



Please print this application, answer all questions, sign and mail as soon as possible to ensure a spot for this coming summer. Please call or email with any additional questions. We will do our best to ensure all messages are returned within 48 hours.

*All new and returning campers must complete ALL sections of the 2022 application. Camper spot(s) will not be reserved unless all items below have been met, including payment (\$205).

***Covid Policy:** We encourage all campers to be fully vaccinated. If choosing to be unvaccinated the camper must have documentation (print out) of negative PCR or NAAT test taken no sooner than 48 hours prior to arrival at Anderson Woods. Rapid tests will not be accepted at this time. This policy may change as the Covid situation evolves and in accordance with CDC guidelines. Exceptions will not be made.

Please complete the following:

- Complete **ALL** sections of application
- Sign in all applicable areas
 - *(must have legal guardian's signature where applicable)
- Send copy of applicant's picture
- Send legible copy of medical insurance information
- Send copy of Covid vaccination card and updated vaccine record
- Send check for camp fees in the amount of \$205 / session.
- Mail all to: 4630 Adyeville Road Bristow, IN 47515

Applicant's name: _____ Birthdate: ____ / ____ / ____



ANDERSON WOODS SUMMER CAMP

4630 Adyeville Road, Bristow, IN 47515

(812) 639-1079

andersonwoods@psci.net

All important information regarding camper's health and well-being should be on or included with this application. Please DO NOT rely on verbal instructions at the time of registration to communicate important information about the camper. Please complete all information.

Date of completion: ____ / ____ / ____

CAMPER INFORMATION

Camper name: _____ Preferred name: _____ T-shirt size: _____

Gender: ___ Female ___ Male

Date of birth: ____ / ____ / ____

Mailing address: _____

This address is only used for mailing correspondence; please provide the address to which all mail should be sent.

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Preferred method of contact: Email ___ Mail ___

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Address of camper's residence: _____

If different from above address. Otherwise, please indicate "same."

City: _____ St: _____ Zip: _____ County of residence: _____

Name of person completing app: _____ Relationship: _____

Is applicant his/her own legal guardian? Yes ___ No ___

If not, please list name of legal guardian(s): _____

Relationship of guardian(s) to applicant: _____

Address of legal guardian(s): _____

City: _____ St: _____ Zip: _____

Phone #s: Home (____) _____ Cell: (____) _____ Work: (____) _____

Name of individual(s) that camper may be release to upon leaving camp: _____

(If unavailable at this time, please advise our Camp Director at check-in.)

Is this the applicant's first time at Anderson Woods? Yes ___ No ___

If yes, has the applicant ever been apart from his or her family overnight? Yes ___ No ___

If yes, what was his/her reaction? _____

Are problems with homesickness anticipated? No ___ Yes ___ Suggestions to ease the transition: _____

If applicant has a preference for attending the same session as another camper, please state the name of the other camper(s): _____

If camper is male, is he willing to accept help from female staff for personal needs? Yes ___ No ___

Applicant's name: _____ Birthdate: ____ / ____ / ____

MEDICAL INFORMATION

Physician's name: _____ Phone: _____
 Applicant's height: ____ ft ____ in Applicant's weight: _____ lbs
 Primary diagnosis (medical): _____
 Secondary diagnosis (if any): _____
 Other conditions or concerns (including psychiatric): _____

Please check the following:	Yes	No	Additional
Does the applicant have seizures?			Tonic clonic (Grand mal)____ Non-convulsive (Petit mal)____ Psychomotor ____ Nocturnal ____ Mixed____ Typical seizure frequency: _____ Length: _____
Does the applicant have asthma?			If YES, please ensure that applicant brings rescue inhaler. This is MANDATORY for camper safety.
Is applicant diabetic?			Insulin dependent? Yes No Self-administer? Yes No
Does applicant have any communicable diseases?			Type? Type? Type?
Does applicant have any known drug allergies?			Drug: _____ Reaction: _____ _____ _____ _____
Does applicant have any known environmental allergies? (Please list significant allergies, including foods, insect stings, latex, etc.)			Allergen: _____ Reaction: _____ _____ _____ _____
Does applicant have an Epi-Pen?			If YES, please ensure that applicant brings to camp!
Does applicant wear ear tubes?			If YES, please provide ear plugs for showering.
Diagnosed emotional disability?			Specify _____
Recent surgery or hospitalization?			Specify _____ _____
Does camper smoke?			We are a non-smoking facility. Leave tobacco products, matches, lighters, etc. at home.

IMMUNIZATION RECORD: Vaccine records can often be obtained from health department. If information unavailable please provide explanation or we will be contacting you for this.			
Immunization	Date(s) given	Immunization	Date(s) given
Tetanus, Diptheria, Pertussis (e.g., TDaP, Td, DTaP)		Varicella (chicken pox) (e.g., varicella, MMRV)	
Hepatitis A		Pneumococcal (e.g., PCV13, PPSV23)	
Hepatitis B		Hib	
Measles, Mumps, Rubella (e.g., MMR, MMRV)		Meningococcal (e.g., MenACWY, MPSV4)	
Influenza		Zoster	

Applicant's name: _____ Birthdate: ____ / ____ / ____

MOBILITY

Indicate all that apply to the camper:

Walks/Runs independently____ Walker/crutches/cane____ Wears AFOs or braces____ Prosthesis____

Uses wheelchair ____

If camper is non-ambulatory or uses a wheelchair/walker on a consistent basis, please call or email to gain additional information on possibly opportunities for your camper.

Mobility comments: _____

COMMUNICATION

Examples/Comments

Uses complete sentences____ Understands complete sentences ____ _____

Understands 2-3 word phrases____ _____

Uses single words____ Understands single words____ _____

Uses vocalizations, sounds, etc.____ _____

Uses sign language____ Understands sign language____ _____

Uses/understands gestures, points, etc.____ _____

Uses pictures or word cards____ _____

Uses adaptive systems such as a communication board____ _____

Writes to communicate____ Able to read____ _____

MEALTIMES

Food allergies: _____

Typical appetite is: Large____ Medium____ Small____

Is camper able to indicate the amount of food and liquid intake he/she desires? Yes____ No____

Camper can use: Fork____ Spoon____ Knife____ Uses special utensils____ Please label and bring.)

Takes portions independently____ Needs food cut up____ Drinks from cup____ Uses straw____

Needs liquids thickened____ Consistency?_____ (Please bring own thickener with instructions.)

Diet: Standard____ Chopped____ Blended/Pureed____

Low salt____ Low calorie____ Low/no sugar____ Other_____

Special diets: Due to the difficulty in accommodating multiple special diets, and the relatively brief duration of a camp session, we ask that you assist us in limiting the use of special diets to those that are **MEDICALLY INDICATED**. If a medical indication for a special diet exists, please provide a **letter from the applicant's physician** stating such. If applicant requires a special diet, we can e-mail the menu ahead of time so that you can plan appropriate replacements. Please contact us to discuss further.

Mealtime comments/Restrictions/Allergy reactions: _____

TOILETING/SHOWER

Indicate all that apply

Uses toilet independently____ Needs to be reminded____ _____

Needs some assistance using the toilet____ _____

Uses the toilet on a schedule ____ Clarify_____

Does not use the toilet at all (uses incontinent briefs, etc.)____ _____

Is independent in menstrual care (if applicable): Yes____ No____

How does he/she let you know the need to use the restroom? _____

Needs complete assistance with shower____ Needs verbal cues____ Can shower independently____

Needs assistance with: Shampooing____ Soaping____ Water temperature____ Brushing teeth____

Applicant's name: _____ Birthdate: ____ / ____ / ____

DRESSING

Has no difficulty dressing____ Can choose own clothes____
Can put on: Underwear____ Socks____ Shirt____ Pants____
Can: Button____ Snap____ Zip____ Tie shoes____
Can dress partially____ Can undress completely____ Needs lots of assistance dressing____
Toileting/Shower/Dressing comments: _____

BEDTIME ROUTINE

The following information will not be used to adhere strictly to applicant's typical routine, but to assist with any challenges.
Camper's typical bedtime: _____ Awakens at: _____ Sleeps: _____ hrs a night
Please describe bedtime routine at home: _____

Does camper require special care during the night? Yes____ No____ If yes, please explain _____

BEHAVIOR

It is most beneficial for you to provide accurate and detailed information in order to maintain consistent care.

	Never	Seldom	Often	Explain/Details
Has good manners				
Enjoys social gatherings				
Does not like to be touched				
Prefers to be alone				
Runs away or darts				
Uses inappropriate words				
Inappropriate sexual behavior				
Grabs others				
Scratches, pinches or hits				
Bites others				
Self abuse				
Has temper tantrums				

Please attach established behavior plans and feel free to add comments on an additional piece of paper.
Please describe in detail these or any other challenging behaviors we should know about _____

What usually triggers challenging behaviors? _____

What are effective responses to challenging behaviors? _____

What are two or three effective rewards/positive reinforcements? _____

Applicant's name: _____ Birthdate: ____ / ____ / ____

INSECT REPELLENT PERMISSION/REFUSAL

Due to the significant risk of insect-borne illness, namely those transmitted by mosquitos and ticks, the American Academy of Pediatrics and the Center for Disease Control recommends use of insect repellent that contains between 10 percent and 30 percent DEET. The effectiveness of these concentrations is similar, but the duration of effect will vary. Here at Anderson Woods we stock insect repellent with between 10 and 30 percent DEET, and recommend appropriate use to reduce the risk of insect-borne illness.

I, the undersigned parent or guardian of _____, give permission for application of insect repellent containing between 10 and 30 percent DEET to the above said camper.

Signature of parent or legal guardian: _____ Date signed: ____ / ____ / ____
(Signature of camper if own legal guardian)

Print name: _____

TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

I/We, the undersigned parent or guardian of _____, agree to allow Anderson Woods, Inc. and its members, to transport the above Child or Adult for anything associated with Anderson Woods during the 2022 Anderson Woods Summer Camp sessions.

I/We RELEASE and DISCHARGE Anderson Woods and Anderson Woods' departments, agencies, officers, agents, board members, employees, volunteers, consultants, drivers, teachers, organizers, successors, assigns, affiliates, members, and all other related individuals, from any and all claims of loss or liability, either direct or indirect, arising out of any accidents, injuries or occurrences associated with the Child or Adults' transportation for anything associated with Anderson Woods.

On behalf of my/our Child/ Adult, I/we hereby ACCEPT THE RISKS AND RESPONSIBILITIES for my/our Child/ Adult and INDEMNIFY AND HOLD HARMLESS ANDERSON WOODS AND THE ABOVE LISTED PARTIES/POSITIONS from any and all liability arising out of and in connection with or during the Child's/Adult's transportation to and from the camp located at Anderson Woods.

I/WE HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of parent or legal guardian: _____ Date signed: ____ / ____ / ____
(Signature of camper if own legal guardian)

Print name: _____

Applicant's name: _____ Birthdate: ____ / ____ / ____

COVID POLICY PERMISSION

I, the undersigned parent or guardian of _____, am aware that mask wearing
(Applicant's name)
and social distancing will not be enforced and I agree that he/she may participate in the activities and programs despite the risk of exposure to COVID-19. I have weighed the risks and benefits and hereby give my consent that he/she may participate in all Anderson Woods Camp activities. At this time, the Covid vaccine is not mandatory for campers, but highly recommended. If choosing to participate as a camper for the 2022 Anderson Woods Camp season our campers must be:

1) Fully Vaccinated Campers: The camper has completed initial vaccine series within 6 months prior to arrival at camp OR has completed the initial vaccine series and is boosted in accordance with CDC guidelines at the time of camp. If someone tests positive at camp for Covid, all vaccinated campers will be able to stay on property and continue with camp activities as long as they continue feeling well. Campers must provide a copy of their Covid Vaccination card upon arrival at camp.

OR

2) Unvaccinated Campers: If a camper chooses to remain unvaccinated they must have documentation of negative PCR or NAAT test taken no sooner than 48 hours prior to arrival at camp. (i.e. Saturday) A printout must be handed to the Anderson Woods nurse upon arrival at camp. Rapid tests will not be accepted as they are only reliable once symptoms are present. No exceptions will be made. Unvaccinated campers will need to go home if anyone is positive for Covid on Anderson Woods Property. Refunds will not be granted for this situation. Please ensure that when making plans there is someone available to pick up if this situation occurs.

Signature of parent or legal guardian: _____ Date signed: ____ / ____ / ____ (Signature of camper if own legal guardian)
Print name: _____

PICK UP AND DEPARTURE

-Please limit the number of people accompanying the camper during arrival and departure.
-Please ensure that ALL individuals are wearing a mask during the arrival and departure procedures no matter vaccination status. We will have masks on hand if needed.

GENERAL PERMISSION

All of the information given on this application is current and correct to the best of my knowledge and belief and the person herein named has permission to engage in all prescribed activities, except as noted. I hereby give permission for _____ to receive examinations and
(Applicant's name)
emergency medical or surgical treatment, which becomes necessary and is recommended by any referred physician, dentist or hospital during the applicant's period of attendance at camp. I also agree to indemnify and hold harmless Anderson Woods, Inc., their Officers, Director and Staff harmless from any and all claims that may arise out of the applicant's attending Anderson Woods Camp. Permission is further granted to Anderson Woods to use any camp photo of this applicant in the promotion of the mission of Anderson Woods.

Signature of parent or legal guardian: _____ Date signed: ____ / ____ / ____ (Signature of camper if own legal guardian)
Print name: _____

THANK YOU FOR TAKING TIME TO HELP US BEST SERVE OUR CAMPERS. WE ARE EXCITED TO SEE YOU SOON! 😊