



Please print this application, answer all questions, sign and mail as soon as possible to ensure a spot for this coming summer. Please call, email, or text 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 2023 application. Camper spot(s) will not be reserved unless all items below have been met, including payment.

Financial Assistance: If needing financial assistance, please feel free to fill out the financial assistance application found on our website. Once we receive this along with your camper application we will be in touch via phone to discuss funding opportunities.

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 updated vaccination record and copy of Covid Vaccine card if available.
- Send payment for camp fees by check via standard mail in the amount of \$250/session or online payment through PayPal via our website in the amount of \$260 (additional charge for online transaction fee).
- 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 (Must Complete)

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	
COVID - 19 + Booster			

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

Emergency Numbers: Please provide three **reliable** contacts that can be called as needed in order of priority.

1.	Phone #: (____)_____ Cell: (____)_____	Relationship:
2.	Phone #: (____)_____ Cell: (____)_____	Relationship:
3.	Phone #: (____)_____ Cell: (____)_____	Relationship:

CURRENT MEDICATIONS TO BE TAKEN AT CAMP

PLEASE ENSURE YOU HAVE THE REQUIRED AMOUNT OF MEDICATION IN CONTAINER WITH THE CORRECT PHARMACY LABEL WITH THE CAMPER'S NAME AND THE NAME OF THE MEDICATION.

Name of Medication	Dosage	Time(s) given

***No non-pharmacy daily pill packs will be accepted under any circumstances.**

For administrative use at time of check in. Do not write in this box!

I am authorized to communicate the medical needs of the applicant, including dosing regimen for prescribed medications, and the above noted adjustments to the applicant's medications are current and correct to the best of my knowledge and belief.

Signature of representative: _____ **Date:** _____

Printed name: _____

Is it ok to give/perform the following for pain relief or in the event of emergency?

	Yes	No		Yes	No
Tylenol			Topical hydrocortisone		
Ibuprofen (Advil, Motrin, etc.)			Topical diphenhydramine (Benadryl)		
Benadryl pills			Triple antibiotic ointment (Neosporin)		
Tums			Finger-stick blood glucose (sugar) check		
Pepto-Bismol					

INSURANCE INFORMATION

PLEASE SUPPLY A LEGIBLE PHOTOCOPY OF ALL MEDICAL INSURANCE CARDS.

Family Medical/Hospital Insurance Carrier: _____ Group: _____
 Policy#: _____ Medicaid#: _____ Medicare# _____

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: ____/____/____

ADDITIONAL INFORMATION (MANDATORY)

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Any suggestions you may have for assisting the camper's transition to the camp are appreciated.

SESSION INFORMATION

It is possible that a camper can attend more than one session, but this will be based on needs and available space. In 2023 we are offering eight sessions, each beginning on Monday morning and ending on Thursday afternoon. The fee for each session is **\$250**. Sessions 2, 3, & 4 are for youth ages 7 – 17. Sessions 1,5, 6, 7 & 8 are for adults 18 and over. ***Dates subject to change based on date for start of summer break and number of youth campers.** If you are requesting only one session, please indicate your first and second choice. If requesting more than one session, please indicate all sessions desired.

Number of Sessions? ____	Youth	June 12-15		June 19-22		June 26-29			
	Adults	June 5-8		July 3-6		July 10-13		July 17-20	July 24-27

PAYMENT / REFUND POLICY

I, the undersigned parent or guardian of _____, understand that a camper session (s) is reserved once payment is received in full. Refunds will only be granted if Anderson Woods deems itself unable to provide camping services as a whole. No refunds will be made due to camper illness / injury (prior to or at camp), or for any other personal conflicts.

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

Payment Options:

- By Check or Money Order: All checks should be made payable to Anderson Woods, Inc. and mailed with the application to: 4630 Adeyville Road; Bristow, IN 47515. Fee paid by check is \$250.
- Online payment via PayPal on our website www.andersonwoods.org (Please note that there is an additional payment of \$10.00 for the PayPal transaction fee. Total fee if paying online is \$260.

Check here if receipt is desired

If the receipt should be sent to a different address other than what is previously listed on the application please provide the address here: _____

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 2023 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.

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

PICK UP AND DEPARTURE

- Arrival is 8:00 am Central Time Monday morning / Departure is 3:00 pm Central Time Thursday afternoon
- Please limit the number of people accompanying the camper during arrival and departure.
- If camper arrives early on Monday morning please remain in the parking area until our staff come and greet you and your camper. This is to ensure the staff are able to get fully ready prior to camper arrival.
- Please give the us a call or text if you are running late. (812.639.1079)

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! APPLICATIONS ARE DUE IN OUR OFFICE AS SOON AS POSSIBLE! WE WILL GET A CONFIRMATION PACKET SENT OUT WHEN YOUR APPLICATION HAS BEEN PROCESSED. 😊

DO NOT WRITE IN THIS BOX Payment Information:
Check # _____ \$ _____
PayPal Payment: \$ _____
Campership Granted \$ _____
of Session(s) Attending _____