



Easter Seals Tennessee Camp

2013

at **CAMP
WIDJIWAGAN**
JOE C. DAVIS YMCA OUTDOOR CENTER



Live • Learn • Work • Play

Since 1959, Easter Seals Tennessee has been committed to providing the highest quality recreation camping programs for youth with special needs. At Easter Seals Camp, we encourage our campers to **live and explore nature, learn to be independent, work and overcome fears and play to create memories in an inclusive camp program.**

All camp programs take place at beautiful Camp Widjiwagan, which is located at 3088 Smith Springs Road, Nashville, TN 37013. Camp Widjiwagan is a 120 acre camp property situated on the banks of J. Percy Priest Lake in the Nashville area. The property is fully accessible for youth of all abilities and is accredited by the American Camp Association. Please check out the Camp Widjiwagan website, www.campwidji.org, for photos and more detailed program information.

Day camp families may drop off their camper at Camp Widjiwagan each day or ride the air-conditioned buses from three area locations. Easter Seals trained staff supervise and entertain campers on the bus ride to and from camp. Overnight campers are dropped off at camp on Sunday afternoon and picked up on Friday afternoon.

Each camper is assigned a specially trained Easter Seals Counselor based on their level of need. The counselor ratio to camper is typically 1 to 3 with a limited number of 1 to 1 openings available. Easter Seals Day Campers are divided up by age and placed in groups with their typically developing peers. All Easter Seals campers eat in the air conditioned dining hall. There is a sandwich and salad bar as well as a hot entree. Special dietary concerns can generally be accommodated.

The zero entry pool and the lake are supervised by highly trained lifeguards. All campers are given a swim test on the first day of attendance. Those unable to pass the swim test are required to swim in the pool with a life jacket. All campers that go in or on the lake wear a life jacket.

The Health Lodge is staffed 24 hours a day with a Registered Nurse.

Typical Day camp schedule:

7:30- Bus departs
8:30- Front Porch singing
9:15- Swimming
10:30- Sailing
12:15- Lunch in the Dining Hall
1:15- Horseback riding
2:15- Arts and Crafts
3:45- Load buses
4:20- Buses depart camp
5:00- Bus arrives



Typical Overnight camp schedule:

8:00- Breakfast
8:30- Front Porch singing
9:15- Swimming
10:30- Sailing
12:15- Lunch
1:15- Horseback riding
2:15- Arts and Crafts
3:30- Soccer
6:00- Dinner
7:30- Dance party
10:00- Lights out



Live and explore nature
Learn to be independent
Work and overcome fears
Play to create memories

2013 Easter Seals Tennessee Camp Registration



Camp	Camp Fee	Actual Cost	Fee Deficit
Day	\$545	\$1,400	\$855
Overnight	\$850	\$1,400	\$550

Financial Assistance

The fee for a 2 week day camp session is \$545.00 and the fee for a 1 week overnight session is \$850.00. As illustrated above, the actual cost is much higher. Through grants and donations solicited throughout the year, Easter Seals is able to cover the fee deficit.

Thanks to generous donors, Easter Seals is able to offer limited financial assistance on a first come, first serve basis. To apply for financial assistance, please download an application at www.eastersealstn.com, or call 615-292-6640 ext 16, after Feb. 1st. Applications will be accepted after March 16th and are due no later than April 15th. If you would like to send a deserving child to camp you may make a tax deductible charitable contribution on line.

615-292-6640 ext 16
 615-251-0994 (FAX)
www.eastersealstn.com

Registration Fee If your deposit was paid by credit card, the balance due will automatically be charged on the date due unless payment in full has been received in the Easter Seals Camp Office. Final camp payment must be paid in full by the date below.

Payment Schedule

Overnight - May 13

Day Camp - Yellow & Green - May 1

Red & Blue - June 3

Purple - July 1

All changes and cancellations must be made in writing, either through the mail, fax or email to camp@eastersealstn.com. Cancellation of a session must be made before the payment due date.

Camper Health Form/MAR The health form (filled out by parent or guardian) is part of this registration brochure. This form is vital to the health and safety of your child while at Easter Seals Camp and is required to complete your child's enrollment. Overnight campers must complete an additional health form that requires a physician's signature. This form will be mailed after your registration is received at the camp office and is also available on our website, www.eastersealstn.com. Your camper will be unable to attend without a completed health form. The Medical Administration Record (MAR) is required for all day and overnight campers that require medication while attending camp. The MAR will be mailed after your registration is received at the camp office and is also available on our website.

Day camp deposit is nonrefundable without a doctor's authorized reason after February 28, 2013. Overnight camp deposits are nonrefundable without a Doctor's authorized reason after April 15, 2013.

If the session dates you are registered for do not work into your schedule, we will be happy to move your child into any available session for no additional fee. **Session dates and bus locations are subject to change.**

2013 Easter Seals Tennessee Camp Registration ages 8-18

Online registration available at www.eastersealstn.com

Camper Name: _____ Birthday ___/___/___ Gender ___ Grade (Fall 2013) _____

School _____ Family email address: _____ County _____

Camper Home Address _____ City _____ State ___ Zip _____

Do you have a family member in the military? Yes ___ No ___ Relation to camper _____ Branch _____

<p><u>Father's Information</u></p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p>	<p><u>Mother's Information</u></p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p>	<p>Camper lives with (X):</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Guardian</p> <p>Parents are:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widowed</p>
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Overnight Camp Rates and Dates

Session Name	<input type="checkbox"/> Red-1	<input type="checkbox"/> Red-2	
	Autism	Physical/Dev.	
Dates	June 23-28	June 30-July 5	
Session Fee	\$850.00	\$850.00	
1 on 1 Counselor	\$200.00	\$200.00	
Total fees due			
Deposit	-\$125.00	-\$125.00	
Total Balance			

Day Camp Rates and Dates

Session Name	<input type="checkbox"/> Yellow	<input type="checkbox"/> Green	<input type="checkbox"/> Red	<input type="checkbox"/> Blue	<input type="checkbox"/> Purple
Dates	May 27-31 & June 3-7	June 10-14 & 17-21	June 24-28 & July 1-5	July 8-12 & 15-19	July 22-26 & July 29-Aug 2
Session Fee	\$545.00	\$545.00	\$545.00	\$545.00	\$545.00
1 on 1 Counselor	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Bus	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00
Total fees Due					
Deposit	-\$100.00	-\$100.00	-\$100.00	-\$100.00	-\$100.00
Total Balance					

<p>Payment: <input type="checkbox"/> Deposit Check Enclosed</p> <p><input type="checkbox"/> Pay by Debit/Credit Card</p> <p>Camp Staff will call for card information once the registration is received.</p>	<p>Pick up Authorization:</p> <p>Please list adults authorized to pick up your child in your absence.</p> <p>1) _____</p> <p>2) _____</p>
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Day Camp Transportation:

Please indicate with (x) a desired bus location (\$90.00 per session):

Brentwood-Granny White Park
 (Departs 7:45am - Arrives 5:00pm)

Green Hills-Woodmont Christian Church
 (Departs 7:50am - Arrives 5:00pm)

North Rutherford-YMCA
 (Departs 8:00am - 4:45pm)

Health History (This form is required for Camp Registration.)

Nature of Disability please indicate (x) all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Asthma | <input type="checkbox"/> Attention Deficit Disorder/ADHD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Developmental Disorder | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Fragile X | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Heart, Circulatory, Respiratory Defect |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech Language/Voice Dysfunction |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | | |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Social/Psychological |
| | <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Paraplegic <input type="checkbox"/> Other | |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Other disability _____ | |
| <input type="checkbox"/> Partial <input type="checkbox"/> Other | | |

Emergency Contact: (non-parent) REQUIRED:

Name: _____ Relationship to Camper: _____ Preferred Phone: _____

Name: _____ Relationship to Camper: _____ Preferred Phone: _____

Is there any reason to restrict the camper from any camp activity? Yes No

If yes, please explain: _____

Does the camper have any health concerns? Yes No

If yes, please explain: _____

Are all immunizations up to date? Yes No Date of last Tetanus shot: _____

Please list all known allergies (food, medication, other): _____

Does the camper have any dietary restrictions? Yes No

If yes, please explain: _____

Does the camper take any medications on a regular basis, either prescribed or over-the-counter? Yes No

If yes, please explain: _____

The Health Lodge stocks a wide variety of over-the-counter (OTC) medications. Please list any OTC medications the camper CANNOT have: _____

Insurance Information

(Easter Seals Tennessee Camp and Camp Widjiwagan do not carry accident or sickness insurance for participants.)

Insurance Company & Address: _____

Policy Number: _____ Group Number: _____

Name of Insured: _____ Policy Holder Insurance ID Number: _____

Preferred Hospital: _____ Phone Number: _____

Name of Primary Physician: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Would you like to be contacted by the camp nurse prior to your session? Yes No

Parent/Guardian Authorization

As the parent or guardian of the camper whose name appears above: I approve this registration and give my permission for the camper to participate in all planned camp activities (except as may be noted on this registration). In consideration of the camper named above being allowed to participate in the activities and programs of Easter Seals Tennessee and the YMCA of Middle Tennessee ("YMCA") and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge Easter Seals Tennessee and the YMCA and its officers, agents, employees, volunteers, representatives, directors and all others from any and all responsibility or liability for injuries or damages resulting from the camper's participation in such activities or programs (including transportation to and from the camp and including off-site trips) or use of such facilities, equipment or machinery. I have completed the attached Health History Form.

I agree that Easter Seals Tennessee and the YMCA may photograph or videotape the camper, and Easter Seals Tennessee and the YMCA may use these photographs or video footage for its marketing purposes. I release Easter Seals Tennessee and the YMCA from any claim or liability related to that use, and waive all claims against the individual staff persons, Easter Seals Tennessee and the YMCA of Middle Tennessee. I understand Easter Seals Tennessee and the YMCA is not responsible for lost, stolen or damaged personal items. I agree to follow camps policy on camp payments, the cancellation policy and the camper discipline policy.

In case of accident or illness, I authorize Easter Seals Tennessee and the YMCA to secure emergency medical treatment for the camper named above. I understand that Easter Seals Tennessee and the YMCA will attempt to contact me as promptly as possible during such an emergency. I hereby give my permission to the medical personnel selected by Easter Seals Tennessee and the YMCA to order X-rays, routine tests and treatment, and to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Easter Seals Tennessee and the YMCA to secure and administer treatment, including hospitalization of the camper named above. I understand the related expenses for this medical attention will be my responsibility. The health history is correct and complete as far as I know, and the camper named above has my permission to engage in all camp activities except as noted. This completed form may be photocopied.

Signed: _____ Printed: _____ Date: _____

Camper's Care Information

Mobility Walks Uses walker Uses wheel chair, can propel/drive self Yes No

Transfers No assists needed Needs assistance

(explain): _____

Assistive Devices None AFO's Glasses Hearing aid Helmet Other: _____

Communication None serious difficulties expressing thoughts or wants Has difficulties

(explain): _____

Uses sign language Uses a communication device (what kind): _____

Eating No assistance needed Needs assistance (explain): _____

Diet Normal Blended/Pureed Diabetic Food allergies (list): _____

Special-please attach a list of special diet so we can determine if we can meet your needs

Bowel Control No assistance needed Incontinent Needs assistance/schedule: _____

Aids used None Catheter Disposable undergarments Other: _____

Dressing No assistance needed Assistance needed (describe): _____

Washing/Showering No assistance needed Some assistance needed (describe): _____

Total assistance needed (describe): _____

Sleeping Typical sleeping habits Has trouble going to sleep Has nightmares Sleep walks

Special bedtime routines: _____

Usual bedtime: _____ Usual wake up time: _____

Individuals 16 or older may sleep on the upper bunk with parent or guardian's permission. To give your camper permission to use the upper bunk, please initial here: _____

Camper's Social Background

School _____ Grade level _____

Can the camper read? Yes No

Can the camper write? Yes No

Does the camper have any special behavior problems? Yes No

If yes, please describe _____

When do behavior problems occur? _____

Describe effective methods to control difficult behaviors: _____

Please list any fears the camper may have: _____

Please list any activities the camper dislikes: _____

What hobbies or activities does the camper enjoy at home or school? _____

Please add any information you feel would be helpful in providing the best experience for the camper while at camp:



Open House

A great way to get acquainted with the Easter Seals Director and Staff, ask questions and take a tour of Camp Widjiwagans beautiful facilities is to attend an open house. Some of camp's most popular activities will be open for your family to enjoy.

APRIL 7 1-4 PM

Registration

Fax (615) 251-0994

Mail Easter Seals Tennessee Camp
3011 Armory Drive, Suite 100
Nashville, TN 37204

Web www.eastersealstn.com

"Easter Seals Camp transformed my son. He left home painfully shy and with a low energy level, and returned home with a new disposition and outlook on life. Thank you Easter Seals!"
—Deborah Harris

**Would you like to make a donation to help someone attend a camp?
Visit www.eastersealstn.com
and select donate.**



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