

# 2010 Registration Form

Camper Name (First) _____ (M.L.) _____ (Last)	
Camper Address	City State ZIP
Is Camper a Resident of a Group Home Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone Number (please circle one) Home Group Home	Contact Person's Name for Group Home Email Address
Camper's Date of Birth	Age Female <input type="checkbox"/> Male <input type="checkbox"/>
Name (please circle one) Parent Guardian	Email Address:
Street Address (please circle one) Parent Guardian	City State Zip
Evening Phone (please circle one) Parent Guardian	Daytime Phone/Cell Phone
Camper's Church Affiliation	Name of Church Church City

## Camp

<b>First Choice</b>	Camp #	Camp Dates
<b>Second Choice</b>	Camp #	Camp Dates
Does camper have a room mate request _____		

Representatives of the camp may record, by video, photographer or other means of reproduction, the Camper's name, voice, image and physical likeness, and may use any such recorded matter for promotional purposes without further consent.

Participant's Signature \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

<b>Payment Information</b>	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check (payable to: Wisconsin UMC Camps)	Payment Amount \$ _____
Credit Card Number	Expiration Date	
Card I.D. # (last three digits on signature strip on back of card)		
Print Cardholder Name and Address	Cardholder Signature	
Name and address of another person who must receive notification of camper confirmations		

**IMPORTANT: WI UMC Camps require first year campers and campers who have not attended for the past 3 years to include three reference letters for registration.** References may be provided by teachers, supervisors from places of employment or sheltered workshops, doctors, psychologists, or therapists. Please list the name, address, and telephone number for each reference. **If you do not provide reference letters your registration will be delayed until reference letters have been submitted. Guidelines for admissions may be found at [www.WIUMCamps.org/specialneedsamps.html](http://www.WIUMCamps.org/specialneedsamps.html)**

**COMPLETE ENTIRE FORM AND MAIL WITH FULL PAYMENT TO CAMPING OFFICE**

United Methodist Camps  
PO Box 620  
Sun Prairie, WI 53590



**WAIVER AND RELEASE AGREEMENT**

**ASSUMPTION OF RISK FOR CAMP ACTIVITIES.** The Camper has my permission to participate in camp and retreat activities, including swimming and other water activities, canoeing, hiking, ropes courses, horseback riding, rock climbing, campfires, outdoor games, athletic competitions, transportation to and from camp facilities, meals and other activities. ***THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.***

**WAIVER AND RELEASE.** The Camper and I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. ***THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.***

**DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY**

_____	Participant's Name (Printed)
_____	Participant's Signature
_____	Participant's Date of Birth
Date: _____	Date: _____

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## Confidential - Activities of Daily Living

**Daily Living Skills** Please provide the following information regarding the skill level and one-on-one time needed with the camper you are registering. Please describe specific needs for each skill. Your cooperation will help us provide higher quality care for the participant.

Skills	Independent	Reminders	Physical Guidance	Special Assistance	Time allowed
Showering					
Washing body					
Washing hair					
Brushing teeth					
Shaving					
Dressing					
Undressing					
Toileting					
Meal assistance					

Reading	<b>yes</b>	<b>no</b>	
Writing	<b>yes</b>	<b>no</b>	
Dietary needs	<b>yes</b>	<b>no</b>	Please attach dietary plan used at home/group home
Other	<b>yes</b>	<b>no</b>	

### Seizure

\_\_\_ N/A    \_\_\_ Grand Mal    \_\_\_ Petit Mal    Frequency \_\_\_\_\_

### Diabetic

Is camper Diabetic?    \_\_\_ yes    \_\_\_ No

Does camper require insulin?    \_\_\_ yes    \_\_\_ No

Can Camper administer their own insulin?    \_\_\_ yes    \_\_\_ No

### Communication:

\_\_\_ Speaks Clearly    \_\_\_ Speaks with difficulty    \_\_\_ Non Verbal  
 \_\_\_ Understands conversations    \_\_\_ ASL    \_\_\_ Signed English

### Disability of participant: (Please check all that apply)

\_\_\_ Mildly Disabled    \_\_\_ Moderately Disable  
 \_\_\_ Manual Wheelchair    \_\_\_ Electric Wheelchair  
 \_\_\_ Deaf    \_\_\_ Hard of Hearing  
 \_\_\_ Cane    \_\_\_ Crutches    \_\_\_ Walker

## Confidential - Activities of Daily Living

### Daily Living Skills, continued

#### Other information about camper:

\_\_\_ Wears eyeglasses    \_\_\_ Wears contact lenses    \_\_\_ Sleepwalks  
 \_\_\_ May wander    \_\_\_ Incontinent/wears dependable pads

#### List of Medications (please add additional pages if necessary)

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

#### Please answer the following questions; use additional paper as needed.

By answering questions honestly and completely, camp staff will have a much better opportunity to make your campers stay the best it can be.

How does the participant interact in groups? \_\_\_\_\_  
 \_\_\_\_\_

Please describe any behaviors participant has exhibited in new or stressful environments \_\_\_\_\_  
 \_\_\_\_\_

What activities, events or situations frustrate, agitate, or excite camper?  
 \_\_\_\_\_

How are the above situations most effectively handled? \_\_\_\_\_  
 \_\_\_\_\_

Is the participant prone to sudden, dramatic, or violent behaviors? \_\_\_\_\_

If so, what situations seem to precipitate those behaviors? \_\_\_\_\_  
 \_\_\_\_\_

Please attach any intervention plan implemented at home or work.

In what hobbies is the participant interested? \_\_\_\_\_  
 \_\_\_\_\_

*(All fishing enthusiasts must have a valid license in their possession to fish at camp.)*

Does the participant have an animal allergies? \_\_\_\_\_

Does the participant fear animals? Please list \_\_\_\_\_

Is there any other information that we should know about your camper?  
 \_\_\_\_\_

To the best of my knowledge, all information on this registration form is complete, correct, and accurate. ***I understand that the camper may be sent home if unable to care for own basic daily living needs.***

Signature: \_\_\_\_\_

Camper/Parent/Legal Guardian (please circle one)

United Methodist Camping Office  
Wisconsin Conference  
750 Windsor St  
PO Box 620  
Sun Prairie, WI 53590-0620



# **Special Needs**

## **Wisconsin**

### **United Methodist Camps**

# **SUMMER 2010**

## Location and Directions

**Pine Lake** is located between Portage and Stevens Point, 7 miles northwest of Westfield. The new retreat center is air conditioned and completely handicapped accessible. Swimming areas have sandy beaches and trails extend around the lake for hiking. Wheelchair accessibility is limited, but the beachfront boardwalk and paved roads extend throughout camp for easy access. The nature center is accessible by boardwalk and houses a large variety of wildlife displays and live animals.

W8301 Cty M, Westfield, WI 53964  
1-800-648-9630 (toll free) or 1-608-296-2720. Fax 1-608-296-4188  
Email: PineLake@WisconsinUMC.org

### Directions to Pine Lake

Exit Hwy 39/51 at Westfield and go west on Cty E. Take Pioneer Park Rd to the right (first right after going under I-39 overpass). At the first stop sign, turn north (right) on Cty M/CH. About 3/4 miles north of the stop sign, Cty M turns west. Follow Cty M for 7 miles to Pine Lake.



***Be a Hero,  
Be a Friend***

Christian camping provides an opportunity to reflect on our relationships with God, each other, and God's creation. Wisconsin United Methodist Camps offer several Adult Special Needs Programs for adults ages 21 and up. We offer a mixture of fun activities and opportunities for spiritual and personal growth. Our Special Needs Programs have been developed to best meet the needs and interests of each camper.

## Special Needs Programs Pine Lake Camp

Camp # 330    June 20-25    **PLAYA...Pine Lake Active Young Adults**    \$460

Join us for an active week of great camp activities: swimming, games, sports, campfires, Bingo, nature, and crafts will renew your mind and spirit! Leader: Kathy Schilter

Camp # 380	July 11-16	Adult Special Needs	\$460
Camp # 405	July 25-30	Adult Special Needs	\$460
Camp # 415	Aug 1-6	Adult Special Needs	\$460

*Be a Hero! Be a Friend* ...while enjoying a week of Faith, Fun, and Friendship! This summer we will discover how each of us can *Be a Hero* by Being a Friend. We will explore heroes of the Bible and learn how we can *Be a Hero* too! There will be time for all the great camp activities you enjoy: Bingo, crafts, singing, campfires, swimming, boating, nature walks, and a talent show! Leaders: Pine Lake Staff

## How to Register

Please complete the 3-page registration form and attach additional documents if applicable. Incomplete forms will not be processed. ***The Registration Form must be filled out completely in order to determine the camper's eligibility.*** Any registration forms that are incomplete will be returned for completion.

***First year campers and campers who have not participated in a Wisconsin United Methodist Camp in the last three years MUST provide three (3) letters of reference.*** Reference letters should address:

- the camper's ability to care for their own needs,
- the camper's ability to participate in camp activities,
- the campers social abilities.

References may be provided by teachers, supervisors from places of employment or sheltered workshops, doctors, therapists, or psychologists. Please be sure that the name, title, address, and telephone number for each reference is included.

All participants MUST sign the forms themselves, unless there is a legal guardian and then that person may sign the form. Signatures are required on all three pages.

Please send payment, payable to UM Camps, and completed registration form to

**United Methodist Camping Office**  
**PO Box 620**  
**Sun Prairie, WI 53590-0620**

You may fax registration to: **608-837-8547**. Faxed registration requires full payment by credit card.

Registration will begin **DECEMBER 1, 2009**. Applicants will be accepted and processed at the discretion of the Event Directors. Note that the office is open 8:00-4:00 weekdays only. **Phone registrations cannot be accepted.** Credit card and registration information may be sent by mail or fax.

All applicants will be notified of acceptance or denial. Acceptance decisions and lodging assignments for camp are made by the Event Director. **Camper interviews may be requested by your Event Director or the Special Needs Camping Coordinator.**

Accepted campers will receive a confirmation packet containing a confirmation letter, a health form, and a list of what to bring to camp. The health form ***must*** be filled out and ***mailed to the Camp Site (not the Camping Office) two weeks prior to camp start date.*** Please **DO NOT** send health forms to the Camping Office in Sun Prairie. **No camper will be allowed to stay on camp premises without a health form.**

***We reserve the right to send a camper home, without a refund, if he/she is unable to care for his/her own basic daily living needs.***

## Eligibility

Our participants **must be able to care for their own basic daily living needs (including feeding and toileting themselves, drawing and administering injections, and communicating with others) or they must bring a trained attendant;** participate in schooling, workshops, sheltered or community employment; and have a diagnosis of moderate to mild retardation. **Individuals with a degree of profound to severe retardation or mental illness are not eligible due to the limitations of the volunteer staff.** Personal information concerning campers on registration forms and health forms is used exclusively for the purpose of assuring the participant's week is a safe and fun-filled experience. All information received is confidential.

Our facilities are smoke free environments.

More specific guidelines for admission may be found at [www.WIUMCamps.org/specialneedsamps.html](http://www.WIUMCamps.org/specialneedsamps.html)

Rules for acceptance and participation are the same for everyone without regard to race, color, national origin, religion, sex, or age.

***We reserve the right to evaluate the camper after arrival at camp and send the camper home if he/she is not able to care for his/her own basic daily living needs.***

## Payment and Scholarship

**Full payment is REQUIRED for CAMP REGISTRATION.** You may pay your camp fee with a personal check or money order or credit card. Visa, MasterCard, and Discover will be accepted. "WI Annual Conference" will be the name appearing on the charge. A \$20.00 charge is applied for returned checks. Many local churches have scholarship funds and Conference Camp Scholarships are also available on a limited basis. For scholarship help, please contact your pastor or the Camping Office.

Full refunds for health reasons are available upon request; otherwise, a \$50 cancel fee will be withheld from the refund. **Refunds will not be given on/after the camp start date.**

## Insurance - Health and Safety

An insurance contract is provided and the cost is included in the camp fee. This is a supplement to your personal health/medical insurance. Coverage is subject to the terms and conditions of the Master Contract held by the Wisconsin Conference of the United Methodist Church.