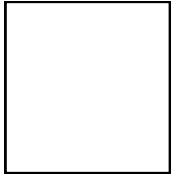




Ministries

PO Box 6706
New Albany,
IN 47151



ATTENTION!

This is Your
2017 Camp
Registration
Packet

Special Needs Camps 2017

- Camp Brosend 1 Mar. 3 - 5
Newburgh, IN
- Lake James Christian Camp 1 ---- May 19 - 21
Angola, IN
- White Mills Christian Camp 1 - - - - May 31 - June 3
White Mills, KY
- Butler Springs----- June 5 - 7
Hillsboro, OH
- Camp Brosend 2 June 21 - 24
Newburgh, IN
- Woodland Lakes Christian Camp -- June 30 - July 3
Amelia, OH
- White Mills Christian Camp 2 - - - - July 23 - 26
- White Mills Christian Camp 3 - - - - July 26 - 29
White Mills, KY
- Hill Top Christian Camp----- Aug. 4 - 6
Columbus, IN
- Sylvan Hills Christian Camp - - - - August 16 - 19
Howard, PA
- White Mills Christian Camp 4 - - - - Sept. 8 - 10
White Mills, KY
- Lake James Christian Camp 2 - - - - Sept. 22 - 24
Angola, IN
- Camp One Way----- Oct. 6 - 8
Mt. Auburn, IL
- Camp Brosend 3 Oct. 13 - 15
Newburgh, IN

Attention Please!

**This is Your 2017 Camp
Registration Packet**

Attention Please!

This is your registration packet for

Special Needs Camp at

**Sylvan Hills Christian Camp
2017**



Ministries



Special Needs Camp at Sylvan Hills

August 16 - 19, 2017
\$200 (\$225 if mailed after July 26th)

**Register ASAP
and Avoid Late Fee**

Instructions for Completing Registration form:

1. Feel free to copy blank application form only. **HOWEVER: DO NOT SEND COPIES OF COMPLETED REGISTRATION FORMS**
Send the registration form only, not the entire registration packet
2. Use blue or black pen (**NOT PENCIL**) to complete application forms.
3. **ALL INFO CALLED FOR ON THE APPLICATION IS ESSENTIAL**
to determine the level of care that will be required for each camper
 - a. PLEASE provide any additional info, as necessary, to assure best care
 - b. Incomplete or unreadable applications will have to be returned

Since food & supplies are purchased well in advance of each Retreat:

1. Registrations must be received 3 weeks prior to the opening day
2. A minimum of **50% of the registration fee must be mailed with the registration form**...the balance to be paid in full by the "due date,"
3 wks. prior to start of the Camp session.

"Camperships" are Available
Inquire via E-Mail or Call Power Ministries: 812/945-4117



Attention Campers: What to Bring

Clean clothes -- for the entire Camp session; Including: Underwear, Daily Clothing, Night Clothes, Swimwear (summer), **Bedding & Pillows**, towels, personal care items, sunscreen, insect repellent.

Adult Under Garments ("Depends") -- If required, **enough for the entire session.**

Bible -- If the camper has one.

Medications: All medications (including non-prescription) will be dispensed by the designated staff member. All medications must be in original pharmacy-labeled medication containers. List medications on pg. 2 of registration form.

***** PLEASE NOTE:**

Power Ministries cannot be responsible for providing supplies for the camper. If adequate supplies have not been packed, it will be necessary to contact you to have those supplies delivered promptly.

And what not to bring:

- Tobacco products of any kind, alcoholic beverages, or illegal drugs
- Electronic Games, Prank Items, Matches, lighters or fireworks
- MP3, CD or similar devices requiring headphones for listening
- Cellular/mobile phones (unless required by parent/caretaker)
- Clothing that would be regarded as inappropriate in a Christian Camp environment
- Clothing (t-shirts, sweatshirts, etc.) that contains any message or graphic, other than a Christian theme.

Directions to Sylvan Hills Christian Camp

From State Route 150, take the "Howard Divide Road" (across from State Route 26, out of Howard PA). Follow to end of road (T intersection), turn left on "Marsh Creek Road." Sylvan Hills Christian Camp will be on your right.

Special Needs Camp Agreement

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold Power Ministries, or any "Special Needs Camp" staff responsible for any damage to or loss of said property.

I request that Power Ministries obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during the Special Needs Camp sessions indicated.

I hereby give permission for the above-named Camper to appear in photographs or video recordings made during the Special Needs Camp sessions indicated. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Power Ministries or its affiliates.

Please Note: We must be able to contact Parent, Guardian or Caregiver for the Special Needs Camper named on this application at any time, day or night, for the duration of the Special Needs Camp session. If you, as the signer will, at any time, be unable to respond to any communication regarding the Camper, you must provide an alternate contact person for the Special Needs Camp Coordinator to call. That person must be able to contact you promptly.

Please remove this form from the booklet. Send only this registration form to Power Ministries

Signature required:

Parent/Guardian/Caregiver

Date

Camper

Date

We take our obligation to provide appropriate care very seriously. Therefore, the information that you provide during the registration process is absolutely essential. Additional time for completion of the information gathering process is provided on the opening day of each Special Needs Camp session. If, in the course of the Special Needs Camp session, it is determined that crucial information has not been provided, such that appropriate care cannot be assured, this Camper will be required to return home immediately.

In our efforts to meet the spiritual needs of Campers, during Special Needs Camp, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this Camper make this decision, we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please contact us. We welcome the opportunity to discuss this matter with you.

If _____ chooses to be baptized:

- _____ I authorize Power Ministries and the camp to perform the baptism.
- _____ I prefer to have my minister perform the baptism at our home church.
- _____ I request to be present at the baptism.
- _____ Has already been immersed.
- _____ May not be baptized.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: Power Ministries

**Please complete and mail this registration only to:
(Do not mail entire registration packet)**

**Power Ministries
PO Box 6706
New Albany, IN 47151**

*If you have any additional questions or concerns, please give us a call: 812/945-4117
or check out our website: www.PowerMinistries.Org*

Power Ministries Use Only

Power Ministries Special Needs Camp 2017 Sylvan Hills Christian Camp

Power Ministries Use Only

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August 16 - 19, 2017

As you prepare for Special Needs Camp at Sylvan Hills, please keep in mind that Special Needs Campers are assigned to sessions on a "first come/first served" basis. So **mail your completed registration form early.**

Please fill in all of the blanks that apply. **This information is essential to provide the best care possible during the Special Needs Camp session.** If the information requested is not appropriate, simply place "N/A" in the blank.

Last Name _____ First Name _____ Gender: M F
Date of Birth _____ Age _____ Height _____ Weight _____
Shirt Size _____ Will camper purchase a Power Ministries T-shirt Yes _____ NO _____ Prepay \$ _____

Primary Disability _____

Home Phone (____) _____ Alt. Phone (____) _____

Best E-Mail Address for contact _____

Camper Address _____ City _____ State/Zip _____

Parent/Guardian/Caretaker _____

Address _____ City _____ State/Zip _____

Home Phone (____) _____ Alt. Phone (____) _____

Church You Attend _____ **Pastor** _____

Address _____ **Phone** _____

Previous Camping Experience? **Y N** Where _____

**** **Emergency Contacts** ****

If we will be unable to contact the primary caregiver during the Special Needs Camp session, you must provide a designated person(s) to contact in the event of an emergency or urgent need:

1. Name _____ Phone(____) _____ Alt.(____) _____

Address _____ Relation to Camper _____

2. Name _____ Phone(____) _____ Alt.(____) _____

Address _____ Relation to Camper _____

3. Name _____ Phone(____) _____ Alt.(____) _____

Address _____ Relation to Camper _____

Attention Please: All confirmations will be made electronically, either e-mail or text message. Specify the e-address or phone number for text message:

Person _____ Phone No. _____

E-Address: _____

Please List All Medications Below

→ → → → → → → → **MEDICATIONS** ← ← ← ← ← ← ← ←

All medications will be turned over to the medical staff at the time that Campers are registered. All medications (including non-prescription) will be dispensed by the designated member of that staff. All medications are to be in original pharmacy-labeled medication containers. **Please list all required medications below:**

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Medication _____ Dosage/Frequency _____

Please provide a list of any and all additional medications to the medical staff. If the camper requires any additional treatments or devices that must be administered by a qualified staff person, this must be brought to the attention of the medical staff at the time of registration on the opening day of the Special Needs Camp session.

**** **Parent/Guardian/Caregiver** ****

It is most important that you provide essential information regarding the Camper's disabilities and specific needs. This is the information that we will use in arranging specific provisions for the Camper. Registrations that do not provide information regarding disabilities cannot be processed.

Disabilities (List All) _____

Physical Disabilities _____

Phys. Disability Involves: Legs: ___ R ___ L Arms: ___ R ___ L Hands: ___ R ___ L ___ Head ___ Breathing

Mobility: ___ Independent With: ___ Assistance ___ Walker ___ Crutches ___ Wheelchair; ___ Electric
For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessary augmentative device) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe & fully operational. If in wheelchair: ___ Propels self ___ Must be pushed

Vision: ___ Normal ___ Glasses ___ Contacts ___ Vision Impaired ___ Legally Blind

Hearing: ___ Normal ___ Hearing Impaired ___ Deaf ___ Uses Hearing Aids (bring extra batteries)

Communication: ___ Verbal ___ Speech Difficulty ___ Nonverbal ___ Signs ___ Gestures ___ Comm. Bd.

Seizure Disorder: Type & Frequency: _____

Date of last seizure: _____ Wears Helmet: ___ Yes ___ No

Special Care for Seizures: _____

Allergies: _____

Precautions/Special Instructions _____

Level of Care Required:

Personal Care: ___ Independent ___ Requires Assistance ___ Dependent

Showering/Bathing: _____

Toileting: ___ Uses Urinal/Toilet ___ Uses Bedpan ___ Catheterizes Self ___ Must Be Catheterized
___ Wears "Depends" ___ Prompts After Toileting ___ Assistance after toileting

Other: _____

Mealtime: ___ Uses utensils ___ Uses fingers ___ Special container ___ Requires bib ___ Uses straw

Dietary Restrictions: _____

Special foods/textures: _____

Other mealtime provisions: _____

Nighttime: ___ Nighttime incontinence ___ Wears "Depends" ___ Gets up during night

___ Develops bedsores Sleeps on: ___ Back ___ Stomach ___ Side (R L)

Other considerations: _____

Other Needs: _____

Activities camper should not engage in: _____

Discipline/Inappropriate Behavior Concerns: _____

Likes/Dislikes to be Aware Of: _____

Special Interests/Skills: _____

Reading Skill: ___ Yes ___ No ___ With Assistance; Writing Skill: ___ Yes ___ No ___ With Assistance

Other pertinent information that would be helpful to staff: _____

Please Note: Based on the level of care required for the Camper, & the staffing patterns of each Special Needs Camp session requested, you may be required to provide a caretaker for the duration of the session(s).

Has this individual ever been the victim of abuse? ___ Yes ___ No

Explain: _____

Has this individual ever been charged with abuse or related misconduct? ___ Yes ___ No

Explain: _____

