

GentleBrook CAMP
Community
Adventure
Memorable
Possibilities

GentleBrook™



CAMPer application

Today's date: _____

Participant's Name: _____ Age: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Male/Female

Guardian: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Does the CAMPer need transportation assistance to and from the camp? Yes _____ No _____

If yes, from which address? _____

Does your family plan to attend the Friday Lunch celebration? # of Adults _____ # of Youth _____

Camper Shirt Size: Youth: S ___ M ___ L ___ XL ___ Adult: S ___ M ___ L ___ XL ___

In case of emergency, if the guardian is not reachable, list someone you would like us to contact.

Name: _____ Phone: _____ Relationship: _____

Does the CAMPer have any behaviors/emotions etc. we should be aware of? Yes _____ No _____

If yes, please explain _____

Does the CAMPer have any activity/mobility limitations? Yes _____ No _____

If yes, please explain _____

Does the CAMPer need assistance with toileting? Yes _____ No _____

If yes, please explain _____

Does the CAMPer have any current health problems? Yes _____ No _____

If yes, please explain _____

Does the CAMPer have any allergies we should be aware of? Yes _____ No _____

If yes, please explain _____

Does the CAMPer have any special dietary restrictions? Yes _____ No _____

If yes, please explain _____

Is the CAMPer currently taking any medications? Yes _____ No _____

If yes, please explain _____

Does the CAMPer currently use an inhaler? Yes _____ No _____

If yes, please explain _____

Does the CAMPer currently use an EpiPen? Yes _____ No _____

If yes, please explain _____

Is the CAMPer currently up to date on all immunizations? Yes _____ No _____

If no, please explain _____

Please check all that apply to the CAMPer:

- | | |
|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> ODD | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Menstrual Concerns |
| <input type="checkbox"/> Other Lung Disease | <input type="checkbox"/> Sprains, Strains, Muscle, Bone or Joint Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seasonal Allergies | |
| <input type="checkbox"/> Hypertension | |

Any further explanation _____

CAMPer questionnaire

Please explain why you want to be a part of CAMP? _____

What areas of Safety interest you most? (home, sidewalk, fire, transportation, personal, virtual, kitchen)

What is important to you? (interests, hobbies, etc.) _____

In an effort to lessen the chance of anyone being upset due to the loss or damage of personal items GentleBrook would like to request that unneeded electronic items NOT be brought to CAMP for this risk. Money should NOT be brought to CAMP as there is no need for there to be money while at CAMP.

I **give/ do not give (circle one)** my permission for GentleBrook to provide education or support to _____ the CAMPer. I also agree that photographs, videos, artwork, music, voice recordings or statements may be used for publicity purposes and to educate others, for promotion of GentleBrook or other areas where GentleBrook may see fit for use.

Therefore, for myself/my camper, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release GentleBrook and its members, trustees, officers, employees, independent contractors, agents and volunteers from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

Signature of Guardian: _____ Date: _____

Signature of CAMPer: _____ Date: _____

****Please return all required paperwork as soon as possible. Once paperwork is received, a staff person will contact you to discuss eligibility and further details and payment guidelines. ****

Send Applications to: GentleBrook CAMP
880 Sunnyside Street SW
Hartville, Ohio 44632

Questions: Jocelyn Siakula
jsiakula@gentlebrook.org