



PARENTS' APPLICATION FORM

(Revised 3/2009)

Dear Parent, Guardian, Primary Care Provider:

The Rotary Clubs of Ontario, Seneca, Yates and Wayne Counties annually provide a cost-free summer camping experience for children with disabilities. Campers attend an overnight session of Rotary Camp Onseyawa at the end of August. The camp is held at Babcock-Hovey Boy Scout Camp in Ovid, NY. Camp Onseyawa serves campers between the ages of 8-16, with a wide variety of disabilities. This year's camp dates are August 17th-August 28th. Applications need to be postmarked by June 1st, 2009. All applications not returned by this date are subjected to a first come/ first served process.

For consideration by the Camp Selection Committee, a child must:

1. Be a resident of Ontario, Seneca, Yates or Wayne County, between the ages of 8 and 16 inclusive, as of August 1 of that year.
2. Have a handicap sufficiently severe to preclude admission to the average summer camp for children, but **NOT** involving:
 - a. Conditions requiring constant nursing care.
 - b. Communicable diseases in infectious stage.
 - c. Behavior constituting danger to self, others and/or property.
 - d. Acute illness (unless we have doctor's permission).
3. Be at least semi-ambulatory (use of wheelchair, braces, etc. is permissible).

Please keep a copy of this completed form for your records.

**** For parents who have completed forms in the past, you may notice that the application form has been revised. Please read over the instructions and questions carefully. Please answer every question completely if it applies to your child. Please sign **ALL** releases as necessary. Failure to do these things and to return forms promptly will result in delayed processing and possible refusal of the application. Please return the Parent, free lunch and Teacher Forms as soon as possible. We understand it may take longer for your physician to complete the medical form. ****

On the back of this page you will find a CHECKLIST of instructions for completing the application. Please be sure to do EVERY step -- this will speed up the processing of your child's application. Don't be shy about asking questions. Call the Camp Office (315-585-6323) or your local Rotary representative.

You will be notified regarding the committee's decision after all applications have been reviewed. You should receive notification via mail by June 30th. Thank you for your help. We hope to see you this summer.



CHECKLIST OF INSTRUCTIONS

- _____ 1. Complete "PARENTS' APPLICATION FORM", pages 1, 2 and 3.
- _____ 2. Complete the "Free lunch" form.
- _____ 3. Attach a recent photo of your child to the application.
- _____ 4. Send entire completed "PARENTS' APPLICATION FORM" in one of the self addressed envelopes. If you can not find the envelope mail the application to:

Rotary Camp Onseyawa
Sandy Ottley
PO Box 614
Geneva, NY 14456
315-585-6323

**** The application should be received no later than June 1st**

- _____ 5. Send the "STATEMENT OF TEACHER OR CASEWORKER" form to your child's teacher / case-worker. If they would like more information about Camp Onseyawa please contact the Camp Office.
- _____ 6. Make an appointment for a doctor's examination for your child as soon as possible. Give the "STATEMENT OF ATTENDING PHYSICIAN" form to the doctor to complete. If you think your doctor needs more information about Camp Onseyawa or has requested information please contact the Camp Office.

* If your camper(s) need medication(s) given while at camp, the medication(s) must come to camp in original container(s). The label must correctly state the medication, the dose and when it is to be given.

** If there are any changes in medication(s) after the medical form is sent in, we must receive them in writing (with a doctor's signature) prior to opening day of camp.

In order to give even over-the-counter medications at camp, a doctor's order is necessary. Please have the doctor indicate on the medical form any over-the-counter medications you would like your child to receive during camp.

Please remember that there are many people who are available to help you if you are having problems with any part of this application form. Don't wait until the last minute to find out the answers!!! If you have trouble, call the Camp Office or the Rotarian in your area.

ROTARY CAMP ONSEYAWA

Parents' Application Form

(Revised 3/2009)

PAGE 1

Child's Name _____ Soc. Sec. # _____
First M.I. Last

DOB ___/___/___ Age this Aug. 1 _____ Sex ___ Height ___' ___" Weight ___ Shirt Size _____

Address where child is living:

Address _____ City / Town _____ State _____ Zip code _____

County _____ Sponsoring Rotary Club _____

Name and relation of Guardian(s) _____
First Last Relation

Home Phone (____) _____ (____) _____ Email address _____
Mother Father

Work/Cell Phone (____) _____ Work/Cell Phone (____) _____
Mother Father

List all others living at this address _____

If child does **not** live with parents, give name and address of parents:

Name _____ Home Phone (____) _____

Street _____ Work Phone (____) _____

City/Town _____ Zip code _____

WE WILL NOT ACCEPT A CHILD WITHOUT TWO DIFFERENT PHONE CONTACTS. Please list name and phone number of an additional person we can notify in case of an emergency -- not a parent or legal guardian or the same phone as above:

Name _____ Phone (____) _____

Did your child attend Camp Onseyawa last summer? Yes No

If No, did child **EVER** attend? Yes ___ No ___ What was the most recent year? _____

Will your child attend any other camp this summer? Yes No

If yes, which camp? _____

Child's Doctor: _____ Hospital _____

Address - Street _____

City _____ Zip _____ Phone (____) _____

What is your child's Medical Insurance? _____ Policy # _____

What **school / agency** does your child attend? _____ Grade _____

Who is your child's social worker / caseworker? _____ Phone _____



Please write down a brief description of your child's disability including any behavioral problems and any special needs he/she may have, which will help in the staff's understanding of your child (*must be completed)

Does your child have seizures? Yes No

What date did the most recent seizure? _____

Describe a typical seizure. _____

On average, how many seizures does your child have per year? _____

Should your child have any activity restrictions at camp? Yes No

If yes, what do you recommend? _____

Are special rest periods, other than one in the afternoon, needed? Yes No

If yes, what do you recommend? _____

Does your child have any allergies or dietary restrictions? Yes No

If yes, what are they? _____

Does your child require a wheelchair and/or other special equipment? Yes No

If yes, what is it? _____

Is there special care required for this equipment? (We recommend that, unless absolutely necessary to the child's welfare, "fancier", more expensive equipment be substituted with rugged, expendable equipment during the two weeks)

Does your child have bedtime concerns? Yes No

If yes, what is it? _____

Other comments or information you would like the selection committee and the staff to have about the needs of your child (*must be complete)

Rotary Camp Onseyawa participates in the "U.S. Surplus Food Program" and does not discriminate by race, color, national origin, sex, age, religion, or disability.

The camp is licensed by the Seneca County Department of Health and is required to be inspected yearly. Inspection reports are on file at the Seneca County Health Department and at the Camp Office.

RELEASES: TO BE SIGNED AND DATED BY PARENT(S) OR LEGAL GUARDIAN

Camper's Name: _____

Parent(s) or Legal Guardian (Please Print): _____

A. I / we understand that the entire expense involved will be borne by the camp and that no charges will be payable by or for such child. In consideration of this, I / we agree to hold the camp and its staff blameless from any and all claims, such as, but not limited to, loss of, or damage to, camper clothing, personal articles, special equipment, and/or prosthetic devices.

Signature(s): _____ Date: _____

B. I / we also consent to allow the camp to use pictures and the name of my / our child for Public Relations.

Signature(s): _____ Date: _____

C. The health history is correct as far as I / we know, and the child described has my permission to engage in all prescribed activities, except as noted by myself (us) and/or the examining physician.

Signature(s): _____ Date: _____

D. I / We give permission for my / our child to engage in **regular/restricted** swimming activities under appropriate staff supervision (*Any restrictions should be indicated clearly on application*).

Signature(s): _____ Date: _____

E. In the event of an emergency, after every reasonable effort has been made to contact the parents or legal guardian and family doctor, I / we give my / our permission to the doctor, medical director or camp nurse selected by the camp director to provide whatever emergency medical treatment is needed.

Signature(s): _____ Date: _____

F. I / we give permission to the doctor whose name appears in the medical form and my / our child's teacher / caseworker to release the information presented in PART II of this application to the camp. I also give camp administrators permission to contact the doctor, teacher and/or caseworker for additional information if necessary.

Signature(s): _____ Date: _____

G. **I/Mr/Mrs** _____ **will** be picking up my child on the closing day of each week

Signature(s): _____ Date: _____
