



# Camp Ladybug 2026

## Camper Application

Greetings Parents & Campers!

The Greater Elizabethtown Area Recreation & Community Services is proud to announce our Camp Ladybug 2026 theme: *Camp Ladybug Down on the farm!*

Camp is for individuals ages six and older who have been medically diagnosed with mental and/or physical challenges. Camp Ladybug provides a fun atmosphere where the campers participate in socialization skills and recreational activities.

Campers must bring a water/juice bottle with their name on it. Snacks will be provided by campers and/or volunteers and their families. A snack/activity calendar will be sent home the first week of camp.

**DATE:** Monday-Friday, June 15 - July 24 (Excluding July 3)

**TIME:** 9 am - 12 noon

**COST:** FREE! [Member] \$20 [Non-Member]

**LOCATION:** Elizabethtown Area Community Park (Pavilion #5)

**APPLICATION:** Mail or deliver the enclosed application and emergency information forms by **May 22** to GEARS, 70 S. Poplar Street, Elizabethtown, PA 17022. Individuals must provide their own accident insurance.

**FOR MORE INFORMATION:** Call the GEARS Office at 717-367-0355



**\*\*This event is not sponsored, offered, or endorsed by EASD or Donegal School Districts\*\***

70 South Poplar Street, Elizabethtown, PA 17022  
717.367.0355 (Phone) 717.361.7235 (FAX) [GetintoGEARS.org](http://GetintoGEARS.org)

# Camp Ladybug 2026

## Important Info for Campers, Parents, & Guardians

As Camp Ladybug continues to evolve year after year we have made a few adjustments  
So please make sure to read this sheet carefully for very important information.  
Also, it might be a good idea to put this paper in a safe place for you to refer to in the future.

### What is Camp Ladybug and who is it for?

Camp Ladybug is a camp designed for individuals who are medically diagnosed by a physician as being mentally and/or physically challenged. **Each application will be reviewed by staff prior to the start of camp. After reviewing the applications, our staff will then notify each child in regards to their enrollment.** Our purpose is to provide a fun atmosphere where the campers may participate in socialization skills and recreational activities.

### When and where is Camp Ladybug?

Camp Ladybug is scheduled for June 15-July 24, 2026 from 9 am-12 noon (Monday-Friday) (No July 3) at the Elizabethtown Park Pavilion #5 (located directly behind the Elizabethtown Mennonite Church parking lot).

### What type of supervision is at Camp Ladybug?

Camp Ladybug has a staff of 4 professionals. These individuals have experience working with people with disabilities, in addition to educational and recreational programming backgrounds. Secondly, we strive to achieve a **1:1** ratio of camp counselor to camper so your camper is always with a buddy. However, it can change from day to day ranging from a 1:1 ratio to a 1:3 ratio based on the number of volunteer staff we have available. Our volunteers are **not** professionally certified and range in age from 12+.

### How can I get a Camp Ladybug t-shirt?

Each Camp Ladybug camper receives a Camp Ladybug t-shirt! Campers don't have to wear these shirts every day, but it is fun to wear the t-shirt.

### What happens if it rains?

In the event of excessive rain, Camp Ladybug **will be cancelled.** Please look for an email if camp has been cancelled or you may call GEARS at 717-367-0355 to find out if camp has been cancelled.

### What should I bring for snack?

Providing a snack is optional, but is very much appreciated by campers and volunteers. Once you sign up for a specific date, please plan on providing a snack for about 70 people. Want ideas? Consider bringing popcorn, pretzels, cheese puffs/ balls, animal crackers, cookies, goldfish or chips. Sorry no homemade snacks. Items must be individually wrapped. Drinks may be supplied as well if you choose but not necessary. **Due to allergies, please refrain from bringing snacks with nuts.**

### What happens if I can't show up to Camp Ladybug?

Please feel free to attend camp as much as possible, but we understand that summers are busy so we don't expect you to come every day! (We'd like that, but don't feel bad if you can't).

### What if I don't have a ride to/from Camp Ladybug?

Please be sure to arrange for transportation to and from Camp Ladybug prior to attending camp each day because GEARS is unable to provide transportation. Please drop your camper off at 9 am and pick up at 12 noon.



We hope to see you this summer! ☺  
Please contact GEARS with any additional questions:  
717-367-0355



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# 2026 Camp Ladybug Camper Application Form

Camper \_\_\_\_\_ Birthdate \_\_\_\_\_  
*Last First MI*

Age \_\_\_\_\_ (must be 6 or older) Sex: M or F (circle one)

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Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Township/Borough \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## **Expectations:**

Camp Ladybug is designed to provide a fun atmosphere where campers may participate in socialization skills and recreational activities. **Volunteers at Camp Ladybug are not trained to restrain unless a camper is in physical danger.** If your camper becomes violent or puts any other camper or volunteer in danger they will not be permitted at Camp Ladybug!

## **Insurance:**

GEARS does not provide accident insurance. Camp Ladybug participants must provide their own accident insurance.

## **Photography:**

In order to promote Camp Ladybug, there are several opportunities throughout the summer for campers to be photographed to positively promote the camp. Please sign below to give permission for your camper to be included!

I give permission to allow my child's picture and/or name to appear in publications or internet concerning camp activities.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



\_\_\_\_\_ *Last Name of Camper*

## Camp Ladybug 2026 Medical & Emergency Information

**\*Campers must be *POTTY TRAINED* in order to attend camp without a family member/friend assisting with bathroom needs. *GEARS staff and volunteers are unable to assist campers with bathroom concerns.* If your child is not potty trained, please be sure to plan accordingly.**

Known Diagnosis: \_\_\_\_\_

Any Limitations: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Does your camper have a history of seizures? \_\_\_\_\_ (y/n) If yes, please describe: \_\_\_\_\_

Does your camper have a history of behavioral problems? \_\_\_\_\_ (y/n) If yes, please describe: \_\_\_\_\_

What is your child allergic to? \_\_\_\_\_

Is your child allowed to have snack at Camp Ladybug? Please list any restrictions \_\_\_\_\_

Will your child need any medications during camp hours? \_\_\_\_\_ Please specify \_\_\_\_\_

*\*Prescription must be in original container*

Does your child have any physical restrictions? \_\_\_\_\_ Please specify \_\_\_\_\_

Any known dates your child will not be at camp (appointments, vacations, etc.)? \_\_\_\_\_

Please state any specific reinforcement you would like to see your child receive during camp:

Will your child have a TSS during camp hours? \_\_\_\_\_ If yes, Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

**A MEDICAL DIAGNOSIS SIGNED BY THE CHILD'S DOCTOR MUST BE**

**ATTACHED TO THIS FORM!!!**

Last Name of Camper: \_\_\_\_\_

**2026 Camp Ladybug Medical & Emergency Authorization**

I hereby authorize Camp Ladybug personnel to transport \_\_\_\_\_ (*participant's name*) to a physician's office and/or the hospital for treatment in the event that emergency medical care is needed while Camp Ladybug is in session.

Further, I authorize the designated physician and hospital professional staff to treat my son/daughter, as they deem necessary in an emergency situation.

PLEASE NOTE: Camp Ladybug staff members will continue to contact parents by telephone if a camper becomes ill or injured.

**ALL health problems should be noted below completely and specifically. If medication is noted please indicate the dosage. This information must be available in case of need for emergency treatment.**

\_\_\_\_\_  
*Doctor(s)*

\_\_\_\_\_  
*Hospital* *Phone Number*

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*

**In case of emergency please notify:**

1. \_\_\_\_\_  
*Name* *Relationship* *Day Phone*

2. \_\_\_\_\_  
*Name* *Relationship* *Day Phone*

**\*\*\*If for any reason the emergency contact information should change based on the day please notify the Director immediately.**

**NOTES:**



# Camp Ladybug Physician's Medical Release

Camp Ladybug is a camp designed for individuals who are medically diagnosed by a physician as being mentally and/or physically challenged. Please fill out the information below and return it with your camp application.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participants Address: \_\_\_\_\_  
\_\_\_\_\_

## TO BE COMPLETED BY PARTICIPANTS PHYSICIAN:

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all immunizations up to date? **(Please attach immunization record)** \_\_\_\_\_

Date of most recent Tetanus Booster: \_\_\_\_\_

Allergies (food, drug, insect, asthma, other): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### Medication List: (Our staff does not administer medications)

<u>Medication(s)*</u>	<u>Dosage Amount</u>	<u>Reason for Medication(s)</u>	<u>Hour(s) or Time(s) to be Dispensed</u>

Effective Dates: (current year only) From: \_\_\_\_\_ To: \_\_\_\_\_

Specific Restricted Activities: \_\_\_\_\_  
\_\_\_\_\_

Any other areas of concern we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

I have examined the above child and found the child to be qualified for admittance into Camp Ladybug and participate in all activities without risk to the child and to others.

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## Photographic Release Form

GEARS  
70 South Poplar Street  
Elizabethtown, PA 17022

### PERMISSION TO USE PHOTOGRAPH

Subject: GEARS - Camp Ladybug  
Location: Elizabethtown Borough Park Pavilion #5

I grant to GEARS, its representatives and employees, the right to take photographs of me and my property in connection with the above-identified subject. I authorize GEARS, its assigns and transferees to copyright, use and publish the same in print and / or electronically.

I agree that GEARS may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)