



CAMP OF THE RISING SUN

P.O. Box 1944

Corsicana, TX 75151-1944

(903) 229 – 8757

www.campoftherisingsun.org

“A SUCCESS EXPERIENCE”

2009 CAMPER APPLICATION

What? Camp of the Rising Sun Summer Camp

Who? Children K – 16 years of age who attend approved TEA Special Education classes within Navarro or Freestone County school districts. Camper must be recommended by a Special Education Teacher. Application must be signed by Special Education teacher for consideration.

Where? Session 1 Camp Wanica FM 637 Corsicana June 29 thru July 3, 2009 Ages K - 10
Session 2 Thousand Oaks Ranch FM 744 Corsicana August 3 thru August 7, 2009 Ages 11 - 16

When? Monday – Thursday 9 am – 4 pm Friday 9 am – Noon

Why? To have fun, Fun, and more FUN!!

How much? Absolutely free however you must complete and return this application no later than **April 15, 2009**. A Special Education Teacher recommendation must accompany your applications. Applications will not be consider without Teachers recommendation.

Check in: **Monday at 8:30 am.** Welcome and check-in begin promptly at 8:30 am.

Check out: **Friday at NOON.** There will be a parent/camper/teacher luncheon on Friday at noon. You are encouraged to attend. If you cannot attend campers must be picked up no later than 1:00 pm.

Application: Please fill out the attached forms. Only completed forms will be considered. [Applications must be returned to your Special Education Teacher or mailed to Camp of the Rising Sun no later than April 15, 2009.](#) [Late applications will not be considered!](#)

CRS Summer Camp is a day camp designed for children K to 16 years of age. Campers must be recommended by a Special Needs Teacher or Staff member from Navarro or Freestone county school districts. Camper must have completed a minimum of one year of special education.

Extreme behaviors such as those included below could be reason for dismissal if the behavior is harmful to the staff or other campers.

Wandering, running away
Refusal or inability to eat
Throwing objects
Emotional outbursts
Biting, scratching, kicking

Fighting
Self-injurious behavior
Refusal or inability to sleep
Willful destruction of property
Tantrums

Foul language, cursing
Extreme hypochondria
Incontinence of bowel or bladder
Inability to adjust to Camp life

Please note:

Smoking is not allowed at Camp and no accommodations are made for smokers. If a prospective camper, staff or volunteer cannot comfortably go all day without smoking, then he or she should not apply.

Camp of the Rising Sun 2009 Camper Application

Camper Information

Last Name _____ First Name _____

Address, City, State, Zip _____ County _____

Phone _____ Primary Diagnosis/Disability _____

Date of Birth _____ Age at Camp _____

Male Female Adult or Children
Shirt Size XS S M L XL XXL XXXL

Has Camper attended CRS Camp? Yes No If yes, what year(s)? _____

Parent/Guardian Information

Name _____ Relation to Camper _____

Address, City, State, Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

Emergency Contact Person #1 (This person MUST be available the week of Camp)

Same as Parent/Guardian Information? Yes No (If no, please complete the information below)

Name _____ Relation to Camper _____

Address, City, State, Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

Emergency Contact Person #2 (This person MUST be available the week of Camp)

Name _____ Relation to Camper _____

Address, City, State, Zip _____ County _____

Day Phone _____ Night Phone _____

Cell Phone _____ E-Mail _____

Session Information

(Please circle the session you
your camper will attend)

Session 1

CampWanica June 29 – July 3

Session 2

Thousand Oak Ranch August 3 - 7

Attach
Photo
Here
(Required)



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Permissions

THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN INITIALED

I affirm by signature below that my camper for which this application is made meets the health and behavior guidelines described on the first page. If misrepresentation is made as to my camper's health or behavior, or if my camper becomes ill enough, or engages in behavior deemed serious enough to warrant dismissal, he or she may be dismissed from CRS Camp. I understand that if my camper is dismissed due to health or behavior considerations, it is my sole responsibility to pick up my camper within 2 hours of being contacted.

Parent/Legal Guardian _____ Date _____

YES NO

_____ I give my child permission to attend CRS Summer Camp. He/she may participate in all activities. If no, what activities can he/she NOT participate in. _____

_____ I understand that there may be live vaccinated animals in some activities and that opportunities are available for interaction. I give my camper permission to participate in those activities.

_____ The nurses at CRS Camp may give my camper routine medications and over-the-counter medications, monitor health status and provide first aid and routine care.

_____ For non-emergency purposes, my camper may ride in a privately owned vehicle with medical staff to the hospital for lab tests, x-rays or treatment.

_____ I authorize CRS Camp staff and volunteers to share, without restriction, my camper's health information and medical records with any person (whether or not affiliated with Camp of the Rising Sun) as may be reasonably necessary in order to facilitate the care of my camper.

_____ I give Camp of the Rising Sun permission to use my camper's name, photograph, or video image for publicity purposes to promote Camp of the Rising Sun. Including a film presentation, brochure, Camp DVD and/or a website describing the program which could be used for years and may be seen all over the world.

_____ If emergency treatment is necessary, I give permission for my camper to be brought to the nearest emergency room by ambulance or helicopter for treatment. I authorize staff to release all records necessary for insurance purposes so that my insurance company can be billed for the visits, lab tests, and/or x-rays if necessary.

_____ I understand CRS allows parents/guardians to call and check the health status of their camper or speak with the camp director in regards to their camper's well being. Campers are not allowed to make or receive phone calls. I understand I can send a letter along with this application to be given to my camper during camp.

_____ I understand that CRS has a designated Lost and Found. If I leave CRS Camp without my camper's items, I will not hold CRS responsible for returning them.

I, _____, guarantee that the information on this application is accurate and hereby release and forever discharge Camp of the Rising Sun, it's members, employees, and volunteers from any liability, suit, claim, or demand, whether for personal injury to myself or members of my family including minor children, or for property damage which result from any participation in the camping session.

Parent/Legal Guardian _____ Date _____

This form will be copied and given to the counselors caring for your child. Please complete all sections.

Name of Camper: _____

Chronological age: _____ Mental age: _____

Diabetic

- Yes (see eating/diet section) No
- Insulin dependent

Medications

- No meds PRN meds only

Medication	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach sheet for additional medications

Comments:

Allergies

- None Yes (list below)

Food: _____

Medication: _____

Other: _____

Ambulation

- Walks unassisted
- Walks using: walker crutches braces canes
- Wheelchair: manual electric-bring charger
- Transfers: alone needs assistance

Communication

- No problems
- Limited abilities but can communicate daily needs
- Non verbal Sign Language

Vision

- normal limited glasses blind

Hearing

- normal aids hard of hearing deaf

Toileting

- Toilet trained
- Wears diapers/training pants all the time
- Wears diapers/training pants at night only
- Bring to bathroom every _____ hours
- Needs help with _____

Self Care (ex, restroom, dressing)

- Does all alone
- Needs some help with: _____
- Needs total help in all areas

Diagnosis

Please list all (ex: seizures, asthma, diabetes, MR, psychosis, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Behavior Problems

- Yes No

Problems triggered by: _____

Suggested strategies: _____

Eating/Diet

- Diabetic Diet Special Diet

- No help needed at meals

- Needs help only with _____

Food must be: cut chopped mashed pureed

- Camper must be totally fed

- G-tube

- Retainer Braces Dentures

Activity restrictions

- Yes No

Explain: _____

Heat Tolerance

- Good Fair Poor

- Dehydrates easily

Swimming

Knows how? Yes No

Ear plugs when swimming? Yes No

Wanders?

- Yes No Occasionally

Seizures

- None Regularly One or two as a child

Type: _____ Date of last seizure: _____

Usual frequency: _____

Usual duration of seizures _____ minutes

Triggered by: _____

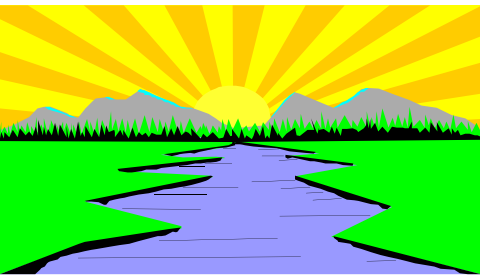
Additional Equipment

- None CPAP/BiPaP G-tube Feeding Pump

- Baclofen Pump Other _____

Additional Instructions & Suggestions

Add additional pages if necessary



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CRS Camp 2009 Application

Camper Information

Last Name _____ First Name _____

Gender: Male Female

Date of Birth _____ Height _____ Weight _____

Social Security Number _____ Date of Last Physical Exam _____

Insurance Carrier _____ Group Number _____

My Camper does NOT have insurance

Nature of Campers' Disability: _____

If Down Syndrome, stable for atlanto-axial subluxation AAS)? Yes No

Most recent cervical x-ray for AAS _____

Physician _____ Phone _____

Immunization

Proof of immunizations required for campers 16 and under.

Dates of Illness or Immunization:

_____ Polio, type: _____ Measles ('red') _____ Rubella ('German')

_____ Diphtheria/pertussis/Tetanus _____ Hib Virus _____ Chicken Pox

_____ Other (specify): _____

Permission to give over-the-counter medications (otc) on as needed basis

Please initial each medication or its generic equivalent that may be administered to your camper. Write “NO” beside any medications you do not wish administered to your camper. NOTE: You must have a doctor's written orders for any OTC medications to be administered on a regular, scheduled basis to your camper.

_____ Tylenol (pain, fever) _____ Emetrol (nausea) _____ Robitusson (cough)

_____ Lanacane (skin itch, pain) _____ Cortaid (skin cream) _____ Maalox (heartburn)

_____ Benadryl (allergies) _____ Sudafed (congestion) _____ Tylenol PM (congestion & pain)

_____ Laxatives (constipation) _____ Immodium (diarrhea)

_____ Other: _____

Please Read & Sign

Permission to Obtain Medical Treatment: I further give my consent by signature below for medical treatment to be obtained for myself/child/ ward by a representative of CRS in the event I (or my designee) am unable to be reached.

Agreement to Pay for Medical Treatment: I understand that in the event of a medical emergency affecting myself/child/ward, EMS may be called and myself/child/ward may undergo hospitalization and/or treatment. I agree to assume all costs associated with such summoning of emergency medical care, hospitalization, and treatment, and I hold Camp of the Rising Sun, its staff, Board of Directors, and volunteers harmless for any liability, medical or financial, arising from such.

Camper Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____



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CRS Camp 2009 Teacher Recommendation Must be completed for application to be considered!!

I recommend camper _____ for Camp of the Rising Sun summer camp and believe he/she will benefit from the camp experience.

I am listing at least three (3) reasons why I have recommended this camper.

- 1.
- 2.
- 3.
- 4.

I have known this camper for _____ years/months.
I have taught this camper in the following school years: _____.

Please list any recommendations/suggestions you may have for this camper and any known behavioral patterns.

-
-
-
-

Please print and sign your name. Include your school district and subject(s) you teach.

Print your name

Date

Signature

County & School District

Subjects



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CRS Camp 2009

Donate To Camp of the Rising Sun Summer Camp

I would like to donate to CRS (tax deductible): Please circle your donation amount and include donation with application.

\$10

\$20

\$50

\$100

Other \$ _____

\$300+ Sponsor a Camp Activity

Volunteer time/services to Camp of the Rising Sun Summer Camp

I am available to volunteer my time assisting with Camp activities on the following dates/days and time.

I understand when I volunteer I may not be assisting my camper and I am willing to assist with other campers.

I am willing to be certified. Please visit our website www.campoftherisingsun.org to complete a Volunteer application.

Monday _____ AM _____ PM _____

Tuesday _____ AM _____ PM _____

Wednesday _____ AM _____ PM _____

Thursday _____ AM _____ PM _____

Friday _____ AM _____ Parent/Camper Luncheon _____

I would like to conduct an activity for the campers. Below is a description of the activity including the length of the activity and how I believe it will benefit the campers. Please use a separate sheet of paper if more space is needed.

I would like to provide the following supplies for camp. Circle your choice. Contact Jamie at 903-875-9729 to deliver supplies with application.

Jump ropes

Paper

Colors/markers

Scissors

Sports Balls

Paint

Clay or Play doh

Pens/pencils

Hula hoops

Kleenex

Wipes

Construction Paper

Prepackaged snacks

Gift Card to local Business

Notebooks for journals

FOR OFFICE USE ONLY

Camper Name: _____

Date Application Received:

Application Complete ___ Yes ___ No

If no, explain:

Data entry completed _____

Camper attending:

Session 1 Session 2

Sessions(s) confirmed on: _____

1st Post card sent:

1st letter sent: _____