711	
ZA 1	17



	2017
Date Received:	
Amount Received:	

# **Special Camps Camper Application**

<u>Fee</u>	Camp Session	Dates and Location	<u>Directors</u>	Contact Information
\$250	Special Camp Fall Retreat (Ages 45+)	November 7-10, 2019 The Lodge	Allison Reed Brian Autry	40 Myers Circle Odenville, AL 35120 205-908-0022 allisonreed811@gmail.com

**PLEASE MAKE CHECKS PAYABLE TO ES	5G F	OUNDA	MOLL
------------------------------------	------	-------	------

Camper	Inform	ation
--------	--------	-------

First Name	Last Name	Preferred Name	Age	Sex
Address		DOB	T-Shirt Siz	e e
City/State/Zip		Phone 1	Phone 2	

#### **Parent/Guardian Information**

First Name	Last Name		Email ( <b>Required</b> )	
Address			Relationship to Campe	r
City/State/Zip			Phone 1	Phone 2
Group Home Contact Person	on	Email	Phone 1	Phone 2

#### **Waiver and Consent**

Photos of camper may be posted on the ESG Foundation, Inc. website, social media platforms, publicity brochures, video and other media for this organization. No camper will be named if images are used.

I recognize the inherent risk of injury there can be in all activities. I understand that each participant must assume the risk that could result from these activities. I hereby agree to release the ESG Foundation and its directors, staff, or volunteers from any liability, claims, demands, legal suits or activities, and further to indemnify them for any losses resulting from any suit brought in my name or on my behalf.

I understand that Sumatanga is a drug-free, alcohol-free, and firearm free facility. I further understand that specifically with regard to the ESG Special Camps program, alcoholic beverages, illegal drugs, guns, knives, and any other type of weaponry are not allowed.

I understand that the ESG Foundation Special Camps program is a Christian camp and retreat ministry and as such sets standards for behavior and dress that are designed to promote Christian integrity and respect.

Signed _		Date	
<b>C</b> –	(Parent, Guardian, or Responsible Adult)		

# **General Information**

Describe your camper's disability.

Has your camper been away from been away from home before? If yes, please explain.
Does your camper live in a group home? If so, which one?
Has your camper been to Camp Sumatanga before? If yes, please explain.
Has there been experience in other camp or retreat settings? If so, has your camper been asked not to attend a camp setting?
How does your camper interact with others?
What type of activities does your camper enjoy?
Describe any behavioral concerns (i.e. pinching, hitting, biting, spitting, etc.). Does your camper have a behavioral plan? If so, please attach a summary.
Is your camper violent or verbally aggressive in any way in times of distress or fatigue? Please describe.
What suggestions do you have that may help make this camp experience more enjoyable for your camper?
Skills Information
What is your camper's physical activity on a regular basis?
Describe any physical limitations.
Describe your camper's sleep habits. What time do they go to sleep and wake up?
Describe any communication barriers. Is your camper nonverbal or hearing impaired?
Does your camper need assistance with toileting or on a toileting schedule? Does your camper wear incontinence underwear or pads during the day or at night?
Does your camper need assistance showering or grooming?
Can your camper feed themselves or do they need assistance?

## **General Health Information**

Describe any physically handicapping co	onditions. Is your camper able to walk independently or do they need assistance by
a person or device? Please explain.	
Does your camper have any allergies to	medications, food or environment?
Does your camper use any form of tobac	co? If yes, please explain.
Is the camper diabetic? Does your camp on an insulin pump?	er check blood sugars regularly? Does your camper take insulin? Is your camper
Does your camper have seizures? If so,	when was the last seizure? How do caregivers respond to your camper's seizures?
Describe any diet restrictions/instruction	s. Is your camper gluten free, vegetarian, vegan, or sugar free?
Waiver and Consent	
Participant's Name	
authorized medical representatives to might be required for the above nam disabilities participation in the ESG Foshall include, but not be limited to, exother procedures, etc.  Reasonable efforts will be made to comajor surgery, but the inability to codeemed necessary to protect the life at I also understand that ESG Foundation For and in consideration for said agree hold harmless the ESG Foundation, the from all claims, damages and causes of undersigned, their heirs, executors, adiabove procedures.	medical insurance coverage for a participant will not exceed \$2,500.00. In ments, the camper and the undersigned hereby release, acquit and agree to neir medical representatives and all other persons, firms, and corporations of action of whatever nature which may accrue to the said participant or the ministrators and legal representatives and assigns, arising out of any of the
Signed	Responsible Adult)
(Parent, Guardian or	Responsible Adult)
*Please attach a copy of the Parmedical/hospital insurance coverage	rticipant's Health Insurance Card. Participant's health/accident,
Carrier	Policy or Group No
Medicare No.	Medicaid No
*** The Compan Physical E E	m. Preservintian Medication Form, and Over the Counter Medication

\*\*\* The Camper Physical Exam Form, Prescription Medication Form, and Over the Counter Medication Form will be sent to applicant AFTER the Camper Application is completed, signed, and received by Camp Director. These forms are REQUIRED to attend camp.

Special Camps
Camper Application

# \*\*Below is some important information to know before you journey to Sumatanga for your Special Camp session! Please keep this information (pages 4 and 5) with you for future reference.

#### **2019 CAMP THEME:**

The camp theme for 2019 will be "Journey to Bethlehem" with a Christmas focus. Events, activities, skits, and devotionals will be centered on Biblical stories and lessons related to this theme.

#### OPEN AND CLOSING TIMES

Registration opens on Thursday at 4:00 p.m. in Greene Auditorium. Close and Pick Up will be at 12:30p.m. following lunch.

#### **OUR VISION**

Our vision is to bring joy and enrichment to the lives of special needs individuals and their loved ones.

#### WHY THERE ARE SPECIAL EVENTS?

We believe these events meet the social and spiritual needs of individuals who may not be met in any other way. We want the people to share the wealth of natural and human resources at Special Camps. All people grow in feelings of self-worth and love for others through small group relationships. Some families need respite from their constant and heavy responsibilities.

#### WHO MAY BE ENROLLED?

Individuals with intellectual disabilities who can readily participate in group experiences are invited to enroll. The age overlap has been included to allow for choice of event. Individuals should be ambulatory with good toileting skills. Individuals are welcome at Special Camps without regard to race, nationality or creed. Individuals with severe problems or handicaps will be enrolled at the discretion of the Special Camps Committee.

#### **SCHOLARSHIPS**

Scholarships are available to participants based on need. Please contact appropriate Special Session Director for more information.

#### WHAT TO BRING

Twin size sheet set, sleeping bag, blanket, pillow and pillowcase, towels, robe/cover-up, washcloths, soap, toothbrush, toothpaste, comb, brush, and other personal articles, rainwear, comfortable shoes (including 1 pair of rubber-soled shoes), sport socks (more than 1 pair per day), laundry bag, flashlight, insect repellent (non-aerosol), flip-flops (shower shoes), cap or hat; men need a belt, Bible

### WHAT NOT TO BRING

Radios, CD or MP3 players, phones, tablets, computers, food/candy, drinks, money

#### **VISITORS**

**Visitors MUST be cleared with the directors ahead of time.** Guests MUST go by the Camp Office to sign in when coming on the grounds.

#### **DRESS CODE**

No clothing that is immodest or that displays offensive language or images. For females: no short shorts, no bare midriffs, no halter tops or spaghetti straps. For males: no sagging pants, and shirts must be worn at all times unless at the pool or playing water games.

#### **FACILITIES**

#### The Lodge

The Lodge facilities at Camp Sumatanga will be utilized for the Fall Special Camp Retreat. Facilities are air-conditioned or heated. There will be two persons with a counselor per room. The youth will sleep in a two-story wing.

#### **DIRECTIONS**

#### From Huntsville

Head South on AL-53 S/US-231 S Turn left onto AL-74 E/US-278 E

Slight right onto Co Rd 41

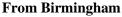
Slight left onto AL-132 E/Main St. Continue to follow AL-132 E

Turn right onto Tumlin Gap Rd

Turn right onto Gallant Rd

Turn left onto Camp Sumatanga Rd/Sumatanga Rd

Destination will be on the right



Take I-59 North from Birmingham to exit 166 (Ashville/Oneonta exit).

Turn North (left) on Hwy. 231. Travel 3.5 miles.

Turn right on Co. Rd. 35. Travel 3.4 miles.

Turn right on Co. Rd. 44 (Sumatanga Road). Travel 1.7 miles.

Turn left into the Sumatanga Retreat Center.

#### CAMP SUMATANGA CONTACT INFORMATION

Camp Sumatanga, 3616 Sumatanga Rd., Gallant AL 35972, 256-538-9860, www.sumatanga.org

We are so glad you have decided to enjoy a week of fun and fellowship with us! We look forward to seeing all of you!

\*\*PLEASE VISIT THE CAMP SUMTANGA WEBSITE AT <u>WWW.SUMATANGA.ORG</u> FOR THIS INFORMATION AND MORE!!

