

Power Ministries Handi-Camp 2017

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_____ **1st Choice** _____ **2nd Choice** _____ **3rd Choice** _____ **4th Choice**

Above, please write in the blanks your choices for Handi-Camp. Refer to the "Handi-Camps 2016" list which you have received, or refer to the schedule on our website. Keep in mind, 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 necessary care during the Handi-Camp.** 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 Handi-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 _____

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 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 Handi-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 will not 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, and the staffing patterns of each Handi-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: _____

Handi-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 "Handi-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 Handi-Camp sessions indicated.

I hereby give permission for the above-named Camper to appear in photographs or video recordings made during the 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 Camper named on this application at any time, day or night, for the duration of the Handi-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 Handi-Camp 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 Handi-Camp session. If, in the course of the Handi-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 Handi-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 this application and mail to:

**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***