



## 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, are they taking insulin?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do they require glucometer checks?

Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_

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**Mobility: (circle one)**

**Unrestricted Mobility**

**\*Restricted Mobility**

**\*Uses aid**

**\* Please Explain** \_\_\_\_\_

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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** \_\_\_\_\_

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**What are the applicant's special interests?** \_\_\_\_\_

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## SECTION V - SKILLS

Personal Skills	Needs Most Support	Needs Some Support	Independent
Bathroom Use			
Eating			
Dressing			
Washing			

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

I am / am not the campers legal guardian. (*please circle one*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Day # ( \_\_\_\_\_ ) \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Evening # ( \_\_\_\_\_ ) \_\_\_\_\_

Referral Agency \_\_\_\_\_

## SECTION VIII - CAMPING SESSIONS / PAYMENT INFORMATION

*Please indicate your first and second choice!*

_____ Week One	July 21 <sup>st</sup> – July 25 <sup>th</sup>	Ages 7-21
_____ Week Two	July 28 <sup>th</sup> – August 1 <sup>st</sup>	Ages 7-21
_____ Week Three	August 4 <sup>th</sup> – August 8 <sup>th</sup>	Ages 7-21
_____ Week Four	August 11 <sup>th</sup> – August 15 <sup>th</sup>	Ages 7-21

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- Total camp fee per week is \$350.00. Total payment must be received in the Camp Jaycee office 4 weeks prior to camp stay.
- A \$75.00 non-refundable DEPOSIT PER WEEK 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. MH/MR, etc.).

### NEW JERSEY CAMP JAYCEE REFUND POLICY

All deposits are non-refundable under all circumstances.

The balance of the camp fee is refundable up to 4 weeks prior to the start of the session.

If for any reason a camper is not admitted to camp upon arrival, due to incomplete/inaccurate camper forms and/or an acute medical condition, no refunds or credits will be issued.

If a camper leaves prior to scheduled departure for any reason, there will be no refund or credit given for that session. Payments for other sessions not attended are refundable less the deposit.

I have read and fully understand the Refund Policy.

\_\_\_\_\_  
Signature – Parent/Guardian

\_\_\_\_\_  
Date

*Please make a copy for yourself and return the original form with the application. Thank you.*

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*

## **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 CHECKLIST**

*Please use the checklist below to ensure that your application to New Jersey Camp Jaycee is complete and can be processed as quickly as possible.*

\_\_\_\_\_ **ALL QUESTIONS ARE FULLY COMPLETED.**

There are no blank spaces.

\_\_\_\_\_ **A PHOTO OF THE CAMPER IS ATTACHED.**

Application will not be processed without a current photo attached. The image of the individual must be clear and centered in the photo.

\_\_\_\_\_ **THE APPLICATION IS SIGNED IN TWO (2) SECTIONS.**

Sections VIII & IX require original signatures. NO NAME STAMPS.

\_\_\_\_\_ **A NON-REFUNDABLE \$75.00 DEPOSIT FOR EACH WEEK REQUESTED, PER APPLICANT IS ENCLOSED.**

\_\_\_\_\_ **I HAVE MADE A COPY OF THE SIGNED APPLICATION FORM FOR MY RECORDS AND RETURNED THE ORIGINAL APPLICATION.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**RELATIONSHIP TO APPLICANT**

\_\_\_\_\_  
**DATE**