

2022 Schedule

Handi-Camp 1May 31-June 3

\$235.00 (\$255.00 after May 1) Registration for this camp closes May 12.

Check in Tuesday at 4:00 pm Eastern, Check-Out Friday at 10:30 am Eastern

Handi-Camp 2August 1-4

\$235.00 (\$255.00 after May 1) Registration for this camp closes July 13.

Check in Monday at 4:00 pm Eastern, Check-Out Thursday at 10:30 am Eastern

Instructions for Completing Registration Form:

1. Complete the entire registration form. This is essential to determine the level of care that will be required for each camper. Feel free to provide additional information if necessary.
2. A deposit of \$100.00 must be sent with the registration form. Forms without the deposit will not be processed. Remaining balance is due 2 weeks prior to the first day of your camp session. If the funds are coming from a secondary source, please indicate that on the registration form.
3. We do not provide transportation to or from camp. Transportation is to be arranged through the caregiver or guardian.
4. Send the completed registration form and deposit to:

White Mills Christian Camp

P.O. Box 129

White Mills, KY 42788

Questions? You can reach us at 270-862-3933

Packing List

Enough clean cloths for entire session. Include underwear, daily clothing, night clothes & swim-wear. An extra outfit is always a good idea.

Bedding & pillows (towels, personal care items, sunscreen, insect repellent)

Adult Undergarments if required by camper. Please bring enough for the entire session.

Bible if the camper has one.

Medications: All medications must be in original pharmacy container.

Please do not bring the following:

Tobacco products, electronic smoking devices, alcoholic drinks, illegal drugs.

**White Mills Christian Camp
2022 Handi-Camp Registration Form**

Please choose your camp session(s) May 31-June 3 _____ (deadline May 12)
August 1-4 _____ (deadline July 13)

Cost: \$230.00 per session, \$250.00 after May 1.

Camper Information

First Name _____ Last Name _____ Gender M F

Date of Birth _____ Age _____ Height _____ Weight _____ Shirt Size _____

Camper Mailing Address _____

City _____ State _____ Zip _____

Primary Disability _____ Wheelchair? Yes No

Church _____ First time camper? Yes No

Parent/Caregiver/Guardian Contact Information

Parent/Caregiver _____

Address _____

City _____ State _____ Zip _____ Best Contact Number _____

Email _____

Guardian _____

Address _____

City _____ State _____ Zip _____ Best Contact Number _____

Email _____

Emergency Contacts

Please list (in order) the person we should call in the event of a medical, behavior, or other emergency.

1. Name _____ Relationship to Camper _____

Phone: _____ Cell Phone: _____

2. Name _____ Relationship to Camper _____

Phone: _____ Cell Phone: _____

3. Name _____ Relationship to Camper _____

Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

All medications will be turned over to the medical staff at the time that Campers are checked in. All medications (including non-prescription) will be dispensed by the designated member of that staff. All medications are to be in original pharmacy-labeled medication containers. **Please list required medications below or include an up-to-date MAR sheet with this registration form.**

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Best person to call regarding medication questions: _____

Does this camper require additional treatments or devices that must be administered by a qualified medical staff person (feeding tube, catheter, etc.) Please describe: _____

Does this camper have seizures? _____

Type & Frequency _____ Date of Last Seizure _____

Please list any food allergies or restrictions: _____

Please list any other allergies: _____

Mobility: ___Independent ___Assistance ___Walker ___Wheelchair ___Electric Wheelchair
(For non-ambulatory campers it is the caregiver/parent/guardian to provide a wheelchair or other device that is safe and in optimum operating condition)

Vision: ___Normal ___Glasses ___Contacts ___Vision Impaired ___Legally Blind

Hearing: ___Normal ___Impaired ___Uses Hearing Aids (send batteries) ___Deaf

Communication: ___Verbal ___Speech Difficulty ___Nonverbal ___Signs
___Communication Board

Disabilities (list all) _____

Physical Disabilities _____

Level of Care Required:

Personal Care: ___Independent ___Requires Assistance ___Dependent

Showering: ___Independent ___Requires Assistance ___Dependent

Toileting: ___Uses Urinal/Toilet ___Uses Bedpan ___Catheterizes Self ___Must be Catheterized
___Wears "Depends" ___Prompts after toileting ___Assistance after toileting

Other: _____

Mealtime: ___Uses Utensils ___Uses fingers ___Special Container ___Requires Bib ___Uses Straw

Other: _____

Nighttime: ___Nighttime incontinence ___Wears "Depends" ___Gets up during night

Sleeps on: ___Back ___Stomach ___Right Side ___Left Side

Other considerations: _____

Other Needs: _____

Activities camper should not engage in: _____

Discipline/Inappropriate Behavior Concerns: _____

Special Interests/Skills: _____

Reading Skill: ___Yes ___No ___With Assistance **Writing Skill:** ___Yes ___No ___With Assistance

Other information that would be helpful to staff: _____

Has this individual ever been the victim of abuse? ___Yes ___No

Explain _____

Has this individual ever been charged with abuse or related misconduct? ___Yes ___No

Explain _____

Camp Agreement

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold White Mills Christian Camp, or any Camp staff responsible for any damage to or loss of said property.

I request that White Mills Christian Camp obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during the camp sessions indicated.

I hereby give permission for the above-named Camper to appear in photographs or video recordings made during the Camp sessions indicated. This permission also extends to the use of those photographs or video recordings in promotional presentations made by White Mills Christian Camp or its affiliates.

We take our obligation to provide appropriate care very seriously. Therefore, the information that you provide during the registration process is absolutely essential. Additional time for completion of the information gathering process is provided on the opening day of each Handi-Camp session. If, in the course of the Handi-Camp session, it is determined that crucial information has not been provided, such that appropriate care cannot be assured, this Camper will be required to return home immediately.

Please Note: We must be able to contact Parent, Guardian or Caregiver for the Camper named on this application at any time, day or night, for the duration of the Special Needs Camp session. If you, as the signer (below) will, at any time, be unable to respond to any communication regarding the Camper, you must provide an alternate contact person for the Special Needs Camp Coordinator to call. That person **must be able to contact you promptly.**

Signature Required

_____ Date _____
(Parent/Guardian/Caregiver)

_____ Date _____
(Camper)

Payment Information

Payment will be due upon registration. Please contact us with any questions.

Please choose one:

_____ The deposit (\$100.00) is enclosed

_____ The entire camp fee is enclosed

_____ Payment will come from State Guardianship or another source. (Registration will be held until payment is received)

_____ I require an invoice. Please send to: _____

Camp Office Only:

Amt. Due _____ Deposit Received _____ Balance Due _____

Invoice # _____