



Genesee Valley Rotary Camp

gvrc.org



Director - Brian Bartalo

Assistant Director - Sarah Warner

Health Director - Janet Green

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL APPLICATIONS:

1. **MEDICAL FORM** must be completed and signed by the CAMPER'S PHYSICIAN.
Please note - a PHYSICAL IS NOT REQUIRED
2. Accurate description of Camper's Disability and Needs. The more information the better!
3. **Teacher or Program Manager's name(s), School/Program, and Phone Numbers.**
4. Accurate **Emergency Contact Information**: It is VERY important that we are able to reach parents/guardians during the week of camp, in the event of an emergency.

PLEASE RETURN THIS APPLICATION BY JULY 11, 2022

If you are unable to complete the Medical Form by **July 11, 2022**, please return the Camper Information portion and attach a note that the medical form will follow.

Covid vaccination is recommended for all campers 8 years and older.

Please note: Due to size limitations at camp, not every camper can be accepted.

Note to Parents/Guardians:

If your child is accepted:

- You will be notified in writing (via email or US Postal Service)
- Specific guidelines and instructions for camp will be included at that time.
- Camp starts on **Sunday August 14th**, **your arrival time will be given in your acceptance notification**

Arrival times will be scheduled to decrease wait times. Please arrive only at your designated time.

Please note that camp **ENDS** on **SATURDAY, August 20th**

Pick up is between 10-11 am. Please be prompt as we do not have a lunch service on this day.

PLEASE MARK YOUR CAMPER'S NAME ON ALL THEIR BELONGINGS

GVRC will not be responsible for missing or lost items. Any items left at camp will be donated.

Questions about this application, contact: Health Director Janet Green 585-451-4988

Camp Director Brian Bartalo 585-295-3376 Assistant Director Sarah Warner 315-415-7198

PLEASE SEND COMPLETED APPLICATIONS TO:

GENESEE VALLEY ROTARY CAMP

PO Box 126

Leicester, NY 14481

Or scan and email to jgreen102161@gmail.com

**PLEASE RETURN THE CAMPER INFORMATION PORTION OF THIS APPLICATION
BY JULY 11, 2022**

GENESEE VALLEY ROTARY CAMP
2022 CAMPER APPLICATION
CAMPER INFORMATION

Camper's Full Name: _____ Age as of 8/14/22: _____

Birthdate: ___/___/___ sex: _____ preferred pronouns: _____ height: ___ ft. ___ in. weight: _____ lbs.

Camper's exact address: _____

Parent guardian address (if different than camper) _____

Name of parent/guardian 1st contact _____

Phone #1 (_____) _____ Phone #2 (_____) _____

Name of parent/guardian 2nd contact _____

Phone #1 (_____) _____ Phone #2 (_____) _____

Parent/Guardian primary email address: _____

Name of Insurance Company: _____ Policy #: _____

Person to contact in an emergency, if parent or guardian cannot be reached:

Name: _____ Relationship: _____

Phone: (_____) _____ *

**Please note that we will NOT accept an application without an additional name and phone contact.
This contact will be used only in the event of an emergency.*

Dates of Covid vaccination 1st _____ 2nd _____ 3rd (if applicable) _____

T-shirt size: Youth _____ Adult _____

Has the camper attended GVRC in the past? _____ yes _____ no

If yes, please provide most recent year: _____

Preferred method of communication about acceptance: Email _____ US Postal Service _____

INFORMATION ABOUT CAMPER:

Please write down a **description of the camper's disability** (or disabilities). Be sure to include any behavior and/or emotional problems he or she may have. This will help our staff to better meet the special needs of the camper. Accurately completing this section is very important. Please use the additional page if necessary.

New campers- if your child has an IEP or care plan, please include a copy.

Returning campers, please include any updates to your camper's IEP or plan:

<u>Additional Information:</u>	Please indicate with a brief description, if any of the following apply
Any difficulty walking or use of a wheelchair/walker/other mobility aid	
Does camper require any other special equipment?	
Asthma / Wheezing?	
Bed Wetting / Diaper Use / Toilet training?	
Constipation or Diarrhea?	
Convulsions / Seizures?	
Nausea / Vomiting?	
Problems with: Eyes / Ears / Nose / Throat?	
Heart problems?	
Homesickness?	
Insomnia / Nightmares / Sleepwalking?	
Eating habits / Dietary Restrictions?	
Is assistance needed with	<input type="checkbox"/> Feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Other _____
If the camper is female, does she have any issues or problems with menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No please explain _____
Describe any recent social or emotional concerns	
Please describe any other important information that will help GVRC better serve your child	
Please list any specific discipline techniques that have been successful with the camper	
How does the camper communicate?	<input type="checkbox"/> verbal <input type="checkbox"/> sign language <input type="checkbox"/> picture symbols <input type="checkbox"/> speech communication device <input type="checkbox"/> other _____

<u>Allergic Reactions</u>	Please list and describe the reaction
Bee Sting	
Food(s)	
Other(s)	
Restrictions for bug spray and/or sunscreen	

<u>Specific Activity Parent/Guardian Authorization</u>	YES	NO
I give permission for my child to participate in swimming activities at GVRC.		
I give permission to photograph my child for use by the staff or board of directors.		
I give permission to use sunscreen on my child.		
I give permission to use DEET-free bug spray on my child.		
I give permission for my child to share addresses and phone numbers with other campers and/or counselors.		
I give permission for the camper/counselor to carry an "as needed" rescue inhaler or epi-pen for campers who use an "as needed" rescue inhaler or epi-pen		

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Parent / Guardian Activity Consent

I, the undersigned parent/guardian, of _____, recognize the possible physical risk involved in providing residential facilities and recreational activities for my special needs camper. I agree that unless I specifically identify below the program(s) my camper is not allowed to participate in, my camper is authorized to participate in any and all officially administered, sponsored or sanctioned activities at Genesee Valley Rotary Camp (GVRC). Further, I hereby release, discharge and otherwise indemnify GVRC, its affiliated organizations and sponsors, its officers, directors, employees, volunteers and agents (the "Camp Parties") against any claim by or on behalf of myself or my camper as a result of my camper's participation in any program or activity sponsored, coordinated, or supervised by GVRC. I also agree to release, discharge and agree to hold harmless and indemnify the Camp parties with respect to any medical expenses resulting from personal injuries sustained by the camper while engaged in such activities or otherwise at the Camp facilities.

Please check one of the following:

I/we allow my camper to participate in all activities at GVRC

My camper may not participate in these listed activities: _____

Assumption of Liability for Damage to Camp Property

I understand that the parent and/or guardian will be responsible for paying for any damage or destruction of camp property arising as a direct or indirect result of the actions of my camper.

Consent for Medical Treatment, Waiver and Release

I hereby grant permission to the medical staff at GVRC, or such designees as the medical staff may appoint, to provide routine and emergency medical care required for my child, including, without limitation, medications, first aid, or other medical treatment as may be appropriate while the camper is in the care of GVRC. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my camper may require action by the medical staff before I can be contacted. I also give my consent for any transportation deemed necessary, in the sole discretion of the staff at GVRC, in connection with the treatment of my camper. I also assume full financial responsibility for any and all medical and other expenses incurred on behalf of my camper while at GVRC in connection with medical or other treatment, and acknowledge, agree and understand that GVRC shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by GVRC, but that said information may be shared with or released to appropriate personnel and/or third parties by GVRC for the purpose of treating and/or supervising my camper (including, but not limited to, referral centers, medical staff, psychological staff and/or insurance companies). Finally, I agree to release GVRC, its sponsors, volunteers, employees, officers, directors and agents of any liability arising from the administration or rendering of medical care.

I FULLY UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE AND AGREE THAT ALL INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____