

E

HORSE CAMP ONLY – applicants must meet minimum qualifications

Dauphin Bible Camp Horsemanship Level attained ____ Number of years riding _____

Other Camp Level attained _____ Camp attained at _____

Do you own or care for a horse on a regular basis? *Yes/No* Have you done any horse jumping? *Yes/No*

F

BRING A FRIEND PROGRAM – WANT TO SAVE MONEY? Simply bring a friend to camp who has never been here before. For each friend that registers you will receive \$10.00 off your registration cost. Bring 20 friends and come to camp for FREE! Simply follow these steps: (1) Find friends that have not been to DBC before (2) Attach a list of them to your registration form (3) **Put your registration form with your list and all of their registration forms into the same envelope and mail them in together.** (4) Receive great discounts on summer camp!!! For more information visit our website or contact us at the camp.

G

Payment:
Registration Fees
 (applicable GST included)

Special Needs	\$270.00
Young Camper	\$100.00
Junior Camps	\$215.00
Teen Camps	\$220.00
Horse Camp	\$260.00
CLT Program	\$165.00
Drama Camp	\$220.00
Golf Camp	\$270.00
Teen Retreat	\$60.00
Worker	\$200.00

Camp Registration Fee (see list) \$ _____
 (Minimum non-refundable pre-registration fee of \$50.00)

Camp Hoodie (\$40.00) \$ _____
 (must be pre ordered by May 6th/10)

Please circle size - YS YM YL S M L XL XXL

Camp T-Shirt(\$12.00) \$ _____
 (Shirts will be available in the registration line, but to ensure you get your size please pre order by May 6th/10)

Please circle size - YS YM YL S M L XL XXL XXXL

 Ask about our Kiddie
 Camp - only \$2 per
 weekly activity!

Sub Total \$ _____

 Dauphin Bible Camp
 registration fees include
 applicable GST.

Campership donation \$ _____
Help another child attend camp this summer.

Total \$ _____

 Camp DVDs are
 provided for each
 camper at no
 additional fee.
OFFICE ONLY

Amount Paid \$ _____ Amount Owning \$ _____

Distribution Code: I Confirmation Date _____

Some suggested items to bring: Bibles, notebook, pencil, flashlight, towels, deodorant, toothbrush, toothpaste, comb/brush, pajamas, bug spray, sunscreen, warm bedding (sleeping bag), pillow, swimsuit (no bikinis), enough clothes to last all week (and the kind that can get dirty!), long pants (jeans) and heeled footwear if you are taking horsemanship. Please mark your name on all your belongings! *We cannot guarantee the return of lost items.* A camper checklist is available for download on our website.

Please don't bring: electronics (ipods, cell phones, palm pilots, video games, etc), comic books, playing cards, knives and weapons, illegal substances, clothes with offensive or graphic wording or graphics.

2011 FORM 2 APPLICATION FOR SPECIAL NEEDS CAMP
(This form must be attached to the General Camper Registration Form)

CAMPER'S PERSONAL INFORMATION

First Name _____ Last Name _____

Please answer the following questions to help us understand you as a camper. Please note that Dauphin Bible Camp has a limited amount of staff and may not have a qualified member to help you properly; therefore we will ask that you provide your own worker who will be able to meet your needs one on one. Also **if a group sends more than four campers than they will be required to send a worker** so that we may better serve you as a camper.

Has camper been away from home? **Yes/No** Attended any camp before? **Yes/No**

Worker's Name: _____

Note: There must be at least 1 worker for every 4 campers sent from agencies. Independent campers requiring high supervision or specific care must provide a worker.

Interests/hobbies: _____

Check if camper would like to participate in the following:

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> archery | <input type="checkbox"/> pellet guns | <input type="checkbox"/> board games | <input type="checkbox"/> swimming |
| <input type="checkbox"/> nature walks | <input type="checkbox"/> singing | <input type="checkbox"/> arts/crafts | <input type="checkbox"/> basketball |
| <input type="checkbox"/> volleyball | <input type="checkbox"/> puzzles | <input type="checkbox"/> listening to stories | <input type="checkbox"/> campfires |
| <input type="checkbox"/> horseback riding | <input type="checkbox"/> drama | <input type="checkbox"/> hay ride | <input type="checkbox"/> talent show |

Check any of the following that describe the camper:

- | | | |
|---|--|--|
| <input type="checkbox"/> likes to try new things | <input type="checkbox"/> shares well with others | <input type="checkbox"/> likes to be alone often |
| <input type="checkbox"/> likes group activities | <input type="checkbox"/> enjoys people | <input type="checkbox"/> understands game rules |
| <input type="checkbox"/> keeps track of possessions | <input type="checkbox"/> has difficulty relating to opposite sex | |
| <input type="checkbox"/> takes mid-day naps | <input type="checkbox"/> bites/hits/hurts others | <input type="checkbox"/> sleeps through the night |
| <input type="checkbox"/> likes self | <input type="checkbox"/> tells untruths or exaggerates | |
| <input type="checkbox"/> likes to hide or run away | <input type="checkbox"/> steals from others | <input type="checkbox"/> breaks other's belongings |
| <input type="checkbox"/> smokes | <input type="checkbox"/> has tantrums | <input type="checkbox"/> needs steady supervision |

For following questions, use separate sheet if necessary and mark N/A if not applicable.

● Please list any compulsive behaviours and appropriate response for staff to take: _____

Response: _____

● Please list any anticipated emotional needs: _____

Response: _____

● Please list any self-abusive behaviours and potential causes: _____

Response: _____

● Please list any idiosyncrasies, likes or dislikes: _____

● Please list any communication aids: _____

● Please list any daily habits/routines: _____

● Please list any other special needs: _____

MEDICAL INFORMATION

Note: All information below is to ensure that we will be able to provide a great and safe camp experience for the camper. Please fill it out as completely and accurately as possible so that we can make sure that our camp can accommodate the camper as best we can.

Height _____ Weight _____

Medical # _____

Personal Health Care # _____

Physician's Name: _____

Phone (_____) _____

● Please list all allergies and their severities: _____

Diet Restrictions

- calories _____
- amount _____
- cholesterol _____
- low sugar _____
- low salt _____
- food dislikes _____

Diabetic: insulin injections

Seizures

- epileptic
- subject to seizures
- under medication
- presently controlled
- date of last _____

diet controlled

Physically Sensitive

- sunburns easily
- vulnerable to insects

Speech

- good
- impaired
- non-verbal
- signs/gestures
- makes needs known

Sight

- good
- legally blind
- totally blind
- night blind
- eye disease
- needs guide

Eating/Dental

- needs assistance eating
- eating disorder
- missing teeth
- chewing problems
- dental hygiene assistance needed

Fears

- water
- dark
- animals
- crowds
- heights
- other _____

Hearing

- hears well
- totally deaf
- legally impaired
- impaired left
- impaired right
- impaired both

Mobility

- walks well
- difficulty walking
- good balance
- poor balance
- uses walker
- uses cane
- uses wheelchair
- wanders

Washroom

- goes by self
- needs reminding
- needs assistance how? _____
- wet nights, how is this dealt with? _____
- wet days, how is this dealt with? _____

Dress

- independent
- help needed
- must be dressed

DBC does not allow tobacco products on our camp grounds. Does the camper have any special needs requiring a tobacco product? : Yes No

Showering

- showers self
- needs reminding
- needs assistance
- may resist showering

Menstruation

- Camper menstruates Y/N
- Expect cycle at camp Y/N
- Expect discomfort Y/N

Explain: _____

- List any known heart conditions, strokes, etc. _____
- _____ ● List any medical conditions, e.g. Downs Syndrome, Fetal AS, etc.: _____
- _____ ● List any other behavioral or health problems that our staff should be aware of: _____

_____ ● **All Medication** must be given to the camp Health Officer to be kept in his/her cabin or **a worker may administer medication to their own campers upon written permission from the agency and/or parent/guardian.** Those workers may keep campers medications in a locked locker (provided) in their respected cabin. Staff workers will be asked to administer medications if possible. The camp Health Officer will be available to help in administration and distribution of medications. Medications also have to come in a clearly marked bubble pack container as to facilitate proper administration.

- Please list any and all current medications, their dosage, and the time table for administration:

To best of my knowledge all the above information is correct. I will notify the camp if the camper is exposed to an infectious disease during the three weeks prior to camp. In the case of an emergency, contact me. In the event I cannot be reached, I give permission to the physician selected by the camp director to hospitalize, secure treatment, order injections, anesthesia, or surgery for the camper as named above. I accept financial responsibility for costs incurred in excess of the benefits allowed by provincial health and/or personal medical insurance.

Caregiver or guardian

Date