

**Special Needs Camp of KY, Inc.**

PO BOX 875

Owingsville, KY 40360

 (606) 336-0326

Email:  Katie.SNCKI@gmail.com

Website: www.specialneedscamp.org

Dear Parents/Guardian/Caregiver/Camper:

Thank you for taking the opportunity to complete this application to attend Special Needs Camp of KY, Inc. Summer Camp 2019. We have many exciting activities and events planned for this year’s camp. The date for camp is June 17th through 21st.

 We are EXCITED to announce that as of July 1, 2015, we became an official 501(c) 3 non-profit organization, and are now known as Special Needs Camp of KY, Inc. (SNCKI). With this brings many changes; all donations are now 100% tax-deductible.

Camp has always been free for campers to attend and it will continue to be free this year with the help of continued financial support. The cost of camp is constantly increasing, each year. Expenses have gone from $2,000 to fund camp several years ago to running over $20,000 to support Camp 2018, please help us with this need. It takes a minimum of $275 per camper just for them to be able to attend camp.  If you know of any potential camp supporters (individuals or businesses) please get in touch with them to see if they would like to contribute to camp or even sponsor your camper. We gratefully appreciate your continued support.

A few things to consider when completing the application:

* Campers must meet the age requirement for camp, 13 years of age, and have an intellectual disability.
* Please ensure that **ALL** sections of the application are filled out completely. Incomplete applications will be denied.
* Applications are taken into consideration on a first-come first-serve basis due to limited space.
* We **MUST** receive all applications by **April 27th, 2019**  via mail delivery, e-mail delivery,  faxing to 606-683-6971, or hand delivery to 6255 E. Hwy. 60, Salt Lick, KY 40371.
* Acceptance or denial letters will be sent out to applicants the 1st week of May. In addition, if camper is accepted, additional information will be needed and described in the acceptance letter.

If you have any questions, please contact us via any of the sources at the top of the letter!

Sincerely,

Katelyn Harvey, President

Special Needs Camp of Kentucky, Inc.



**Special Needs Camp of KY, Inc.**

PO BOX 875

Owingsville, KY 40360

 (606) 336-0326

Website: [www.specialneedscamp.org](http://www.specialneedscamp.org)

**Camper Application Form**

**June 17th-21st  2019**

**MUST BE RETURNED BY APRIL 27th**

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: M or F

Phone Number (where you can be reached at all times!): (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_

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

Height/Weight: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Disability(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) - \_\_\_\_\_-\_\_\_\_\_\_\_

Please list any individuals who are legally denied contact with your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of person(s) transporting child other than parent/guardian/caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Please turn over to complete the rest of this application.***

**Does the camper:**

1. Wander away from a group: Yes or No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have difficulty following directions: Yes or No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have any specific fears, worries, or concerns: Yes or No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have any specific likes or dislikes: Yes or No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have any allergies: Yes or No

If yes, please list here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Need a Personal Care Assistant to attend camp with them: Yes or No

If yes, please list whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_\_\_

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

\*\*\*\*\*The camper should bring his/her special utensils and any other equipment needed. Camp does not have this equipment on hand. Please make sure each piece is clearly marked with camper’s name.

\*\*\*\*\*\*Please list any other information that you feel is important for us to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Please feel free to contact me at any time if you should have any questions or concerns. We will be more than happy to put your mind at ease:**

**\*SNCKI reserves the right to accept or deny this application. Notification of decision will be made by mail the first week of May.\***

**Permission Form**

I hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(staff member)  of Special Needs Camp of KY, Inc. permission to give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(camper) his/her\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (medication-prescription and/or over the counter drug) at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specified time) on the following day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. .

Permission is given to Special Needs Camp of KY, Inc. to use photographs, videos, slides, and names (individual or group) of camper in their camp promotion and/or individual promotion, including (but not limited to) newspapers, magazines, news bulletins, movies, television, displays, news releases, camp website, name tags, scheduling, brochures, flyers, fundraising programs, and all social media.

Permission is given for the camper to ride in any designated vehicles to any or all camp activities, including buses transporting camper to and from activities and, to attend ANY and ALL activities scheduled at any other site. This includes all field trips such as, Mall, Malibu Jacks, Candy Factory, Pool, Movies, Bowling, etc.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician /emergency personnel / urgent treatment center selected by SNCKI  to obtain needed medical services, hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper. I understand that the medical costs incurred by the camper are the responsibility of the camper and/or their parents/guardians.

All campers/parents/guardians participating in Special Needs Camp of KY, Inc. activities are deemed to have waived all claims against any staff and/or volunteers and/or campers for injury, accident, illness, or death occurring during any Special Needs Camp of KY, Inc. excursion or activity.

Every possible precaution will be taken to ensure the safety and well-being of each camper. However, should an injury or accident happen, the sponsors, volunteers, campers and/or staff of Special Needs Camp of KY, Inc. will not be held responsible.

Camper has permission to attend Special Needs Camp of KY, Inc. 2019 under the terms previously stated.

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

Parent/Guardian/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Medical Form**

This form is needed to ensure proper billing of medical costs that might arise while at camp. We take all precautions to ensure that this does not happen, but this information is necessary. It must be completed and on file prior to the start of Special Needs Camp of KY, Inc.

Should medical attention be required in the event of an emergency, he/she will be seen by the Bath Co. Ambulance Service. If required they will be taken to either the Bath County Clinic (Owingsville), St. Claire Medical Center (Morehead), or St. Joseph Hospital (Mount Sterling) by the Bath Co. Ambulance Service.

Please provide us with the necessary insurance information below. Please also provide us with a copy of insurance card.

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber of Insurance Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_

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

**Family Doctor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) -\_\_\_\_\_\_ - \_\_\_\_\_\_\_

**Medication Camper Currently Takes:**

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_