

# Pine Tree Camp



## Winter Wonderland Adventure Eligibility Policy

Please read and return this form with the camper's completed application.

To be eligible to attend the Winter Wonderland Adventure, a child must meet **all of the following requirements:**

- Be between **8** and **18** years of age.
- Have a diagnosis of physical disability.
- Be able to adapt to a staff supervision ratio of 1 staff to 3 campers. We are prepared to provide One-on-One care when needed for feeding, bathing, toileting, etc.
- Be free of emotional outbursts and capable of being able to restrain himself/herself at all times. **WE CANNOT ACCEPT A CHILD WHOSE BEHAVIOR MAY REPRESENT A DANGER TO HIMSELF/HERSELF OR OTHERS.**
- Be free of medical conditions that, in the opinion of our medical staff, may represent a danger to himself/herself or others. Each applicant will be judged on an individual basis, but as a general rule, **A CHILD IS NOT CONSIDERED A CANDIDATE FOR CAMP IF HE/SHE IS JUDGED TO HAVE A MEDICAL CONDITION ASSOCIATED WITH A HIGH RISK FOR COMPLICATION OR INJURY TO HIMSELF/HERSELF OR OTHERS.**
- Be on a stable seizure medication regime and not in the process of changing medication or altering the dose of current medication for at least three months prior to arriving at camp.

I meet the above criteria Yes \_\_\_\_\_ No \_\_\_\_\_

Name of camper: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Important Dates

Applications are available <i>Applications must include a deposit of \$50.00.</i> <i>Acceptance packets distributed as campers are accepted.</i>	Starting December 14, 2009
Health forms due	February 1, 2010
Final payment due (\$100)	February 1, 2010
Winter Wonderland Weekend	February 18-21, 2010

For Office Use Only  
Date Received \_\_\_\_\_  
Deposit Received \_\_\_\_\_  
Check Number \_\_\_\_\_

# Pine Tree Camp

A program of Pine Tree Society



Please return completed application  
and \$50.00 deposit to:

Pine Tree Society  
P.O. Box 518  
Bath, Maine 04530

(207) 443-3341  
ptcamp@pinetreesociety.org

## 2010 Winter Wonderland Adventure Weekend

Please print or type  
**Camper Information**

Camper Name _____ Last First Initial	
Address _____ Street City State Zip	
Phone Number _____	E-mail _____
Social Security Number _____	Birthday _____ MM DD Year

## **Family Information**

<b>Father's Name</b> _____	Phone Number _____
Address _____ If different from above	
Place of Employment _____	Phone Number _____
<b>Mother's Name</b> _____	Phone Number _____
Address _____ If different from above	
Place of Employment _____	Phone Number _____
<b>Guardian's Name</b> _____	Phone Number _____
Address _____ If different from above	
Place of Employment _____	Phone Number _____

## **Emergency Contact Information**

1. Name _____	Phone Number _____
Relationship to camper _____	
2. Name _____	Phone Number _____
Relationship to camper _____	
3. Name _____	Phone Number _____
Relationship to camper _____	

**Camper Information**

Camper's disability (please be specific) \_\_\_\_\_

Educational History (Please note grades completed and schools attended) \_\_\_\_\_

Camper attitude about camp \_\_\_\_\_

Parent attitude about camp \_\_\_\_\_

Has camper attended camp before ( Y / N ) When and where \_\_\_\_\_

Does camper reside with family/guardian (Y or N) If No, please explain \_\_\_\_\_

**Camper Health Questions**

**Movement:** Walks on their own      Walks with braces      Uses walker      Uses cane

Uses wheelchair      Chair is electric      Can drive electric chair ( Y / N )

   Chair is manual      Can push manual chair ( Y / N )

Camper can get in and out of chair without help ( Y / N ) If assistance is required for transfer, list number of persons who are needed to assist?

Camper's current weight:

**Personal Care:** Dresses self ( Y / N )      Feeds self ( Y / N )      Bathes self ( Y / N )

Will require one-on-one care/supervision ( Y / N )      Use a Hoya Lift ( Y / N )

**Toileting:** Does Camper have bladder control ( Y / N )      Bowel control ( Y / N )

Use catheter ( Y / N )      Self cath ( Y / N )      Ileo bag ( Y / N )      Wet the bed ( Y / N )

Wears Depends ( Y / N )      Does Camper have bowel regime ( Y / N )

Personal grooming ( Y / N )

**Communication:** Speech or language problem ( Y / N )      Hearing problem ( Y / N )      Hearing aid ( Y / N )

Visual impairment ( Y / N )      Uses glasses or contact lenses ( Y / N )

**Seizures:** Have seizures ( Y / N )      Type ( Grand Mal / Petite Mal )

Date of last seizure \_\_\_\_\_

*Please note: Camper must be on a stable seizure medication regime and not in the process of changing medication or altering the dosage of current medication for at least one month prior to camp.*

**General:** Food Allergies ( Y / N )      Special Diet ( Y / N )      Medicine Allergies ( Y / N )

Current Immunizations ( Y / N )      Current Tetanus shot (date) \_\_\_\_\_

Any activities campers can not take part in ( Y / N )      Have a shunt ( Y / N )

Allergies to insects, animals, plants ( Y / N )      History of behavioral problems ( Y / N )

Seen a professional to address emotional health concerns within the past year ( Y / N )

Taking medication for depression ( Y / N )      Recent family loss or other cause for depression ( Y / N )

Recent illness, surgery or hospitalization within the last year ( Y / N ) If yes, when and for what :

**Please explain any "Yes" answers from above:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person completing this application, if different from the camper**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

**Release Information** (please initial) Date \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I am the parent/guardian of the above named camper. I consent to the participation of the camper in all normal camp activities which the staff believe to be appropriate for his/her physical condition. I further consent to allow the camp staff, operating under the camp nurse, administering to the camper those regular medications which have been prescribed for the camper. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the medical personnel selected by the Camp Director of Program Management to order X-Rays, routine tests, treatment and other emergency care necessary; to release any records for insurance purposes; and to provide or arrange necessary related transportation for the named camper.

\_\_\_\_\_ I hereby affirm that I am the parent/guardian of the above named camper and I hereby give my consent that photographs, videos, and/or stories of him/her or any reproduction of same, may be used by Pine Tree Society, or by others with the consent of Pine Tree Society, for the purposed of illustration or publication in any manner.

\_\_\_\_\_ I hereby affirm that I am the parent/guardian of the above mentioned camper and I hereby give my consent for the camper to participate on camp trips and outings. These trips may, but not necessarily include the following: motorcycle rides, bowling, dining out and Bass Masters boat rides.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**Financial Information**

The cost to attend the Winter Wonderland Adventure is \$150. A \$50.00 deposit is required. Deposit payment can be made by check or credit card. Full payment is due by February 1, 2010. An invoice will be enclosed with the Acceptance Packet. (Please note: Your deposit will be returned should your child not be accepted.)

\_\_\_ Check or Money Order enclosed. (Please make payable to Pine Tree Society.)

\_\_\_ I would like to make my \$50.00 deposit by credit card.  
Please choose: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**Additional Funding Source**

If the camper is eligible for respite or other funding from state, civic, religious or private agencies, please apply to these agencies and let us know the following information.

Contact name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Anticipated response date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Amount requested \_\_\_\_\_