



Tucson Camp Abilities
Teaming with Evermor Foundation

Dear Parents,

Camp Abilities Tucson is nearing and we here in Arizona are very excited about the upcoming events! We hope you and your children are equally excited. Enclosed you will find forms for Camp Abilities. Please fill out the necessary forms and mail back as soon as possible. The deadline for all medical, permission and questionnaire forms is May 1, 2018. We realize this is a big time commitment on you and your child's part, but it needs to be done in order for us to be compliant with the Health Department and be ready for all the campers. Please make sure you mail in your child's camp fee of \$300.00 by May 1, 2018 to hold his/her place in camp. If you need financial assistance, you can call your local Commission for the Blind, local Lions Club or other service organizations.

Please be sure to read and complete for following:

- Athlete Contact Information
- Consent for Emergency Medical Treatment and Audiovisual Use
- Medications and Immunizations Form
- Health History Form
- Medical Information Form
- Athlete Information Sheet
- Camper's fee (**make checks payable to Camp Abilities Tucson**)

* Registration will not be accepted if these items are not fully completed and returned.

Campers should be dropped off at the ASDB Gymnasium at 3pm on Sunday, June 3, 2018. If you arrive early, you will have to wait in the lobby area with your child as staff will be in training and orientation until 3 p.m. A map to the gym is enclosed.

Campers should be picked up on June 9, 2018. All parents and guardians are invited to watch their child in Sports Day. Campers will choose their top two favorite activities and parents can watch and take pictures or videos. Sports Day starts at 8:30am on June 9, 2018. Parents should meet their child at the gym at 8:15am. Sports Day will continue until 10:30am. Lunch will be served to the athletes and the **Sports Awards Ceremony** will begin at 11:30 a.m. in the gymnasium. Departure will be by 1:00 p.m. Please call Maria Lepore-Stevens at (302) 229-3708 if you have any questions.

Sincerely,
Maria Lepore-Stevens
Camp Abilities Director



Camp Abilities Tucson Athlete Contact Information

Name: _____ Date of Birth: _____
Age: _____ Sex: _____ Height: _____ Weight: _____

IF CHILD HAS MORE THAN ONE RESIDENCE, PLEASE PROVIDE THE ADDRESS YOU WOULD LIKE CAMP INFORMATION SENT TO ON LINES BELOW.

PARENT/ CAREGIVER(S): _____

PHONE NUMBER: (Primary) _____ (Secondary) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Primary Physician: _____ Phone: _____

Insurance Provider: _____

Policy/ Group #: _____

Emergency Contact: _____ Relationship to Athlete: _____

Primary Phone #: _____ Secondary Phone #: _____

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Each athlete will receive one free t-shirt as part of their camp experience. Please indicate size below and return this form with registration no later than May 1, 2018. If you do not indicate a size or the form is not received by May 1st, we will order an adult large t-shirt for your child. Clothing available in adult sizes only.

Athlete t-shirt size:

- S
- M
- L
- XL
- XXL



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Camp Abilities Tucson has an established emergency medical treatment plan. In case of a minor injury or illness, authorized trained personnel may administer first aid or medication. We have a nurse and many coaches certified in First Aid. In cases of serious injury or illness, personnel will call for emergency medical treatment or provide transportation to emergency services as needed. In all cases, a parent/guardian will be called regarding injuries and/or illness.

I, as parent/guardian with legal responsibility for this participant, authorize **Camp Abilities Tucson** to administer first aid, to call for emergency medical treatment, or to provide emergency transportation, as described above, for _____. I, as parent/guardian with legal responsibility for this participant, further agree to bear all costs of emergency services provided in cases of injury or illness.

I understand that participation in the Camp Abilities Tucson program has risks due to the physical demands that are placed on a child during physical activity and recreation participation, and that during physical activity there is potential risk of physical injury. I agree that I am solely responsible for my child's participation and for their physical and emotional well being. I understand that the program activities are voluntary and after receiving a copy of the activities, I am choosing for my child to participate in each activity to whatever degree possible-with the child's physical, emotional and medical conditions considered.

I affirm that my child's health is good, and that s/he is not under a physician's care for any undisclosed condition that bears upon their fitness to participate in physical education, recreation and aquatic activities. I willingly and knowingly assume risk, for my child, myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during any aspect of the program; and hereby agree to hold Camp Abilities Tucson, its employees, instructors, facilitators, and volunteer counselors/coaches harmless for any liability arising out of the child's participation in the program.

Parent/ Guardian Signature: _____ **Date:** _____

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AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS

During the week of Camp Abilities Tucson we will be taking pictures and videotaping all activities. These pictures and videos will document all the learning and growing which goes on during the week. The purpose of these documents is to promote the camp and to secure funding for next years' camp. In order for us to do this successfully, we need you and your child's permission to videotape and take pictures of activities. Thank you for your cooperation. Please check off the following that you agree to:

- I give permission for my son/daughter to be videotaped or have pictures taken during activities.
- I give permission for myself to be videotaped or have my picture taken.

Parent/ Guardian Signature: _____ **Date:** _____



****THIS FORM MUST BE FILLED OUT BY A PHYSICIAN****

Camp Abilities Tucson Health History Form

For each question, please answer YES or NO. If YES, please explain on a separate sheet of paper and attach. If appropriate, give date of diagnosis and current management procedures.

Primary & Secondary Medical Diagnosis			
Vision/Eyes: Describe visual impairment/ pathology and acuity			
Hearing/Ears: Describe hearing loss and adaptations needed			
Vision/ Eyes		Gastrointestinal	
Risk of retinal detachment		Eating disorder and type	
Prosthetics		Diarrhea	
Hearing/Ears		Constipation	
Ear infections		Urogenital	
Ear surgery/tubes		Kidney disease	
Neurologic/Emotional		Bedwetting	
Head injuries		Females: normal menstruation	
History of seizures		Dermatologic	
Date of last seizure		Skin problems	
How long does it last?		Chicken pox/Shingles	
Any behavioral or emotional concerns?		Orthopedic or bone problems	
Sleep problems		Chronic or recurring illness/conditions	
Sleep walking		Cancer history	
Cardiac/blood		Back problems	
Heart condition, disease, or defect		Mononucleosis in the past year	
High blood pressure		Diabetes	
Bleeding/ clotting disorder		Other	
Respiratory		Recent Injury, Illness, or Infectious Disease	
Breathing difficulties		Orthopedic Problems	
Asthma		Surgeries	
Serious allergies		Orthodontic Appliances	
Bee/insect stings			
Additional medical concerns not already mentioned:			
List dietary needs			
Serious food allergies			

Physician's Signature: _____ Date: _____



****THIS FORM MUST BE FILLED OUT BY PHYSICIAN****

CAMP ABILITIES TUCSON MEDICAL INFORMATION FORM

Participant's Name: _____

The above named person is enrolling in an adapted physical activities program that includes both contact and non-contact sports. In order to plan an appropriate program and make sure it is safe for all participants, it is necessary that we have certain facts concerning the person. It will therefore be appreciated if you will provide this information. **THIS FORM WILL BE KEPT CONFIDENTIAL.**

1. Diagnosis/ Visual Impairment: _____

2. Athlete will be participating in sports and physical activity **modified for their visual impairment, additional disabilities, and physical activity level.** Does this athlete have any contra-indications or need specific precautions (ex, no diving due to retinal detachment or glaucoma)?

4. Any chronic health problems? _____

5. Any cognitive impairments or associated considerations? _____

Physician's Signature

Date



Camp Abilities Tucson Athlete Information Sheet

Nickname: _____

Which format is best for your athlete with regard to printed information ?

- Uncontracted Braille Contracted Braille Print, font size _____ or larger

Are there any O&M concepts we should reinforce with your child at camp (ie, using a white cane)? _____

Does your child have any specific behaviors or habits we should be aware of? How should we approach them? _____

Swimming:

Please check the statement that best describes your athlete's swim skills.

- Pre-Level 1:** Athlete hesitates to get in the pool or prefers not to go in at all. Athlete prefers to hold onto the wall or an adult the whole time. Athlete does not put face in water, and does not take feet off the ground
- Level 1:** Athlete hesitates to put face in the water, but will move away from the wall and play. Athlete does not mind being splashed, and attempts to swim.
- Level 2:** Athlete swims underwater and can roll from front to back. Athlete swims short distances above water with face in. Athlete takes a breath and resumes swimming without standing up. Athlete can jump in from the side of the pool into chest deep water.
- Level 3:** Athlete swim one pool length without stopping. Athlete can do rhythmic breathing towards the side, but needs to work on it. Athlete can swim half of a pool length on back. Athlete can jump into deep water (over head) and recover easily.
- Level 4:** Athlete can swim on front, back, and side with basic form at least two pool lengths. Athlete can tread water for three minutes in deep end. Athlete can perform a least a sit or standing dive in water 9 feet or more. Athlete can perform the basics of side stroke and breaststroke, and swim down to 7' and retrieve an object.
- Level 5:** Athlete can perform basics of all strokes including freestyle, breaststroke, backstroke, elementary backstroke, some sidestroke. Athlete can attempt to swim the butterfly. Athlete can perform a dive off the side and has been off a diving board. Athlete can tread water up to 4 minutes and can float on back.



Dear Camp Abilities Athlete,

Camp Abilities is coming near and we are looking forward to having you for the week! There are a few things we want you to know before you come.

1. Please read the enclosed list of items to bring to camp, and try to bring everything on the list.
2. If you have a preference for a roommate at camp, please specify when you send back the information. (If you have already specified, please do it again.)
3. Please bring any equipment you may have such as: helmet, water bottles, bug spray, sunscreen, CD's, tapes, any pool equipment you enjoy and any special food you like. If you do not have any of this equipment it will be provided, but we wanted to give you the opportunity to bring your own if you prefer to do so.
4. Camp will involve a lot of sports, games and activities throughout the day. If you have not been active much this year, we advise you to become involved in some light to moderate activities such as: stretching, running, walking, riding bikes, rollerblading, jumping rope, swimming and any other physical activities you enjoy. We want you to be involved 100% during the week and not get hurt.

You will learn a lot and make new friends. We are excited for this awesome week of activities and fun. If you have any questions, please do not hesitate to email me at CampAbilitiesTucson@gmail.com.

Here are suggested items for the weekend. Please make sure your name is securely on all items and please remember to keep track of your personal property. We do have a washer if laundry needs to be done throughout the week.

- Sleeping bag or sheets and pillow
- Sneakers that tie or velcro, shower shoes/ flip flops for the pool deck
- 6-7 outfits for physical activity (T-shirts, athletic shorts, sweat pants, track pants. **Please no jeans or skirts- unless they are running skirts!.**)
- Toiletry articles (toothbrush, comb, brush, toothpaste, deodorant, shampoo, conditioner, soap, wash rag)
- Sunglasses, hat with visor, **sunscreen**, bug spray
- Pair of pajamas, 6-7 pairs of athletic socks, 6-7 pairs of underwear
- 1-2 swimsuits, plastic grocery bag for wet bathing suits/ towels
- 2-3 towels
- 1 sweatshirt or light jacket in case it gets cold at night
- Backpack
- Laundry bag or something to organize dirty clothes (an old pillowcase is great for this)
- Helmet for biking (if you have one, otherwise, they will be provided)

Sincerely,
Maria Lepore-Stevens
Camp Abilities Director



Directions to ASDB Gymnasium

Driving EAST on I-10

Follow signs to Speedway Blvd Exit Veer Right onto Speedway Blvd (west). Shortly after crossing the bridge, you will turn right, into the ASDB gym parking lot. It is there; you may park on the left in front of the gym.

Driving WEST on I-10

Follow signs to Speedway Blvd Exit Turn Left after exiting and arriving at the traffic light Shortly after crossing the bridge, you will turn right, into the ASDB gym parking lot. It is there; you may park on the left in front of the gym.