

Dear Camp Sertoma Families,

We are very excited and getting ready for Camp Sertoma 2016. As we are preparing for Camp Sertoma, we want to say that we are thankful for the continuous support that we receive from all of the families, campers, staff, Sertoma club members, and the community. Thank you!

The dates for Camp Sertoma 2016 are:

July 10-15, 2016
Grades 2nd – 8th

Enclosed are your registration materials for Camp Sertoma 2016. Campers residing in Sertoma's Great Plains Region (MN, IA, NE, SD, ND) will have priority to register through May 1st and benefit through reduced costs thanks to the generous support of area Sertoma Club members. After that time, if space allows, campers from outside of this service area will be accepted if full payment of \$662 is received. .

We all know that check in day is filled with excitement and a lot of last minute details. To make this day easier, we will require all support forms be postmarked no later than June 1st. If we do not get all of your camper's forms by June 1th, we will have to decline your child's registration and accept the next child on the waiting list.

Sertoma Clubs from the Great Plains Region are dedicated to provide this opportunity to as many campers as possible regardless of family income. The actual cost per camper is \$662 per session. While some families are able to pay in full, many are not. Families residing in the Great Plains District (MN, IA, NE, SD, ND) are asked to pay a non-refundable \$125 registration deposit before April 15, (**\$150 after April 15**) per camper or as much as they can towards the actual cost. Families outside of these states will be required to pay the full \$662 and will be allowed to register if space allows after May 1, 2016 Waivers for the registration deposit are available to those within the Great Plains Region and no camper within the district will be denied due to financial limitations.

Our staff training will be held during the week of July 5th July-9th. This is an extremely busy time and does not allow for time in the office as we prepare for a safe and enjoyable week at camp with our counselors. Please note that Emily and Jenni will not be available to answer phone calls one week prior to Camp Sertoma. Emails will be answered as time allows. We will be happy to talk with you via e-mail or phone before July 1st.

Again, we are very excited for Camp Sertoma 2016! Please feel free to contact us with any questions or concerns.

Jenni Bailey: Jen@CampConfidence.com or 218-828-2344

Emily Smith-Lundberg: Emily@DreamsAndInspirations.com

Happy Camping!

Jenni Bailey
Camp Sertoma Director

Emily Smith-Lundberg
Camp Sertoma Director

Special Diets:

Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only. Requests should not be made for food preferences, personal taste, or for “picky eaters”: due to the large number of campers, camp cannot accommodate these requests and they will not be honored.

Example of special diet requests include: gluten-free diet, kosher meals, peanut allergy, lactose intolerance, etc.

Examples of diets that are not a special request include: child does not like vegetables, child will only eat hot dogs or hamburgers, etc.

Camp Sertoma Registration 2016

\$125 Registration before April 15, 2016

\$150 Registration after April 15, 2016

JULY 10th-15th

Grades 2nd-8th

Camper Name _____ **Gender** _____ **Age** _____

Grade Completed Spring 2016 _____ **Birthday** ____/____/____

Parent/Guardian

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Day Phone/ VP (_____) _____ Voice Text Cell Phone (_____) _____ Voice Text

Eve Phone (_____) _____ Voice Text

Second Parent/Guardian or Emergency Contact _____

Address _____

City _____ State _____ Zip _____

Day Phone/ VP (_____) _____ Voice Text Cell Phone _____ Voice Text

Eve Phone (_____) _____ Voice Text

Send confirmation and information by:

Email _____

US postal

Payment:

____ Enclosed is the \$125 non-refundable camp deposit if mailed before April 15th

____ Enclosed is the \$150 non-refundable camp deposit (after April 15th)

____ Please include a copy of an acceptance letter for 2015-2016 for the free or reduced lunch program to receive a deposit waiver.

*To ensure that Camp Sertoma can continue, we want to make sure camping scholarships are going to families most in need. This year we will be requiring documentation.

To ensure a place is reserved for your child there must be 2 pages fully filled out for registration

Camp Sertoma Registration 2016

Camper Name _____

All campers will be exposed to an environment rich in culture and FUN. Campers will be in cabins according to gender. (please check all that apply)

- ___ Camper is Deaf
- ___ Camper is hard of hearing
- ___ Camper attends a Deaf school
- ___ Camper has a cochlear implant
- ___ Camper knows some ASL
- ___ Camper is trying to learn more ASL
- ___ Camper uses ASL for communication
- ___ Camper uses Cued Speech
- ___ Camper communication is primarily oral
- ___ Other communication _____

Allergies Yes No
If YES, allergies to: Food Medications
 Environment Other _____

 A representative from Camp Sertoma may contact you for additional information

**** Children requiring one-on-one attention with personal hygiene or behaviors must have a PCA (personal care attendant) attend Camp with them. There is no additional charge for this person while at Camp.

Please contact Jenni or Emily with any questions.

(218) 828-2344 - VP (218)-297-0159 - Jen@CampConfidence.com - Emily@DreamsAndInspirations.com

Parent/Guardian Authorization:

*Should my child need to leave camp for behavioral or medical reasons I agree to pick him/her up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.

*We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc., its employees, and agents against any and all claims, damages and injuries.

* Camp Sertoma/ Confidence Learning Center are not responsible for the stolen/loss or breakage of clothing and equipment, including hearing equipment, and we encourage you to only bring items that would not upset the family if lost.

* This DOES NOT complete your child's registration. You will receive additional materials that must be completed in order to finish the registration. (Health form, Doctor Exam form, immunizations etc.)

I hereby grant permission for the above named camper to participate in the Camp Sertoma session listed above.

 (Parent/ Guardian Signature)

 (Date)

I grant permission to Camp Sertoma to take and utilize photographs or likeness of above named camper for the use of Camp Sertoma promotions and/or future fundraising activities.

 (Parent/Guardian Signature)

 (Date)

To ensure a place is reserved for your child there must be 2 pages fully filled out for registration

2016 Camp Sertoma Health Form

Health Form MUST be returned to camp by June 1, 2016

Camp Sertoma

1620 Mary Fawcett Memorial Dr

East Gull Lake, MN 56401

218-828-2344, VP 218-297-0159

Camper Name _____ Session July 10-15, 2016

Age _____ Birthday _____ Grade Completed Spring 2016 _____ Gender: Male Female

EMERGENCY CONTACTS

Parent/ Guardian: _____

Home Phone/ VP _____

Home Address _____

City /State/ Zip _____

Mother's Cell _____ Work _____

Father's Cell _____ Work _____

Preferred Contact Text Voice

If parents/ guardian is not available in an emergency, notify:

1.) Name: _____ Relationship _____

Home # _____ Cell# _____ Work# _____

Preferred Contact Text Voice

2.) Name: _____ Relationship _____

Home # _____ Cell# _____ Work# _____

Preferred Contact Text Voice

Allergies: No known Allergies. This camper is allergic to: Food Medicine The environments (insects, hay fever, etc) Other
(Please describe below what the camper is allergic to and the reaction seen)

Diet, Nutrition: This camper eats a regular diet This camper has special food needs (Please describe) You may be contacted for additional information. In cases of extreme restrictive diets families may be asked to bring their own food items to supplement what is provided by Camp Sertoma.

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (Please describe below)

- Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.
- I hereby give permission to Camp Sertoma to provide routine health care, administer prescription medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Sertoma to arrange necessary related transportation for me/my child.
- We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc, its employees, and agents against any and all claims, damages and injuries.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Sertoma to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.
- Should my child need to leave camp for behavioral or medical reasons I agree to pick up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.
- Families are responsible for translating or interpreting in language other than English. All paperwork must be filled out and turned into camp in English

Signature of parent/guardian _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities

Signature of minor camper _____ Date _____

*If for religious reasons, you cannot sign this, contact Camp Sertoma for a legal waiver that must be signed for attendance

General Health History

Has/does the participant:

- 1 Had any recent injury, illness or infectious disease? Yes No
- 2 Have recurring/chronic illness?.....Yes No
- 3 Ever been hospitalized?.....Yes No
- 4 Ever had surgery?.....Yes No
- 5 Have frequent headaches?.....Yes No
- 6 Ever had a head injury?.....Yes No
- 7 Ever been knocked unconscious?.....Yes No
- 8 Wear glasses, contacts or protective eyewear?.....Yes No
- 9 Wear hearing aids or cochlear implant?.....Yes No
- 10 Had fainting or dizziness.....Yes No
- 11 Ever had seizures?.....Yes No

- 12. Ever passed out or experienced chest pain during or after exercise?.....Yes No
- 13 Ever been diagnosed with a heart murmur?.....Yes No
- 14 Ever had back/joint problems?.....Yes No
- 15 Have any skin problems (e.g. itching, rash, acne)?.....Yes No
- 16 Have diabetes?.....Yes No
- 17 Have asthma?Yes No
- 18 Have mononucleosis in the past 12 months?.....Yes No
- 19 Has problems with diarrhea/constipation?.....Yes No
- 20 Have problems falling asleep/sleepwalking?.....Yes No
- 21 If female, have an abnormal menstrual history?.....Yes No
- 22 Have a history of bed-wetting?.....Yes No
- 23 Have any special physical needs?.....Yes No
- 24 Traveled outside the US in the past 12 months?.....Yes No

Please explain any “yes” answers, noting the number of the questions:

Mental, Emotional and Social Health

- 1 This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.....Yes No
- 2 Ever had emotional difficulties for which professional help was sought?.....Yes No
- 3 This camper had a psychiatric diagnosis such as depression, OCD, Panic/Anxiety disorder, eating disorder.....Yes No
- 4 Have any special behavioral needs?*If “Yes” Please attach written information for behavior management.....Yes No
- 5 This camper has had a significant life event that continues to affect the camper’s life* if’ yes” please attach written information about the event- death of a loved one, family change, survived disaster, etc.....Yes No

Please explain any “yes” answers, noting the number of the questions:

What have we forgotten to ask? Please provide any additional information about the camper’s health or behavior that may be helpful for the camper to have a successful camp experience.

Camper Name _____

Medical Insurance:

Insurance Company: _____ Policy Number _____

Policy Subscriber _____ Insurance Company Phone Number _____

Parent/ guardians are financially responsible for health care given by an out-of-camp provider for medications, illness treatment, pre-existing conditions etc.

*** Photocopy of front and back of health card must be attached to this form***

Health Care Providers

Name of camper's primary doctor(s) _____ phone _____

Name of dentist(s) _____ phone _____

Medications being taken

"Medications "is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies Please list ALL medications taken routinely. ***Bring ONLY enough medication to last the entire time at camp. Keep it in the ORIGINAL Packaging/bottle that identifies the prescribing physician***

This Camper will NOT be taking any medication while at Camp Sertoma

This Camper will take the following medications(s) while attending Camp Sertoma .

Name of Medication and dosage	Reason for Taking it	When to be given	Date Started
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other _____	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other _____	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other _____	

Attach additional pages for more medication.

Camper Name

Over the Counter Medications

The following generic medications are stocked in our Nurse’s office and are used to manage illness and injuries that may occur while your child is at Camp Sertoma. All OTC medications will be given according to manufacturer’s recommendations. **Cross out those that SHOULD NOT be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Antibiotic Ointment or Cream	Aloe
Benadryl (oral)	Cough Drops	Cough Drops	Calamine Lotion (Poison Ivy Lotion)
Benadryl (lotion)	Tums	Hydrocortisone Cream	Benzocaine (Insect Bite Spray)
Solocaine (Sunburn Spray)			

Parent/Guardian Signature _____ Date _____

***Immunization History:**

Provide the month and year for each immunization or attach a copy of your child’s clinic/school immunization record. Starred (*) immunizations must be current. **Families must provide information each year for child to attend.**

Immunization	Dose 1 Month /Year	Dose 2 Month/ Year	Dose 3 Month/Year	Dose 4 Month/ Year	Dose 5 Month/ Year	Most Recent Dose Month/Year
Diphtheria, tetanus,pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, Measels, Rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal meningitis (MCV4)						

You must have a physician fill out and sign “PHYSICAL EXAMINATION FORM” or have the physician’s office fax the following information to Camp Sertoma (218) 828-2618 on a separate form. Health Exam must be no more than 24 months prior attending Camp. **This information MUST be at camp before June 1, 2016**

*Date of Health Examination

*Signature and date from physician

*Current or on-going treatments or medications

*Any physical conditions requiring restrictions while at Camp Sertoma, and list restrictions.

* Questions please contact Jen or Emily, Jen@CampConfidence.com or Emily@DreamsAndInspirations.com (218)828-2344

VP 218-297-0159

(This form must be completed by licensed medical personnel
Must be to Camp Sertoma by June 1, 2016)

Camp Sertoma
1620 Mary Fawcett Memorial Drive
East Gull Lake, MN 56401
218-828-2344
Fax 218-828-2618

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. A physical exam must be completed by licensed medical personnel at least every 24 months prior to attending Camp Sertoma.

Name of Camper _____ Birth Date _____

Health Care Recommendations by Licensed Medical Personnel

I have examined the above camp participant on (date) _____

Weight _____ Height _____

This camper is independent in toileting, bathing and other personal hygiene () Yes () No

In my opinion, the above applicant () is () is not able to participate and work in an active camp program

The applicant is under the care of a physician for the following condition(s)

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at Camp: (name, dosage, frequency): _____

Any medical prescribed meal plan or dietary restrictions: _____

Known Allergies: _____

Descriptions of any limitations or restrictions on camp activities: _____

Additional information (behavioral, physical, emotional or mental health) for health care staff: _____

Signature of Licensed Medical Personnel _____ Date _____
Printed _____ Title _____
Address _____ Phone: _____

Camp Sertoma Behavior Contract

Campers should not be afraid to approach their cabin counselor or Camp Director at any time -- asking to talk about things that are bothering them. If campers don't report problems, it is possible that Camp Sertoma counselors will remain unaware of the issues, and therefore the support and assistance they are prepared to offer may be delayed. We care very deeply about your camper's emotional and physical safety. Please encourage them to report problems as soon as possible. It's only when we don't know about a problem that we can't solve it.

CAMPER CONTRACT

I, _____, promise that I will do my best to keep Camp Sertoma a fun, safe and caring place for everyone. This means that I will:

1. Treat everyone with kindness and respect.
2. Use appropriate language and discussions
3. Resolve disagreements with other campers peacefully.
4. Never tease, hurt, name-call or bully another camper.
5. Refuse to join in if I see someone else being bullied.
6. Not exclude others from joining activities
7. Ask for help from an adult if I am bullied or see someone else is being bullied.

Serious problems concerning camper behavior at Camp Sertoma are rare. Most inappropriate behavior is directly related to typical reactions of campers to a new environment. This is a normal byproduct of children's transitions as they grow, gain independence, and establish personal identities that will carry them through life. We anticipate these behaviors and train our counselors to address them in a positive manner. Believe it or not, we enjoy this aspect of child development, and our role in learning more about children, while helping them through the issues that can lead to problems surfacing. Occasionally, there are cases in which campers are unresponsive to the techniques we use to address behavioral concerns. A camper who continues to struggle, after numerous attempts to address concerns, can end up having a very negative impact on other campers' experience of Camp Sertoma. While we do our best to support all campers' individual needs, there are occasions where doing so is detrimental to the happiness of the larger community of campers. In the event this is the case, a camper may be sent home before the end of their session. This is a critical understanding and agreement.

Parents, please take a few minutes to discuss your campers' behavior and its relation to the success and positive nature of our camp community. We certainly do not anticipate having to dismiss any camper, however they need to be aware of appropriate behavior and the consequences of inappropriate behavior.

Parent Signature: _____ Date _____

Camper Signature: _____ Date _____

Camp Sertoma Wish List

Dream

Additional Lodge Storage
8' Banquet Tables and Chairs
6 Persons Golf Club Cart

Wish

Standup Paddleboards
Gaga pit
Cowboy Golf
Frisbee Golf
Bag Toss Games
Water Balloon Sling Shot
9 Square in the Air
Team Vests (Youth & Adults)
Earth Ball (LARGE BALL)

Need

Rit Dye (various colors)
Washable Markers
Permanent Markers
Tempra Craft Paints
Elmer's School Glue
Wax Paper (makes the
slide go fast!)
Marshmallow Sticks
(long wooden handles)
9" balloons
Toilet Paper
Pump Hand Soap
Paper Archery Targets
Latex Free Gloves