



Community & Family Services • A Service of The Arc, Oneida-Lewis Chapter
245 Genesee Street, Utica New York 13501

Kids' Camp Application

Camper's Name: _____ Medicaid Waiver Eligible? Yes No

DOB: _____ Age: _____ Sex: _____ T-Shirt Size: _____ Youth | Adult (CIRCLE ONE)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Caregiver Name: _____

Parent Daytime Phone #: _____ Email: _____

Parent/Caregiver Name: _____

Parent Daytime Phone #: _____ Email: _____

PLEASE CHECK APPROPRIATE WEEK FOR SUMMER 2020

Week 1: June 29, 30 & July 1, 2 (5 to 12 years old)

Week 2: August 24–27 (13 to 18 years old)

Requesting Transportation? Yes No

[PLEASE CONTINUE ON PAGE 2]

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— KIDS' CAMP APPLICATION · CONTINUED —

PLEASE NOTE ANY INFORMATION WE SHOULD KNOW ABOUT YOUR CAMPER:

(Attach additional sheets if necessary)

PERMISSION

The following (4) areas MUST be completed and signed in order for the camper to attend camp.

1. I hereby: Give Permission Do Not Give Permission
To allow the camper to participate in water games.
2. I hereby: Give Permission Do Not Give Permission
To allow the above named camper to be photographed at camp and on field trips.
3. I hereby: Give Permission Do Not Give Permission
For emergency medical treatment by camp staff and/or a physician in case of a medical emergency involving the above named camper. I also give permission for an ambulance to be called if necessary. I will be responsible for any expense arising from such an emergency.
4. I hereby: Give Permission Do Not Give Permission
For the camper to participate in fishing at camp.

Camper's Name: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Physician: _____

Telephone: _____

ADDITIONAL EMERGENCY CONTACT

Name: _____

Relationship to Camper: _____ Telephone: _____

MEDICAL INFORMATION *(Attach additional sheets if necessary)*

Does the camper have any allergies? Yes No

If yes, please specify the allergy and reaction: _____
