

# Camp Star Application

Child's Name _____ Last First Middle
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Camp Dates: August 13<sup>th</sup> -18, 2023

Please return this application to: Jessica Smith 421 West High St. Painted Post NY 14870

**To attend Camp Star:**

1. A child must be a resident of a city or town that is funded by a Rotary club that supports Camp Star
2. A child must be between the ages of 6 and 12 years at the time camp begins.
3. A child must have a disability sufficiently severe to preclude attendance at another summer camp.
4. A child must be at least mobile with the use of a wheelchair, braces, etc.
5. A child must have an I.Q. sufficient to allow interaction with other individuals or groups.
6. The handicapping condition cannot:
  - a. Require constant nursing attendance.
  - b. Require regularly administered injections (Diabetics who administer their own insulin are accepted)
  - c. Involve rapidly progressive disorders
  - d. Involve urinary or fecal incontinence that is not managed
  - e. Be a communicable disease in the infectious stage
  - f. Present a threat or danger to other campers and/or staff
  - g. Have a behavior condition that is not managed by verbal redirection

**Please Print or Type**

Child's Name \_\_\_\_\_ SEX  Male  Female  
 Address \_\_\_\_\_ Birth date \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_  
 T-shirt size \_\_\_\_\_  
 Has this child attended Camp Star before? \_\_\_\_\_ If yes when? \_\_\_\_\_  
 Will your child be attending other camps during this summer? \_\_\_\_\_  
 If "yes", What other camps(s) will your child attend? \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_  
 Company \_\_\_\_\_ # \_\_\_\_\_

In an Emergency, please contact:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Cell or work (\_\_\_\_) \_\_\_\_\_ Cell or work (\_\_\_\_) \_\_\_\_\_

**Medical Information**

As soon as ALL forms are complete and returned to us, a decision will be made whether or not your child meets the eligibility criteria for Camp Star. The health examination form must be completed by you and the child's doctor.

What is your child's handicap or disability? (Please describe fully)  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child use: Wheelchair? \_\_\_\_\_ Crutches? \_\_\_\_\_ Braces? \_\_\_\_\_ Cane? \_\_\_\_\_

Does your child required the use of: glasses? \_\_\_ Hearing Aid(s)? \_\_\_\_\_  
Other medical device? \_\_\_\_\_

What assistance does your child need with daily activities (eating, dressing, toileting)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a problem with bedwetting? Never \_\_\_ Seldom \_\_\_ Frequently \_\_\_  
Comments: \_\_\_\_\_

What medicines(s) does your child take routinely? (A medicine consent form needs to be completed by the doctor.)

Med: _____	Dose: _____	Schedule _____
Med: _____	Dose: _____	Schedule _____
Med: _____	Dose: _____	Schedule _____
Med: _____	Dose: _____	Schedule _____

**Statement of Parental/Guardian Consent**

I believe that this child meets the general qualifications for admission to Camp Star. I hereby give my permission for his/her attendance at Camp Star. I further authorize the Camp Star Board of Directors and the Camp Staff to consult the attending physician named on the form concerning this child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

If this application is accepted, I understand that the entire expense involved will be borne by Camp Star and that no charges will be payable by or for such child.

In consideration thereof, the undersigned hereby:

1. Releases Camp Star, the Camp Star Staff, Directors, and sponsoring agencies from any and all claims for injuries suffered or sustained by the child going to or coming from Camp Star, while at Camp Star, or during encampment, and consents to hospital care if needed.
2. Gives permission to the Camp Director and Board of Directors to use the name and picture of my child in any publicity in the interest of the Camp.
3. Gives permission to the physician selected by the Camp Star Director or Camp Star Board of Directors to hospitalize, secure proper treatment and to order infection antibiotics or surgery from my child in the event of an Emergency in the event I cannot be reached.
4. I will supply all medications my child is taking as of the start date of Camp in prescribed bottles.
5. I give permission for my child to receive over the counter medications if his/her doctor approves
6. I give permission for my child to attend any off-site trips during the week of camp
7. I give permission for my child to receive bug spray and sunscreen as prescribed
8. I give permission for my child to swim during the week of camp supervised by staff and lifeguards

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_