



## PROGRAMS FOR PEOPLE WITH SPECIAL NEEDS

Nebraska Lutheran Outdoor Ministries

### The Program

The summer camp programs for people with special needs at Carol Joy Holling Camp and Sullivan Hills Camp and provide participants opportunities to make new friends, enjoy an outdoor setting and grow in faith. Camp participants will enjoy a fun camp experience including activities such as a hay rack ride, boating and fishing, cookout meals, creative arts projects and sharing in prayer and worship.

During these 3-day, two-night sessions, camp participants will stay in the Sjogren Retreat Center at Carol Joy Holling Camp and the Buckley Retreat Center at Sullivan Hills Camp. Both locations are equipped with the comforts of home including dormitory style bedrooms, restrooms, large inviting gathering spaces and access to God's creation.

### The Participants

- Youth program events are designed for participants ages 13-21 years old.
- Adult program events are designed for participants over 21 years old.

**Those needing assistance with tasks of daily living (e.g. eating, showering or using the restroom) must bring an assistant/aide.** Please list specific needs of the participant on the questionnaire. Please note these facilities are not 100% handicap accessible. If you have questions about accessibility or activities, please call Jacqueline at 402-944-2544 to discuss your individual needs.

### The Cost

This program costs \$230 at Carol Joy Holling Camp and \$50 at Sullivan Hills Camp. A \$50 deposit due at the time of registration for both camps. Participants will also receive a t-shirt at the end of their camp session. Spaces are limited and registration is on a first-come, first-served basis.

## 2018 SCHEDULE

### Adults with Special Needs:

June 6 - 8 | Wed - Fri | Carol Joy Holling Camp | Session #1816  
June 20 - 22 | Wed - Fri | Carol Joy Holling Camp | Session #1836  
July 1 - 3 | Sun - Tue | Carol Joy Holling Camp | Session #1856  
July 1 - 3 | Sun - Tue | Sullivan Hills Camp | Session #SH-18-5  
July 18 - 20 | Wed - Fri | Carol Joy Holling Camp | Session #1876

### Youth with Special Needs:

June 13-15 | Wed - Fri | Carol Joy Holling Camp | Session #1826  
July 1 - 3 | Sun - Tue | Sullivan Hills Camp | Session #SH-18-5





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## CAMPER REGISTRATION

Participant's First Name:	Last Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Address:	City:	State:	Zip:
Phone:	E-mail:		
T-Shirt Size: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> A2XL			
Who do we contact regarding this registration?			
Relation to the participant:		Daytime phone:	
Is participant affiliated with an agency? Y <input type="checkbox"/> N <input type="checkbox"/>		Name of agency:	
Agency contact person:		Daytime phone:	
Evening phone:		Contact e-mail:	
List three emergency contacts and phone numbers below.			
Name:			
Daytime Phone:			
Evening Phone:			
List the session(s) the participant is registering for.		Session Dates:	
Session Dates:		Session Dates:	
Session Dates:		Session Dates:	
Session Dates:		Session Dates:	
Roommate preference (if any):			
Total Cost:		<input type="checkbox"/> \$50 Deposit required at time of registration.	
Please complete if paying by credit card.			
Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Card Number:			
Expiration Date:		Amount:	
Cardholder's Name:			
<input type="checkbox"/> Please add me to your mailing list for future programs.			
Name:		Address:	

FOR OFFICE USE ONLY  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Dates \_\_\_\_\_

# PARTICIPANT QUESTIONNAIRE

1. Participant's Name: \_\_\_\_\_
2. Do you have any mobility restrictions? (Site is accessible but we may travel to areas of camp that have hills and rocky ground). Y  N   
If yes, please describe assistance/equipment needed/used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Can you use the restroom, eat and dress independently? Y  N   
If not, **participants needing assistance with these tasks are required to bring a staff member, assistant or aide with them.**  
While our staff is qualified to teach and lead program at camp, we are not trained to help participants with these daily tasks. We require an aide in these circumstances to ensure that participants are receiving proper professional care during their time at Carol Joy Holling Camp and Sullivan Hills Camp.
4. Will staff be attending camp with you? Y  N   
If yes, how many staff members? \_\_\_\_\_ Names: \_\_\_\_\_
5. How do you express yourself? (Sounds, phrases, gestures, signing, sign board, etc.) What can we do to help you communicate?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How do you adjust to new situations? What can we do to help you at camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you enjoy being in a group of new people? Y  N   
If no, what concerns do you have in such a setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you easily frustrated or angered? Y  N   
If so, how do you express this? What can we do to help you deal with this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you prone to wandering or running away? Y  N   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are there any behavior concerns we should know about? Y  N   
If so, how can we help address these? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please describe any rituals, routines or any behaviors we should be aware of. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you have any food restrictions (such as dietary needs, food allergies or diabetes)? Y  N   
If yes, please describe your needs and how we can address them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARTICIPANT QUESTIONNAIRE, CONT.

13. Do you have allergies (such as insect stings, hay fever, etc)? Y  N

If yes, please describe allergy and reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you sensitive to heat or prone to heat-related illnesses? Y  N

15. Do you have chronic health problems? Y  N

If so, please describe the health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you have seizures? Y  N

If so, do you need medication/IM injections or other assistance in order to help you get out of a seizure? Y  N

Please describe the seizure activity including reactions before, during, and after the seizure and/or any medical instruction in the event of a seizure at camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Will you be bringing medication to camp? Y  N

Please list the medications you are presently taking on the Health Form. Note: all medications brought to camp must be clearly identified in original containers or in separate containers clearly marked with the camper's name and medication. Doctor's orders must be attached, or the bottle must be clearly marked with the name of the medication & instructions for dispensing. Attach an additional sheet if needed.

18. Additional Notes (Attach additional sheet if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Important - MUST be completed for participation

This form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted, and I will not hold NLOM or its staff responsible for accidents, claims and damages arising therefrom. With any camp activity, there are unpredictable risks involved. Some activities may involve different movement than experienced in everyday life (such as boating, fishing or being on a challenge course). Safety is our priority and the camp staff are thoughtful in the planning of activity options. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Nebraska Lutheran Outdoor Ministries (NLOM) staff to order X-rays, routine tests, treatment and necessary transportation for this camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NLOM to secure and administer treatment, including hospitalization for the person listed above. I also give NLOM permission to use any photograph/video taken at camp in future promotions.

Signature of Parent/Legal Guardian/Service Provider or Adult Camper if the camper is their own guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL TO:**

Please send your completed registration and questionnaire to Jessica Weltz via mail at NLOM, 27416 Ranch Road, Ashland, NE 68003 or email at JWeltz@NLOM.org. Checks should be payable to Nebraska Lutheran Outdoor Ministries or use your credit card. Registration due two weeks prior to the event. You will receive a confirmation letter in the mail which will also serve as your receipt. It will include a map to camp and a packing list.