Signature: _____

Date: _____

Printed Name of Signer: _____