



**Complete registrations & payment may be mailed to:**

Impact 2818 Outdoor Ministries  
Attn: Camp Registration  
301 Pennsylvania Parkway, Suite 300  
Indianapolis, IN 46280

## **REYOAD and Special Skills Registration Form**

Camp REYOAD is located in North Webster, IN at Epworth Forest Conference Center.  
Special Skills Camp is located in Springville, IN at Camp Indicoso.

**Guardians and prospective campers:** Please read this application carefully and fill in all blanks. Campers will not be enrolled if necessary information is withheld.

**Sponsorship:** Camp REYOAD and Special Skills Camp are sponsored by the Indiana Conference of the United Methodist Church, but enjoy ecumenical participation and leadership.

**Insurance:** All campers are provided with limited accident insurance while at camp.

**Medication:** All medications will be secured and dispensed by camp medical staff. All medications are to be in their original container and well-labeled.

**Registration deadline & fees:** The registration deadline is May 19, 2012. Full payment and a completed registration form (the 6 pages that follow) must be received by this date in order to attend. Impact 2818 Outdoor Ministries offers Early Bird registration discounts for those whose complete registration and payment are received on or before April 16, 2012. REYOAD campers are also asked to bring an additional activity fee of \$30.

### **REYOAD Criteria of Acceptance:**

- Campers must be 16+ years of age.
- Physically and mentally capable of participating in the program
- Free from psychiatric and psychological problems
- Socially capable of adjusting to group living
- Able to eat cafeteria food (no special diets)
- Non-smoking (Smoking is not permitted on the campground.)
- Must be independently ambulatory (much walking is done)
- Must be capable of self-care (toilet-trained, personal cleanliness, self-dressing, free from bedwetting)

### **Special Skills Criteria of Acceptance:**

- Campers must be 12+ years of age.
- Physically and mentally capable of participating in the program
- Free from psychiatric and psychological problems
- Socially capable of adjusting to group living
- Able to eat cafeteria food (no special diets)
- Non-smoking (Smoking is not permitted on the campground.)

**Scholarships:** Scholarships are available for campers with financial need. The application form may be downloaded from [BeACamper.com](http://BeACamper.com); or call the registrar at (888) 628-2818.

**Mail the completed 6 page form and full payment to:**

Impact 2818 Outdoor Ministries  
Attn: Camp Registration  
301 Pennsylvania Parkway—Suite 300  
Indianapolis, IN 46280

## Camper Information

Please circle the camp for which you would like to register; and fill out the payment information:

	<u>Early Bird rate</u>	<u>after April 16 rate</u>
Camp REYOAD - E6001 Epworth Forest Conference Center, June 10—15, 2012	\$435	\$465
Special Skills Camp - I6002 Camp Indicoso, June 10—15, 2012	\$410	\$440

Scholarship code: \_\_\_\_\_ Scholarship amount? \_\_\_\_\_ (ex. 33%, \$100, etc.)

Check enclosed: # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Visa    MasterCard    Discover

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration date: \_\_\_\_\_/\_\_\_\_\_

Please charge \$ \_\_\_\_\_ to the card listed above. Cardholder's signature: \_\_\_\_\_

*Please fill in all blanks and include a recent photo of the camper.*

Camper's name: \_\_\_\_\_

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Gender:    Female    Male

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: (cell? home? work?) (\_\_\_\_\_) \_\_\_\_\_—\_\_\_\_\_

Email address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicaid/Medicare #: \_\_\_\_\_

Church name: \_\_\_\_\_ Church city: \_\_\_\_\_

Does the camper have a legal guardian?    Yes    No

If 'yes' please list the guardian's name: \_\_\_\_\_

Relationship to the camper: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #:    (cell? home? work?) (\_\_\_\_\_) \_\_\_\_\_—\_\_\_\_\_

                  (cell? home? work?) (\_\_\_\_\_) \_\_\_\_\_—\_\_\_\_\_

Other emergency contact name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Phone #:    (cell? home? work?) (\_\_\_\_\_) \_\_\_\_\_—\_\_\_\_\_

Adult t-shirt size:    Small    Medium    Large    X-Large    2X-Large    3X-Large

Please include a brief family history related to your camper in the space below (attach additional paper as necessary).

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## Medical Information and Consent Form

Camper must have been seen by a physician within the previous 6 months of registration.

Camper's name: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Age: \_\_\_\_\_

Identified medical condition(s) or disability: \_\_\_\_\_

Primary care physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone #: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

Does the camper have allergies? Yes No

If 'yes' please list each allergy and reaction. Use additional page(s) if necessary.

\_\_\_\_\_

*(plants, prescription & non-prescription drugs, insects, foods, etc.)*

Does the camper have seizures: Yes No

If 'yes' please note the date of the last seizure: \_\_\_\_\_

Frequency/duration: \_\_\_\_\_

Please list any specific information regarding seizure activity. Use additional page(s) if necessary. \_\_\_\_\_

\_\_\_\_\_

Resuscitation Status—Please check the resuscitation status of the camper.

Full Code \_\_\_\_\_ No Code \_\_\_\_\_

Does the camper have a living will? Yes No

Is the camper an organ donor? Yes No

Insurance provider: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance contact phone #: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

### Medical Treatment Release

Is the camper emancipated with no guardian? Yes No

In the event of the camper's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for the camper to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the director and first aid staff. I understand that failing to disclose some medical conditions on the medical form may result in an inability of the camps to serve the camper. I agree to make arrangements to pick up the camper if indicated prior to the scheduled departure date and time. Also, I understand that pictures/video may be taken of the camper at camp and used for publicity purposes by Impact 2818 Outdoor Ministries.

Signature of guardian (or emancipated camper over the age of 18): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to camper? \_\_\_\_\_

## Health History

Camper's name: \_\_\_\_\_

*Please check all that apply and add any additional pertinent information as needed.*

<b>Disease/Disorder</b>	<b>Yes</b>	<b>No</b>	<b>Additional information</b>
Heart condition			
High blood pressure			
Asthma			
Diabetes			
Eye conditions			
Wears eye glasses			
Fainting			
Chronic respiratory infection			
Menstrual problems			
Constipation			
Athletes foot			
Stomach problems			
Sleepwalking			
Bedwetting			
Emotional outbursts			
Homesickness			

<b>Communication Status</b>	<b>Yes</b>	<b>No</b>	<b>Additional Information</b>
Verbal			
Non-verbal			
N-V but understands			
Uses signing			
Able to write			
Hearing is normal			
Hard of hearing			
Uses hearing aid(s)			
Unable to hear (deaf)			

<b>Ambulatory Status</b>	<b>Yes</b>	<b>No</b>	<b>Additional Information</b>
Walks alone			
Walks with assistance			
Uses cane/crutches			
Wheelchair dependent			

## Health History Continued

Camper's name: \_\_\_\_\_

*Please check all that apply.*

Self-care Status	Yes	No	Additional information
Independent (fully dresses, showers, toilets, and feeds self unassisted)			
Toileting requires assistance			
Showering requires assistance			
Mouth care requires assistance			
Wears dentures			
Eating requires assistance			

Are there any foods the camper should avoid?      Yes    No  
 If 'yes' please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Are there any activities the camper should avoid?      Yes    No  
 If 'yes' please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Does the camper have any special fears or concerns?      Yes    No  
 If 'yes' please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Is there any other information about the camper that might be helpful?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Immunizations

What was the date of the camper's last Tetanus shot?      \_\_\_\_/\_\_\_\_/\_\_\_\_

When was the camper's last TB test?      \_\_\_\_/\_\_\_\_/\_\_\_\_

### Hepatitis Status

When was the camper last screened for hepatitis?      \_\_\_\_/\_\_\_\_/\_\_\_\_

When was the camper vaccinated for hepatitis?      \_\_\_\_/\_\_\_\_/\_\_\_\_



## Activities Information Form

Camper's name: \_\_\_\_\_

**To parent/guardian:** If your camper has a school or workshop, please take this form to have the school or workshop personnel complete and return to you to be turned in with the rest of this registration form. If the camper does not participate in any activities outside the home, please note that on the line below, and still include this page when sending in the rest of the registration form. Thank you.

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**To workshop or activities director:** Please be thoughtful and candid.

Name of school or workshop: \_\_\_\_\_

Address: \_\_\_\_\_

Contact personnel (regarding the camper listed above): \_\_\_\_\_

Contact's phone #: (cell? home? work?) (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

How well or poorly does applicant participate in group activities? \_\_\_\_\_

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Any additional comments? (e.g. How does the applicant get along with others? Please list the applicant's hobbies, interests, unusual behaviors, fears, etc.) \_\_\_\_\_

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Signature of principal, director, or adult in charge: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_