



## 2025 CAMPER APPLICATION FORM

Please complete this form and the attached Camper Care sheet with as much detail as possible. This information will help the staff care for your camper to the best possible standard. The information **MUST** be updated each year as Camper's needs do change. When you fill this in, please think about the instructions that you would give to someone new who would be caring for your Camper from the time your Camper wakes up in the morning until they are in bed at night. You can also send a video giving examples of how you care for your Camper (ie. feeding, positioning in wheelchair / bed, communicating, etc.) if you choose to do so. Also, please remember that we hire new staff every year so there may not be someone around who has worked with your Camper before.

**Date of Application:** \_\_\_\_\_

### SECTION 1: Camper Information

Full Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: MALE  / FEMALE   
 Please note, your Camper's Gender selection will be used to determine your Camper's cabin assignment (ie. all male cabin or all female cabin).

Has this person ever been to overnight camp before?  YES  NO

Where: \_\_\_\_\_ When: \_\_\_\_\_

### SECTION 2: Camper Disability Information

Primary Diagnosis: \_\_\_\_\_ Age of Onset: \_\_\_\_\_

Disability Background Information - Please check all that apply:

**Communication**

- Speaks Clearly
- Uses Sign Language
- Speaks, but may be difficult to understand
- Uses communication board or iPad
- Gestures

**Sleeping**  Uses bedrails  Uses CPAP machine

**Vision**

- Normal
- Total Loss
- Wears Corrective Lens

**Hearing**

- Normal
- Total Loss
- Wears Hearing Aids

**Mobility**

- Walks entirely independently
- Walks with assistance
- Walks with cane, crutches, walker
- Wheelchair  
     \_\_\_\_\_ Manual / \_\_\_\_\_ Power
- Uses ankle and foot orthotics ("AFO")

Camper Name: \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name

**SECTION 3: Camper Personal Care**

**Please complete the following section in its entirety.**

TASK	INDEPENDENT	REQUIRES SOME ASSISTANCE	DESCRIBE REQUIRED ASSISTANCE
Dressing			
Showering			
Toileting			
Bladder Control: ___ Normal ___ Has accidents ___ Incontinent ___ Wets Bed Bowel Control: ___ Normal ___ Has accidents ___ Incontinent ___ Colostomy Toileting Aids Used: ___ Diapers ___ Bedpan ___ Urinal ___ Toilet Chair			
Teeth Brushing			
Shaving			
Menstruation			
Transferring			
Eating			Please list any adaptive devices used:

Does Camper have difficulty swallowing (describe)? \_\_\_\_\_  
 Does Camper have any known food allergies (describe)? \_\_\_\_\_

**SECTION 4: Parent / Legal Guardian / Emergency Contact Information**

Mother's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Emergency Contact No. 1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact No. 2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 5: Parent / Guardian Report**

Give a description of your Camper, including any specific care needs that are not covered on the attached Camper Care Sheet. Please give as much detail as possible.

Describe your Camper's likes and dislikes (include anything that may upset or anger them):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your Camper's favorite activities:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Camper Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Describe any particular daily routines (ie. reading a story before bedtime):

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Describe any particular clothing preferences your Camper has (ie. always wears an undershirt):

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List any special equipment your Camper will bring to Camp:

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Does your Camper sleep through the night? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your Camper get up and move about in the middle of the night (ie. bathroom, drink of water) \_\_\_\_\_ YES \_\_\_\_\_ NO

Any other information about your Camper that will be helpful for Camp Staff:

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Camper Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

## SECTION 6: Shady Oaks Camp Waiver and Release Form

**As a condition of participation in the Summer Camp Program at Shady Oaks Camp, this Camp Waiver and Release Form must be completed and signed by the Camper's Parent or Legal Guardian and returned to Camp, PRIOR to a Camper being accepted for participation at Camp.**

**Please initial each statement below indicating your understanding and acceptance of the terms therein.**

Initial: \_\_\_\_\_ On behalf of my Camper, I acknowledge that a wide variety of activities will be conducted at Camp, including swimming, nature walks, and off-site field trips (which may require bus transportation). I acknowledge that some of the activities may subject my Camper to certain stresses and hazards, not all of which can be foreseen. On behalf of my Camper, I desire and consent to my Camper taking part in all such activities, unless I have specifically indicated in writing prior to my Camper attending the Summer Camp Program.

Initial: \_\_\_\_\_ I acknowledge and assume all risks incident to the nature of the activities to be conducted at Camp and I agree that neither Shady Oaks Camp for People with Disabilities, nor any of its employees, volunteers, representatives, Directors or Officers shall be held responsible for any damages or injuries resulting to my Camper as a participant in the Summer Camp Program.

Initial: \_\_\_\_\_ I hereby grant permission for my Camper to attend all Summer Camp Program field trips and consent to the use by Camp of third-party transportation services to transport my Camper to and from such field trip locations.

Initial: \_\_\_\_\_ I hereby grant permission for Camp Medical Staff to administer medical attention in case of need, including admission to the hospital for care should this be necessary. It is understood that I am responsible for any such medical or hospital expenses that may be incurred as a result of my Camper's illness or injury while my Camper is participating in Camp's Summer Camp Program. In furtherance of same, I agree to provide Camp with a current copy of my Camper's insurance card to be maintained in my Camper's Participant File.

Initial: \_\_\_\_\_ I have been advised by Camp that Camp currently uses Silver Cross Hospital in New Lenox, Illinois and its affiliated clinics and providers for emergency medical treatment. I acknowledge that it is my responsibility to confirm that Silver Cross Hospital is an in-network provider under any health insurance policy covering my Camper and that I am personally liable for all costs incurred in treating my Camper. Should a medical emergency occur involving my Camper, I acknowledge and agree that my Camper will be transported to Silver Cross Hospital in New Lenox, Illinois and that either I, or one of the Emergency Contacts listed in my Camper's Application paperwork, is required to meet Camp Representatives and my Camper at the hospital.

Initial: \_\_\_\_\_ I acknowledge and agree that the Executive Director has the sole and absolute discretion to deny admittance to Camp to any Camper who arrives for his/her Camp Session with an existing illness, bedsores, or injury. To the extent that my Camper is accepted for admittance to his/her Camp Session with an existing illness, bed sore, or other injury, I hereby authorize Camp to take photographs of the bed sore or other injury to be maintained in my Camper's Participant File.

Initial: \_\_\_\_\_ I agree to disclose any accident, illness, or surgery that my Camper has experienced or undergone to the Executive Director and the Medical Staff before and after this Application has been completed prior to my Camper attending Camp. In furtherance of my assumption of risk stated above, I agree to hold Shady Oaks Camp for People with Disabilities, its employees, volunteers, and representatives, Directors or Officers harmless for any complications arising from said accident, illness or surgery.

Initial: \_\_\_\_\_ I hereby consent to the use of any film/photographs/videos taken during the Summer Camp Program that includes my Camper's likeness, whether for advertising, social media, promotion, and/or publicity purposes by Camp and hereby waive all claims for compensation of any sort for such use.

Initial: \_\_\_\_\_ I understand and agree that neither Shady Oaks Camp for People with Disabilities, nor its employees, volunteers, representatives, Directors or Officers are responsible for any loss or damage to the personal property and possessions of my Camper and I have been specifically advised NOT to send anything of value with my Camper to Camp. Further, I have been advised that cell phones, tablets, video game systems, and/or other electronics are not allowed during Camp activity time unless otherwise approved by the Executive Director in writing, in advance, and that these items may only be used during break time or other approved times.

Initial: \_\_\_\_\_ I understand and agree that if my Camper is unable to attend his/her paid Camp Session, or if my Camper must leave Camp prior to the end of his/her paid Camp Session, NO REFUND OR FUTURE CREDIT WILL BE GIVEN.

Camper Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Initial \_\_\_\_\_ I specifically represent and warrant to Shady Oaks Camp for People with Disabilities and to its employees, volunteers, representatives, Directors and Officers that my Camper is **NOT** aggressive or violent and that he/she does not pose a threat or danger to him/herself or others. I understand that if my Camper hits, kicks, punches, throws items, or in any way endangers his/herself or others while at Camp, or is deemed unmanageable by the Executive Director in his sole and absolute discretion, my Camper will be required to leave Camp immediately and I agree to pick up my Camper upon notice from Camp of his/her expulsion. If my Camper is expelled from Camp, I understand and acknowledge the no refund will be given.

By signing below, I represent and warrant that I have read and fully understand the Camp Program details, the Application and all forms related thereto, that any questions or concerns that I may have or had have been answered to my satisfaction, that all information provided in this Application, the Health History Form, and the Camper Care Sheet is true, complete and accurate, and that Shady Oaks Camp for People with Disabilities and its employees, volunteers, representatives, Directors and Officers have the full right and authority to rely on the information provided. I understand that Shady Oaks Camp for People with Disabilities reserves the right to reject any inaccurate or incomplete Application and deny admittance to the applicable Camper.

Signature of Parent / Guardian \_\_\_\_\_

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