



A Special Place for Young People with Special Needs

MAILING ADDRESS	EMAIL / WEBSITE	PHONE & FAX	WESLEY GARDENS
PO Box 14377, Savannah, GA 31416	admin@lindseysplacecamp.com www.lindseysplacecamp.com	(912) 358-1030	278 Shipyard Rd, Savannah, GA 31406

Dear Parent/Guardian,

We are so happy about your interest in Lindsey's Place Camp! We have put together all the necessary forms for you to review, fill out, and return. There are also some forms for you to keep as well. Please remember these forms only have to be completed once a calendar year, unless your camper has medical changes that need to be updated. I hope you find them to be pretty straight forward. If you have any questions and/or concerns, please feel free to contact us.

Please note that all forms MUST be returned in order to insure your camper's participation in camp. Our spots are filled on a first-come, first-served basis. If the program that you indicated on your Registration Form has already filled, we will add your camper's name to the program's waitlist and call you.

We continue to strive toward our goal of establishing a year round facility offering various residential, weekend, and day outing opportunities to our SUPER campers. Plans are being cultivated now that will move us closer and closer to this goal as funding allows.

As many of you know, we will still be holding camp at Wesley Gardens. It is a beautiful place that allows all of our campers the chance to experience beautiful water views and natural surroundings. **For official camp dates please check our website.** Following past protocol, check in for the weekend will be that Friday between 4:00-5:00pm and check out will be that Sunday at 11am. We will confirm these times with you once we are at two weeks prior to camp.

As the new Administrator for LP, I look forward to receiving all of your information as we finalize our plans for this upcoming year. You can make your deposit payments or full camp payments via PayPal (invoices will be emailed). If you need to speak with someone, we are always available to you. We can be reached via phone or text message at (912) 358-1030. As always, it is our goal to make this the best experience possible for your camper!

Sincerely yours,

Kamryn Owens
Administrator
Lindsey's Place Camp



REGISTRATION FORM

YEAR: _____

Camper Name: _____ DOB: _____ Male: ___ Female: ___

Camper Address: _____
Street City/State Zip

Parent / Legal Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Has Camper been to a camp? ___ yes ___ no; If no, has camper ever been away from home overnight? ___ yes ___ no

Has Camper ever been to Lindsey's Place Camp before? ___ yes ___ no; If yes, what years? _____

Camper's Primary Diagnosis: _____

Dietary Restrictions/Allergies: _____

Is camper restricted from any specific activities? _____

IMPORTANT: Please indicate t-shirt size for your camper:

YOUTH SIZES: ___ Small ___ Med ___ Lg ___ XL

ADULT SIZES: ___ Small ___ Med ___ Lg ___ XL ___ XXL ___ XXXL

REGISTRATION INFORMATION

Camp is \$350 per camper. A **\$50 deposit** is due upon submission of this form for registration. Registration form and deposit must be submitted in order to ensure your spot at camp. Please note: All deposits are non-refundable and non-transferable. If a cancellation is made with less than 7 days' notice, full tuition payment is still due.

TOTAL TUITION TO BE PAID: _____ - Deposit(s) _____ = Amount Due _____

PAYMENT OPTIONS: Please check off a payment method that works for you. We accept cash, check, money order, or any major credit or debit card. **NOTE: All invoices will be sent to the email address above via PayPal unless cash, check or a money order is enclosed.**

___ **Option 1:** Pay deposit by check # _____ with the final balance due 30 days before camp.

___ **Option 2:** Pay in full by check # _____.

___ **Option 3:** Pay deposit online via PayPal with the final balance due 30 days before camp.

___ **Option 4:** Pay in full online via PayPal.

___ **Option 5:** I am including my complete application for Financial Assistance

EMERGENCY CONTACTS:

Each participant must have at least one person who will be available to pick them up should the need arise.

Emergency Contact #1: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Emergency Contact #3: _____ Relationship: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

CAMPER INFORMATION

Please list Camper’s strengths, abilities, and talents:

Camper’s favorite/least favorite things to do, food, etc.:

Things that motivate your camper (i.e. rewards):

Special concerns we should know about or other things we should know about your camper:

Please fill in with “yes” or “no” to indicate if your camper has needs in the following areas:

<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Communication	<input type="checkbox"/> Behavior	<input type="checkbox"/> Eating
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Self-care	<input type="checkbox"/> Toiletry	<input type="checkbox"/> Other

If “yes” explain below:

CAMPER PARENT/GUARDIAN AUTHORIZATION:

1. Health Disclosure. In connection with the application of the camper to participate in the camp and related programs of Lindsey's Place (OR "camp" OR "center") the undersigned parent or guardian wishes you to rely on the health history contained in the application which the parent/guardian believes is correct as of the time of the application. If prior to the start of the camp session, any changes or additions occur, the parent/applicant will immediately notify Lindsey's Place **or if during the camp session the parent/guardian receives any information of a change or addition, the parent/guardian will immediately notify the nurse at the camp.** If Lindsey's Place deems it necessary in its sole judgment, it may seek the diagnostic services and treatment services of local physicians, nurses, hospitals and dentists without prior notification to the parent/guardian. Lindsey's Place will endeavor to give the parent/guardian reasonable notification depending on the circumstances. Regardless of when notice is given, parent/guardian will assume directly with the provider (including pharmacies and transportation) all financial responsibility regarding such professional advice and treatment provided during the applicant’s tenure at the Camp.

2. Activities Permitted. If the applicant is admitted, the applicant has the parent/guardian’s consent to engage in the activities regularly offered at Lindsey's Place and at such other place as Lindsey's Place chooses including but not limited to basketball, tennis, softball, yoga, aerobics, guided nature tours, picnics, and fishing.

3. Release/Covenant Not to Sue/Indemnification. Parent/guardian understands that, as in all camp and sport activities, especially for disabled campers there is a risk of physical injury and a risk of damage to their property. Parent/guardian, individually and on behalf of the camper and on behalf of any parent or guardian who does not **also** sign this document, assumes the risk of all such physical injury and/or damage to property while the camper is at Lindsey's Place and participating in its activities whether on the Lindsey's Place property or otherwise and covenants not to sue Lindsey's Place or any of its employees, officers or directors, with respect to any such physical injury or damage to property. Parent/guardian also, on their own behalf and on behalf of the minor who is the applicant and any parent/guardian who does not **also** sign this document, hereby forever releases and discharges Lindsey's Place, the camp/center, and any other person or entity owning or controlling any premises upon which an event may occur, and the owner of or driver of any transportation vehicle used by or for Lindsey's Place, and each of the fore going’s employees, officers and directors, from any and all claims, causes of action, damages, costs, loss or expense (including legal fees) (collectively “claim”) which any such releaser, i.e., the applicant or any parent/guardian, may have, suffer or incur in connection with the applicant’s activities while participating in any camp activity, or if the applicant acts while enrolled at the camp but outside the activities of the camp.

This assumption of risk, release, and covenant not to sue shall bind the applicant regardless of when the claim arises and regardless of when the claim is made, even if made after the applicant reaches majority for purposes of making a claim or suffers injuries that extend into majority.

Participants Name: _____ DOB: _____ Male: _____ Female: _____

SEIZURES: Is this camper subject to seizures? ___yes, ___no;

If yes, date of last seizure: _____ How frequent? _____

Describe the seizure: Type: _____ How long do the seizures last? _____

Seizure triggers: _____

When should the guardian or physician be notified of seizure activity?

___after every seizure; ___after a seizure lasting more than ___ minutes; ___ no notice (please attach any special protocol)

HEALTH HISTORY: Please fill in with “yes” or “no” and if “yes” explain below.

___ Heart defect / disease	___ Frequent ear infections	___ Hay Fever	___ Chicken Pox
___ Food Poisoning	___ Diabetes	___ Mononucleosis	___ Poison Ivy
___ Measles	___ High Blood Pressure	___ Asthma	___ Insect stings
___ Mumps	___ Headaches	___ Sinus/Nasal issues	___ Fainting/Dizziness
___ Back/Joint issues	___ Sleep apnea/sleep walking	___ Bedwetting	___ Gastro Issues
___ Diarrhea/Constipation	___ Females: Menstruation	___ Bladder/Kidney	___ Skin Issues
___ Other			

“Yes” Explanations:

ASSISTIVE DEVICES

Eyes: Wears glasses: ___yes, ___no. Color of frame? _____

Ears: Wears hearing aids: ___yes, ___no. Level of support needed with them? _____

AFO: ___yes, ___no; Support needed? _____

Trunk Support: ___yes, ___no; Please describe: _____

Other Assistive Devices used: _____

BOWEL PROGRAM: Does the camper have any concerns regarding bowel movements? ___yes ___no

If yes, please describe the proper protocol to be performed in next section below: **Be sure that any medication given as part of this program is listed on the Medication Form and brought to camp.**

SPECIALIZED HEALTH CARE PROCEDURES: Does the participant require a specialized health care procedure during the program (i.e., nebulizer treatments, catheterization, etc)? ___ Yes; ___ No. If yes, please complete the following:

Name of procedure: _____

Doctor’s orders are required for any **respiratory assist equipment (C-Pap/Bi-Pap, etc.) and urinary catheterization.**

Description of procedure: *Please include time intervals between applications and conditions/symptoms that require repeating the procedure.* Please list any precautions Health Center staff must be aware of before, during, or after the procedure:

Participants Name: _____ DOB: _____ Male: _____ Female: _____

PSYCHOLOGICAL AND BEHAVIORAL HISTORY:

Has the camper been treated for ADD/ADHD? ___ Yes; ___ No
Has the camper been treated for emotional or behavioral difficulties or an eating disorder? ___ Yes; ___ No
Has the camper had a significant life event that continues to affect the camper's life? ___ Yes; ___ No
Please explain any YES answers: _____

Is the camper currently being seen by a psychiatrist, psychologist, or other mental health care worker? ___ Yes; ___ No
Please print name and contact info this professional. _____

Does camper have a diagnosis? ___ Yes; ___ No; If yes please list the diagnosis: _____

Is camper receiving medication for this condition? ___ Yes; ___ No; If yes please list the medication: _____
Be sure that any medication given as part of this program is listed on the Medication Form and brought to camp.

HEALTH CARE RECOMMENDATIONS FROM PHYSICIAN

Blood Pressure: _____ Weight: _____ Height: _____
This camper is able to participate in an active camp program: ___yes; ___no
Please list any LIMITATIONS OR RESTRICTIONS ON CAMP ACTIVITIES: _____

MEDICAL CONCERNS/TREATMENT TO BE MONITORED AT CAMP: _____

MEDICAL CONDITIONS REQUIRING NOTIFICATION OF GUARDIAN & PHYSICIAN: _____

MEDICALLY PRESCRIBED MEAL PLAN/DIETARY RESTRICTIONS: _____

⇒Date of Physical Exam: _____

I certify that I have completed a physical examination of this person within **one year** of the expected participation date, on the date listed above. This person is in satisfactory condition to participate in an active residential camping program for and with people with disabilities. I am aware of all medications prescribed to this camper and see no contra-indications.

⇒PHYSICIAN SIGNATURE: _____ Date: _____

CAMPER PARENT/GUARDIAN AUTHORIZATION:

I have reviewed this completed Medical Form. All information provided is correct to the best of my knowledge, and the camper herein described has permission to engage in all activities except as noted.
In case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event that I cannot be reached, I hereby give permission to Lindsey's Place Camp staff to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery, or injections of medication for me/my child. Permission is given to transport me/my child for medical assistance. I understand that I am responsible for payment of all medical treatments received. This form may be photocopied for camp use.

By signing below I understand the above guidelines and agree to follow them.

Signature of Legal Guardian: _____ Date: _____

You Must Attach Complete Immunization History with this Physical Examination And their Completed Medication Camper Specific Orders for this Child to Attend Lindsey's Place Camp

REGULATIONS REGARDING MEDICATION: PLEASE READ CAREFULLY! All medications must be brought to camp on the first day by you, the parent/legal guardian, for our nurses to dispense. Please review the rules for all medications below. We will only be able to accept campers with medication that meets all of the following requirements.

Please bring medications in their originally prescribed container. This form **MUST** include all medications and treatments prescribed to this participant; including but NOT limited to lotions, dietary supplements, inhalers, liquids, allergy medication, g-tube feedings, and PRN, temporarily prescribed, or over-the-counter medications. Medications that do not have a legible pharmacy label will not be accepted. Multiple day medication dispensing boxes are not acceptable. NO SAMPLE or foreign medication will be administered without a proper pharmacy label (with the exception of over-the-counter medications).

You must bring ALL of your child's medications with you. Please do not bring prescriptions for us to fill. Please make sure to ensure you have brought enough medication for your camper's entire stay at camp. Even if your child has a medication that you do not wish them to take, if your doctor has sent us an order for our nurses to give it to your child we legally have to dispense it to them unless we receive additional notification from your doctor. **PLEASE REMEMBER:** This form and the medication label(s) on medication itself **MUST** match (say the exact same thing) to be administered at camp.

Please do not arrive at enrollment with new medications or medications that do not correspond with the doctor's order that we have on file. You will have submitted doctor's order for each of your camper's medications prior to enrollment day. If there are any changes to your camper's medications between the times Camp received the order and enrollment day you will need to supply a new doctor's order for each change.

Please ensure that all medications, particularly those that are PRN, are still in date. Medications that are rarely used, such as inhalers, often go out of date without being used. We cannot accept medications that are not in date through your child's entire stay at camp.

Please do not bring medication that does not readily conform to the dosage prescribed on the Doctor's orders. While some medications can be easily divided, e.g. liquids, we can only dispense medications that can be administered easily in their initial form, i.e. if your child receives 200mg of medication each day then the medication should be in 50mg, 100mg, or 200mg form. It is not viable for us to divide a 300mg pill into a 200mg form because of a recent change in dosage.

NO VITAMINS PLEASE! The quantities of medications that our nurses dispense are very demanding of their time and consequently they are only able to dispense essential medications. If you do require your child to receive vitamins during their stay at camp you will need to submit a doctor's order for each vitamin. If you are concerned about this please discuss it with your doctor.

Thank you for your co-operation in adhering to these rules. By following these guideline we can work together to ensure that each child at camp receives their medication in a safe and timely manner.

I have reviewed this completed Medication Form. All information provided is correct to the best of my knowledge, and the participant herein described has permission to engage in all activities except as noted.

In case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event that I cannot be reached, I hereby give permission to the Health Center staff to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery, or injections of medication for me/my child. Permission is given to transport me/my child for medical assistance. I understand that I am responsible for payment of all medical treatments received. This form may be photocopied for camp use.

By signing below I understand the above guidelines and agree to follow them.

Signature of Legal Guardian: _____ Date: _____

Printed name and relationship to participant: _____

**Lindsey's Place Camp
Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

State and Federal law requires us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the Privacy Practice as described below. This Notice will take effect June 1 2003 and will remain in effect until it is amended or replaced by us. It is our right to change our Privacy Practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our Privacy Practices and the new terms of our Notice effective for all health information maintained created and/or received by us before the date changes were made. You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, the Program Director. Information on contacting us can be found at the end of this Notice.

Typical Uses and Disclosures of Health Treatment

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health care information with other health care professionals who may provide treatment and/or serve you. These professionals will have a privacy and confidential policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services provided to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you had advised otherwise.

Healthcare Operations: We will use and disclose your health information to keep our camp operable. Examples of personnel who may have access to this information include, but are not limited to, our nursing staff, senior camp management, reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law: court or administrative order, subpoena, discovery request or other lawful process. We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

PLEASE RETAIN FOR YOUR RECORDS

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with product, reactions to medications, product recalls, disease/infection exposure, and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health care information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

PLEASE RETAIN FOR YOUR RECORDS

HIPPA Notice of Privacy Practices

(This form does not constitute legal advice and covers only federal, not state law.)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Parent/Guardian/18+ camper

We are required to provide you with a copy of your Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this to acknowledge receipt of the Notice.

You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received a copy of the Lindsey's Place Notice of Privacy Practices:

Please Print Camper Name here

Please Print Parent/Guardian Name Here

Relationship to Camper

Signature

Date

For Office Use Only

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this camper but it could not be obtained because:

- The Camper/Parent/Guardian refused to sign
- Due to an emergency situation it was not possible to obtain an acknowledgement
- Other (Please specify details)

PLEASE RETURN THIS PAGE ONLY

What to Bring to Lindsey's Place Camp

As in every camp setting, some articles of clothing and personal items may be lost or misplaced. In order to minimize this possibility, we advise the following:

All clothing and belongings should be marked with your camper's name. It is preferable that you use clothing tags which are sewn into clothes. On arrival at camp a counselor will make a list of your camper's clothing and write their name on each item. If you are able to do this prior to camp, it would be very much appreciated.

Laundry will not be done at camp. Please send your camper with enough clothing for 4 days.

PLEASE DO NOT SEND EXPENSIVE CLOTHING TO CAMP. Please do send clothing that your camper enjoys wearing, though.

Campers sometimes bring expensive cameras, game systems, Nintendo's, DVD's, I-pod's, jewelry, etc. This is not recommended! **Lindsey's Place will not be responsible for loss or damage of any items brought to camp.**

Please don't allow you camper to bring their cell phone to camp. Camper cell phones will be kept in the Program Directors room during their stay at camp and returned to them on the last day. If your camper uses an I-Phone for their music we recommend that your camper bring an alternate source for their stay during camp. There are many cheap MP3 players on the market that will suffice and remove any confusion that may arise from having an all-in-one system. **Lindsey's Place will not be responsible for any loss, damage or costs that are incurred during your camper's stay at camp.**



If your camper needs diapers, please be sure to send more than enough for their stay at camp. We often find that campers use more diapers here than they would do at home so please be sure to send an extra supply. It can be very difficult for us to get extra diapers locally. We will return any that we do not use at the end of their stay.

Please place all of your camper's toiletries in a clear zip lock bag.

We always try to send campers home with everything that they brought to camp. While we do all that we can, we find that occasionally items do occasionally go missing. Therefore, we appreciate it if you do not send treasured/sentimentally important items to camp and ask for your understanding when items such as socks go missing!

Camp Checklist

- Bed Sheets (Twin)
- Blankets/Pillow
- 4 changes of underwear
- 4 t-shirts
- 1 sweatshirt
- 1 light jacket or raincoat
- 2 pairs of long pants
- 2 pairs of shorts
- 1 pair of sneakers and/or one pair of comfortable summer shoes
- 1 sun hat/baseball cap
- 2 pairs of pajamas/sleepwear
- 4 pairs of socks
- 1 bathing suit
- 1 toothbrush, hair brush, bar of soap
- 1 small bottle of shampoo
- 1 small tube of toothpaste
- 1 pair of sunglasses (if necessary)
- Sanitary napkins (if necessary)
- Electric Shaver (if necessary)
- Diapers (if necessary)
- Sunblock

Note: Do not send any money with your camper. They will not require any money during their stay at camp.

MAILING ADDRESS	EMAIL / WEBSITE	PHONE & FAX	WESLEY GARDENS
PO Box 14377, Savannah, GA 31416	admin@lindseysplacecamp.com www.lindseysplacecamp.com	(912) 358-1030	278 Shipyard Rd, Savannah, GA 31406



Sign up for important updates from Lindsey's Place.

Get information for **Lindsey's Place** right on your phone—not on handouts.

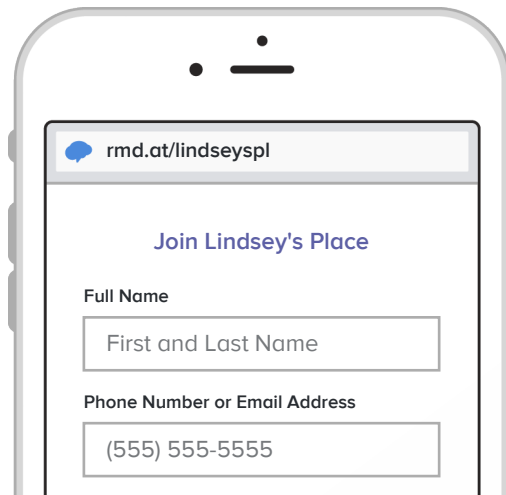
Pick a way to receive messages for **Lindsey's Place**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/lindseyspl

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

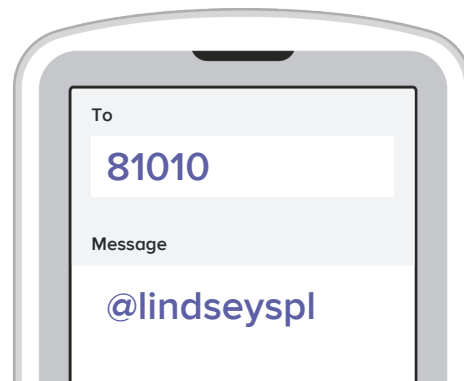


B If you don't have a smartphone, get text notifications.

Text the message [@lindseyspl](#) to the number **81010**.

If you're having trouble with **81010**, try texting [@lindseyspl](#) to **(443) 216-1117**.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/lindseyspl on a desktop computer to sign up for email notifications.