

For Office Use Only – 2007

Session _____
Deposit _____
Date Fee Paid _____ / _____ / _____
Check Number _____
Approved _____

Acknowledgement sent _____



Please attach photo here

*Applications will not be processed
without a current photo attached.
The image of the individual must be
centered in the photo.*

Camp Jaycee Application 2007

SECTION I - ABOUT THE APPLICANT

(PLEASE PRINT)

Last Name _____ **First Name** _____ **Middle Initial** _____

Nickname (if applicable) _____ **Sex** (Please circle one) **Male** **Female**

Age (As of JUNE 1st 2007) _____ years old **Date of Birth** _____

Residential Address _____

Telephone Number (_____) _____

Social Security Number _____

Please specify the nature of the applicant's disability. _____

Does the applicant live in? Please check [✓] one

- | | | | |
|---------------------------------|-------|------------------------------------|-------|
| 1. Group Home with 24 hour care | _____ | 4. Independent Living – no support | _____ |
| 2. Group Home with limited care | _____ | 5. Other – please specify | _____ |
| 3. Family / Relative Home | _____ | | _____ |

Has the applicant been to Camp Jaycee before? **YES** **NO**
If yes, when? _____

SECTION II - HEALTH INFORMATION

(Please Note: You will receive a full medical disclosure form once applicant is accepted)

Height _____ Weight _____

Does the applicant have any history of seizures? Yes _____ No _____
If yes, please specify symptoms and frequency _____

Does the applicant have diabetes? Yes _____ No _____
If yes, please describe full levels of condition _____

Does the applicant have allergies? Yes _____ No _____
(i.e. bee/insect stings, food, non-prescription medications)
If yes, please explain _____

Does the applicant have any special dietary needs? Yes _____ No _____
If yes, please explain _____

Does the applicant smoke cigarettes? Yes _____ No _____
IMPORTANT: Smoking is NOT permitted on Campgrounds.

SECTION III - MEDICATION

Does the applicant take medication? Yes _____ No _____

Please list all prescription and non-prescription medications – *use additional paper if necessary.*

	<u>Name of drug</u>	<u>Frequency</u>	<u>Purpose/ Reason (if known)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

SECTION IV - ACTIVITIES

Please list any information that will help us to serve the applicant's needs while at camp _____

Mobility: (circle one)

Unrestricted Mobility

*Restricted Mobility

*Uses aid

* Please Explain _____

Please be aware that camp is a rustic environment and is best suited to campers who can move freely without restriction. Although NJ Camp Jaycee welcomes applications from everyone, if a camper has mobility restrictions, please call the camp to speak with the staff prior to submitting application. Phone (732) 246-2525, Ext. 22 or 44.

Does the applicant have any restrictions with regard to activity? Yes _____ No _____

Please list all restrictions _____

What are the applicant's special interests? _____

SECTION V - SKILLS

Personal Skills	Needs Most Support	Needs Some Support	Independent
Bathroom Use			
Eating			
Dressing			
Washing			
Showering			
Shaving (if needed)			

Social Skills and Interaction	High Level of Difficulty	Some Difficulty	Little or No Difficulty
Comprehension			
Sleeping at night			
Hyperactivity			
Vision			
Hearing			
Speech			

SECTION VI - BEHAVIOR

- IMPORTANT -

PLEASE NOTE: Any incident of violent, dangerous or abusive behavior will result in the applicant being sent home with no refund of camp fee. The camp will not tolerate any behavior that puts other campers or our staff at risk.

Please indicate in each area whether or not there are any problems. **ANY BLANK SPACES WILL RESULT IN YOUR APPLICATION BEING DENIED.** If there are no problems, please mark with "does not apply."

Self Abuse _____

Tantrums _____

Biting _____

Violent Behavior _____

Tendency to run away _____

Destruction to property _____

Has the applicant ever displayed any inappropriate sexual behavior Yes _____ No _____

If yes, please explain in detail _____

SECTION VII – CONTACT INFORMATION

Camp Jaycee requires that all applicants provide contact information in the case of an emergency. The person/persons deemed as a contact must be able to be reached 24 hours a day in the event of an emergency.

Emergency Contact Name _____

Relationship to applicant _____

Contact's Telephone numbers

Day (_____) _____

Evening (_____) _____

Cell (_____) _____

Fax (_____) _____

Guardian/ Parent Information

Name _____

Address _____

Day # (_____) _____

Cell # (_____) _____

Evening # (_____) _____

Referral Agency _____

SECTION VIII - CAMPING SESSIONS / PAYMENT INFORMATION

Please indicate your first and second choice!

_____ 1 st Session	June 24 th – July 7 th	All Ages
_____ 2 nd Session	July 8 th – July 21 st	All Ages
_____ 3 rd Session	July 22 nd – August 4 th	All Ages
_____ 4 th Session	August 5 th – August 18 th	18 yrs and older

****Session 4** is designed for adults who need minimal self-care assistance and can make their own activity choices.**

- Total camp fee for a two week session is \$1250.00.

Total payment must be received in the Camp Jaycee office 4 weeks prior to camp stay.

- A \$150.00 non-refundable DEPOSIT PER SESSION is required with the application. The balance due must be paid four (4) weeks prior to camper attending. (Unless we receive prior notice from an agency paying camp fee i.e. DDD, etc.).

Please make all checks payable to: *New Jersey Camp Jaycee, Inc.*

Please mail payment to: *New Jersey Camp Jaycee
985 Livingston Avenue
North Brunswick, NJ 08902*

ALL DEPOSITS ARE NON-REFUNDABLE.

Balance of camp fee is refundable up to 4 weeks prior to start of session.

If a camper leaves prior to scheduled departure for any reason, there will be no refund or credit given.

Signature _____

Date _____

Print Name _____

Relationship to Applicant _____

SECTION IX – CONSENT ACKNOWLEDGEMENT AND RELEASE

Each camper will be examined by our medical staff upon arrival at camp. The Camp reserves the right to deny admission to the scheduled session based on medical reasons and any communicable diseases. NJ Camp Jaycee will not be responsible for any expenses, cancellation fees, or other charges incurred by a parent/guardian or caregiver due to a camper rejection.

We (I) give our (my) consent for my child to attend Camp Jaycee and engage in regular camp activities. While the Camp will take every reasonable precaution, it is agreed that the camp assumes no responsibility for the camper's personal property. We (I) further agree to give permission for the camp doctor, nurse, and hospital to treat this camper according to the medical form or in case of emergency.

1. In consideration of the right to attend and participate in the activities described above, the participant and/or guardian, if the participant is a minor, or not their own guardian hereby:
 - a. Agrees to abide by all rules and regulations established by New Jersey Camp Jaycee, Inc.
 - b. Authorizes New Jersey Camp Jaycee or any of its agents to provide, obtain, or authorize any reasonable incidental and emergency medical treatments for the camper, in the event of the camper's illness or injury, or incapacity, hereby accepts the responsibilities to pay for such treatments;
 - c. Grants to New Jersey Camp Jaycee for any purpose connected with promoting the mission and goals of New Jersey Camp Jaycee, but not for commercial exploitation, the right to use the camper's name, voice, and likeness in any writing, photographs, films, and recordings of the camper while they are participating in the activities, to use, reproduce, publish and distribute the same;
 - d. Acknowledges that there is an element of risk involved in any activity involving travel outside of ones own home, or community; and certifies that the Camper is physically, mentally and emotionally capable of attending and participating in the activities that are specifically designed for individuals with developmentally disabilities. I (We) assume all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the camper's negligence or misconduct and indemnifies and holds New Jersey Camp Jaycee harmless from and against any and all costs, claims demands, charges, liabilities, obligation, judgments, executions, costs of the suit and actual attorney's fees incurred or suffered by New Jersey Camp Jaycee as a result of, or arising out of the Camper's negligence or misconduct.

2. This consent and acknowledgement of risk shall not be amended, supplemented, or abrogated without the written consent of New Jersey Camp Jaycee's Administration Office. The participant or their legal guardian has read this Consent and Acknowledgement of Risk, and understands and agrees to its contents.

Signature_____

Date_____

APPLICATION INSTRUCTIONS

- 1.) **BE SURE TO COMPLETE ALL QUESTIONS.**
Do not leave any blank spaces.
- 2.) **ENCLOSE A PHOTO OF THE CAMPER.**
Application will not be processed without a current photo attached. The image of the individual must be clear and centered in the photo.
- 3.) **PROVIDE SIGNATURE IN TWO (2) SECTIONS OF THE APPLICATION.**
Be sure to provide a signature for Sections VIII & IX.
- 4.) **ENCLOSE A NON-REFUNDABLE \$100.00 DEPOSIT FOR EACH CAMP SESSION REQUESTED PER APPLICANT.**

IF THE ABOVE DIRECTIONS ARE NOT FOLLOWED, APPLICATIONS WILL NOT BE PROCESSED.