



Everyone Cares Camp

2017 Application

Part of the Chicago Central District Church of the Nazarene
Summer 2017 Camping Programs

Cost: \$200, Registration Deadline: July 1st

Everyone Cares Camp is a camp specifically designed for young people with special needs. Most people know the organization called the Special Olympics. Everyone Cares Camp is designed for similar participants in mind. Outdoor activities and games are an exciting part of the week. Special spiritual emphasis is always the highlight of the week. There is a 24 x 7 nurse on site. This camp is limited to the first 65 campers. The counselor to camper ratio is generally 1:1-2. Camp will be held this year at Dickson Valley Campground. This is the same campground that has hosted Everyone Cares Camp for the last 6 years.

Dickson Valley Campground is located in a secluded, peaceful setting in Newark, IL. It offers many additional features to our camp such as swimming every day in a man-made lake (nothing over 5 feet in depth) with a water slide and a tubing carousel, a full-size gym if there is inclement weather and a mini-golf course. The restroom and bath area are located in the cabins and the walkways are paved to be more convenient for handicapped individuals. We will not be going off the campgrounds area at any point during camp. Of course, the same activities such as crafts, music, games and snack shack will still be featured. Newark, IL is located just south of Sandwich and Plano and just west of Yorkville. The Dickson Valley Campground has a map on its website at www.dvcrc.com. The address is 8250 Finnie Rd., Newark, IL 60541-9573.

Session 1

Check-In: July 22nd at 9:00 am

Check-Out: July 24th at 3:00 pm.

Session 2

Check-In: July 25th at 9:00 am

Check-Out: July 27th at 3:00 pm.

Please send Registrations directly to the
Chicago Central District Office:

EC Camp
c/o Chicago Central District
439 South Main Street
Bourbonnais, IL 60914.

Co-Directors: Sara Christensen and Jeremy Driscoll: Phone - (815) 513-2228; Email - camp@eccamp.org.
Dickson Valley Campground: Phone (630) 553-6233; Fax (630) 553- 6240.

All You Need To Know About Everyone Cares Camp ... But Were Afraid to Ask!

Registration Information

It is important that you submit your application for registration and health record form along with your FULL Payment to the district office. If for any reason the camper is unable to attend, \$25 of the registration fee is non-refundable. Registration cannot be made by phone; however, questions about the camp may be addressed to the Chicago Central District Ministry Center at (312) 255-0151. The registration deadline for Everyone Cares Camp is July 1st, 2017. **Absolutely no walk-ons are allowed.**

Visitors

Camping is built on togetherness. Visitors can sometimes hinder our camp's effectiveness. Therefore, visits are discouraged. However, in case of emergency or if you must visit, please contact the camp directors at (815) 513-2228 or the Dickson Valley Camp at (630) 553-6233.

Spending Money

Included in the camping fees for Everyone Cares Camp is a fee to provide some snacks throughout the week of camp. Therefore, no additional spending money is needed.

Cost of Camp

Each camp on the Chicago Central District is heavily subsidized by the local churches through the District Evangelism Fund. In other words, the cost to run the camp is much higher than the price you are asked to pay. For example: Your cost for Everyone Cares Camp is \$200. Without the subsidy it would cost \$300.

About the Chicago Central District Camping Ministry

Our camps are open to all persons regardless of race, color, sex, age, handicap or national origin. If you have any questions about registration or camp call (815) 513-2228 or email us at camp@eccamp.org. Space is limited, therefore applications and sleeping accommodations will be processed in the order they are received.

Leaving Camp

It is assumed campers' care givers will drop off and pick up the camper at the beginning and end of camp. If someone other than the care giver is to have this responsibility, please indicate so on the application form.

Contacting Campers

Messages are deliverable to campers through the following means:

Camp Directors: Sara and Jeremy – (815) 513-2228;

camp@eccamp.org

Dickson Valley Camp (630) 553-6233; fax (630) 553-6240

My List of Essentials for Everyone Cares Camp
(Please label all items with camper name)

Checklist

- Adequate Footwear for Activities -Tennis Shoes & an extra pair (State Required)
- Modest/Appropriate Swimsuits and Beach Towels (Girls swimsuit must cover stomach)
- Enough Clothing for a Week of Camping
- Jacket/Sweatshirt
- Sleeping Bag or Blankets
- Twin Size Sheet to Cover Mattress (State Required)
- Pillow
- Toiletries & Shower Supplies & Towel
- Flashlight (extra batteries)
- Bible
- Pencil
- Notebook



NOT ALLOWED: Cell Phones, Radios, Tape Players, iPods, MP3 players, Electronic Games and CD Players. The camp is not responsible for lost or stolen items.

Personal Information (Page 1)

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Gender (M or F) _____

Age: _____ Date of Birth: _____ Local Church: _____ Pastor: _____

Do you reside in a group home? _____ House _____ Organization _____

Person's authorized to pick up this camper: _____

Contact person, phone numbers, and email in case of emergency:

T-Shirt Size (all sizes are adult sizes): S M L XL XXL

Select which session you would like to attend: Session 1 Session 2

Note: Your application will be rejected if you choose both sessions. If you would like to attend both sessions, please call us at (815) 513-2228 to discuss.

Bunkmate Preference (if any): _____

Mobility: Campers attending EC Camp must be able to transfer and walk short distances with assistance. Describe any mobility concerns camper may have.

Describe any morning or nighttime routines for camper.

Please list any cheer-ups or frustrations camper may have.

Hygiene. Please list any areas where camper may need assistance.

- | | |
|---|--|
| <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Shaving |
| <input type="checkbox"/> Showering | <input type="checkbox"/> Washing hair |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Bathroom breaks |

Personal Information (Page 2)

Dietary Restrictions. Please list any diet restrictions camper may have.

- Milk
- Eggs
- Caffeine
- Peanut Butter
- Chocolate
- Gluten
- Other _____

We provide several activities at camp. Please check a minimum of 3 activities camper would enjoy.

- Swimming
- Crafts
- Music / Singing
- Sports
- Bingo
- Movies
- Nature Walks

Does camper use disposable underwear (such as Depends)? Nighttime / Daytime? _____

Please send the appropriate size and approximate number needed for the week.

Parent / Guardians' E-Mail Address(es):

Please mail completed camp application and health record along with payment in full to the Chicago Central District Office.

ECC Camp
c/o Chicago Central District
439 South Main Street
Bourbonnais, IL 60914.

Health Record (Page 1)

The following health record must be filled out and signed by the parent or guardian. Failure to do so will cause the registration to be unacceptable.

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Age: _____ Gender: Male Female Height: _____ Weight: _____

Date of last tetanus shot or booster: _____

Is the camper allergic to any medication? Yes No If yes, specify: _____

Is the camper allergic to any foods? Yes No If yes, specify: _____

Please indicate any conditions / diagnoses that would be important for the Camp Nurse to be aware of (other allergies, diabetes, asthma, epilepsy, heart, vision, hearing, etc.)

Please note any handicaps:

Should the camper be restricted in any camp activity? Yes No If yes, how? _____

Is the camper under treatment or medication now by physician, psychiatrist, etc? Yes No

If yes, specify by whom? _____ What treatment should be continued? _____

Camper's physician: _____ Address: _____ Phone: _____

Health Record (Page 2)

The following health record must be filled out and signed by the parent or guardian. Failure to do so will cause the registration to be unacceptable.

Does camper take medication? Yes No

If yes, please fill out the medication section in the included medication log.

NOTE: Any medications sent to camp must be in the original RX Bottle with the physician's name and administration instructions on the bottle. Medications must be given to the Camp Nurse for administration.

I hereby authorize the Camp Nurse to administer Tylenol and/or cough medicine if required:

Please initial _____ Yes No

I hereby authorize the Camp Nurse to administer oxygen if available and required:

Please initial _____ Yes No

Other Medical Instructions: _____

INSURANCE INFORMATION

INSURANCE: Parents' insurance will be the primary carrier. The district insurance is secondary and will cover only needs other than pre-existing conditions.

Insurance Company: _____ Insurance Carrier Phone number: _____

Policy #: _____ Plan I.D. #: _____

IN CASE OF EMERGENCY

In case of an emergency, I hereby give my permission to the Chicago Central District to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the camper named above if I cannot be reached.

Signature of Parent or Guardian _____ Date: _____

In case of an emergency, please notify: _____ Phone: _____

NOTE: If the Camp Directors determine a camper can't meet their own personal needs, a parent or guardian will be called to come help, assist or take the camper home.

IMPORTANT: Parent / Guardian Approvals & Refusals

Please read and sign as appropriate

APPROVAL

Approval of Parent/Guardian & Waiver of Claim

I hereby approve the participation of my camper in the Chicago Central District Summer Camps programs. I waive any and all claims against the same, or any of its Boards of Representatives, because of injuries or other damages incurred to the camper or camper's property in connection with the CCD Summer Camping Program at various camping facilities. I hereby give permission to the Chicago Central District to secure emergency medical and surgical treatment for my camper while attending camp if I cannot be reached.

Name of Camper: _____

Signature of Parent/Guardian: _____ Date: _____

Names of Parents: (Please print): _____

REFUSALS

NOTE: Refusals should only be signed if you are denying permission for the stated activity; leaving it blank will authorize permission. Therefore, be sure to read the refusal below carefully.

REFUSAL: Use of Images in Promotional Materials

The Camp Ministries Board Occasionally uses photos and videos taken at our camps and district activities in our publications, media presentations and on our web site. Submitting this camp application indicates that you give the Chicago Central District permission to use photos or videos of your child for these purposes. However, if you don't give such permission to the Chicago Central District please sign here:

(Leave blank if you give permission.)

EC CAMP 2017 MEDICATION LOG

If the camper is on more than 4 medications, please copy this form for the additional ones.

Camper Name: _____ Cabin: _____ Group: _____

Counselor: _____ Emergency Contact Name: _____

Emergency phone: _____ Secondary Contact Name/Phone: _____

Allergies: _____

Medication:			Route:			Notes: (daily, PRN, etc)	
Time:	Dosage:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:			Notes: (daily, PRN, etc)	
Time: (circle)	Dosage	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:			Notes: (daily, PRN, etc)	
Time:	Dosage:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:			Notes: (daily, PRN, etc)	
Time: (circle)	Dosage	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							

Incidents / Notes: _____

Medication picked up by caregiver: _____ Date / Time: _____