



Camp Ladybug 2020

Camper Application

Greetings Parents & Campers!

The Greater Elizabethtown Area Recreation & Community Services is proud to announce our Camp Ladybug 2020 theme: "Around the World in 30 Days"!!

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 22-July 3 (CAMP A)
Monday-Friday, July 6-July 17 (CAMP B)
Monday-Friday, July 20-July 31 (CAMP C)

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 **ASAP** 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



Camp Ladybug 2020

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, 2020 from 9 am-12 noon (Monday-Friday) 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 3 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**. GEARS will send an email if cancelled before camp starts. We will also place a sign at the park site.

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 25 people. Want ideas? Consider bringing popcorn, pretzels, cheese puffs/ balls, animal crackers, cookies, goldfish, chips, or homemade crispy treats, cookies, or brownies. 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 pick one of the two-week time periods that you can attend camp the most. We will limit the number of campers and volunteers this year to meet PA Dept of Health guidelines.

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 between **8:45-9:15 AM** and pick up at 12 noon.



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

70 South Poplar Street, Elizabethtown, PA 17022
717.367.0355 (Phone) 717.361.7235 (FAX) GetintoGEARS.org

2020 Camp Ladybug Camper Application Form

Camper _____ Birthdate _____
Last First MI

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

Please list your order of preference for the 2 week camp that you would like to register for. Assign #1-3.

Register for Camp A _____ Camp B _____ Camp C _____
June 22-July 5 July 6-17 July 20-31

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 child is in physical danger.** If your child becomes violent or puts any other child 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

70 South Poplar Street, Elizabethtown, PA 17022
717.367.0355 (Phone) 717.361.7235 (FAX) GetintoGEARS.org

Last Name of Camper

Camp Ladybug 2020 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: _____

2020 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 Activities Restricted: _____

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
600 East High 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)