



IMPACT 2818: Outdoor Ministries

of the United Methodist Churches of Indiana



Complete registrations & payment may be mailed to:

INUMC, Attn: Camp Registration, 301 Pennsylvania Parkway - Suite 300, Indianapolis, IN 46280

REYOAD and Camp 139 Registration Form - 2018

Camp REYOAD is located in North Webster, IN at Epworth Forest Conference Center.

Camp 139 is located in Springville, IN at Camp Indicoso.

Guardians and prospective campers: Please read this application carefully and fill in all blanks. Campers will not be enrolled if necessary information is withheld.

Sponsorship: Camp REYOAD and Camp 139 are sponsored by the Indiana Conference of the United Methodist Church, but enjoy ecumenical participation and leadership.

Insurance: All campers are provided with limited accident insurance while at camp.

Medication: All medications will be secured and dispensed by camp medical staff. All medications are to be in their original container and well-labeled.

Registration deadline & fees: The registration deadline is May 28, 2018 for REYOAD and July 2, 2018 for Camp 139. Payment and a completed registration form (the 7 pages that follow) must be received by this date in order to attend. Impact 2818 offers Early Bird registration discounts for those whose complete registration and payment (or valid payment plan) are received on or before April 16, 2018. Applications received at least 7 weeks before the start of the event may make payments. See page 6 for more information.

REYOAD campers are also asked to bring an additional activity fee of \$30 with them to camp.

REYOAD Criteria of Acceptance:

- Campers must be 16+ years of age.
- Physically and mentally capable of participating in the program
- Free from psychiatric and psychological problems
- Socially capable of adjusting to group living
- Able to eat cafeteria food (**special diets, see note*)
- Non-smoking (Smoking is not permitted on the campground.)
- Must be independently ambulatory (much walking is done)
- Must be capable of self-care (toilet-trained, personal cleanliness, self-dressing, free from bedwetting)

Camp 139 Criteria of Acceptance:

- Campers must be 16+ years of age.
- Physically and mentally capable of participating in the program
- Free from psychiatric and psychological problems
- Socially capable of adjusting to group living
- Able to eat cafeteria food (**special diets, see note*)
- Non-smoking (Smoking is not permitted on the campground.)

**A doctor's note is required for all specialized diets. Campers can bring medically necessary supplemental meal items if arranged with the Camp Site Manager at least two weeks prior to arrival. Please note, our camp sites are NOT nut-free facilities.*

Cancellation policy: Registrations cancelled 2 or more weeks prior to the first day of an event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee. Registrations may not be transferred from one camper to another. See BeACamper.com for details. Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Scholarships: Partial scholarships may be available for campers with financial need. The application form may be downloaded at BeACamper.com/help; or call the registration team at (888) 628-2818. Apply early as funds become limited by April.

Mail the completed 7 page form and payment to:

INUMC
Attn: Camp Registration
301 Pennsylvania Parkway—Suite 300
Indianapolis, IN 46280

Medical and Additional Information

The camper must have been seen by a physician within 6 months prior to the event.
(However, a doctor does NOT need to complete this form.)

Camper's name: _____ Date of last exam: _____

Medicaid/Medicare #: _____

Height: _____ Weight: _____ Blood Pressure: _____ Age: _____

Identified medical condition(s) or disability: _____

Primary care physician's name: _____

Physician's address: _____

Physician's phone #: (_____) _____-_____

Does the camper have allergies? Yes No

If 'yes' please list each allergy and reaction. Use additional page(s) if necessary.

(plants, prescription & non-prescription drugs, insects, foods, etc.)

Does the camper have seizures: Yes No

If 'yes' please note the date of the last seizure: _____

Frequency/duration: _____

Please list any specific information regarding seizure activity. Use additional page(s) if necessary. _____

Resuscitation Status—Please check the resuscitation status of the camper.

Full Code _____ No Code _____

Does the camper have a living will? Yes No

Is the camper an organ donor? Yes No

Insurance provider: _____

Group #: _____

Policy #: _____

Insurance contact phone #: (_____) _____-_____

Alternate emergency contact name: _____

Relationship to camper: _____

Phone #: (cell? home? work?) (_____) _____-_____

Adult t-shirt size:

Small Medium Large X-Large 2X-Large 3X-Large

Describe the camper's usual daily routine (ex. wakes and goes to sleep at what time?) and include a brief family history related to your camper in the space below (attach additional paper as necessary).

Health History

Camper's name: _____

Please check all that apply and add any additional pertinent information as needed.

| Disease/Disorder | Yes | No | Additional information |
|-------------------------------|------------|-----------|-------------------------------|
| Heart condition | | | |
| High blood pressure | | | |
| Asthma | | | |
| Diabetes | | | |
| Eye conditions | | | |
| - Wears eye glasses | | | |
| Fainting | | | |
| Chronic respiratory infection | | | |
| Menstrual problems | | | |
| Constipation | | | |
| Athletes foot | | | |
| Stomach problems | | | |
| Sleepwalking | | | |
| Bedwetting | | | |
| Emotional outbursts | | | |
| Homesickness | | | |
| | | | |
| | | | |

| Communication Status | Yes | No | Additional Information |
|-----------------------------|------------|-----------|-------------------------------|
| Verbal | | | |
| Non-verbal | | | |
| - NV but understands | | | |
| Uses signing | | | |
| Able to write | | | |
| Hearing is normal | | | |
| Hard of hearing | | | |
| - Uses hearing aid(s) | | | |
| Unable to hear (deaf) | | | |
| | | | |

| Ambulatory Status | Yes | No | Additional Information |
|--------------------------|------------|-----------|-------------------------------|
| Walks alone | | | |
| Walks with assistance | | | |
| - Uses cane/crutches | | | |
| Wheelchair dependent | | | |
| | | | |

Health History Continued

Camper's name: _____

Please elaborate to help us best care for the camper.

| Self-care Status | Yes | No | Additional information |
|--|-----|----|------------------------|
| Independent (fully dresses, showers, toilets, and feeds self unassisted) | | | |
| Toileting requires assistance | | | <i>If yes, how so?</i> |
| - Uses Depends (or similar) | | | |
| - Females: menstruation hygiene independent? | | | |
| Showering requires assistance | | | <i>If yes, how so?</i> |
| Mouth care requires assistance | | | <i>If yes, how so?</i> |
| - Wears dentures | | | |
| Eating requires assistance | | | <i>If yes, how so?</i> |

Are there any foods the camper should avoid? Yes No
 If 'yes' please provide details: _____

Are there any activities the camper should avoid? Yes No
 If 'yes' please provide details: _____

Does the camper have any special fears or concerns? Yes No
 If 'yes' please provide details: _____

Is there any other information about the camper that might be helpful (their routine, etc.)?

Immunizations

If applicable, what was the date of the camper's last Tetanus shot? _____ / _____ / _____
 If applicable, when was the camper's last TB test? _____ / _____ / _____
 Was it clear? _____

Hepatitis Status

If applicable, when was the camper last screened for hepatitis? _____ / _____ / _____
 If applicable, when was the camper vaccinated for hepatitis? _____ / _____ / _____

Payment Plan Information

Camper's name: _____

If you wish to make automatic payments, instead of paying in full, you must register at least 7 weeks before the event begins, and complete the form below. The deposit will range between 25%-100% based on the date received. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.

I give permission for Impact 2818 to debit the following card or bank account on the schedule below, acknowledging that the initial payment will include all portions already due, based on the event's start date:

- 25% initial deposit
- 25% 14 weeks out - 50% total
- 25% 10 weeks out - 75% total
- 25% 6 weeks out - 100% total

Please select either a type of bank account or a credit card.

Bank Account

____ Checking Account #: _____

____ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may call the Registration Team at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm to correct a failed auto-payment.

Questions? Go to BeACamper.com or call the registrar's office at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee. There is a \$15 transfer fee when changing events. Registrations may not be transferred from one camper to another.

See BeACamper.com for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.

Activities Information Form

Camper's name: _____

To parent/guardian/camper: If your camper has a school or workshop, please take this form to have the school or workshop personnel complete and return to you to be turned in with the rest of this registration form. If the camper does not participate in any activities outside the home, please note that on the line below, and still include this page when sending in the rest of the registration form. Thank you.

To workshop or activities director: Please be thoughtful and candid.

Name of school or workshop: _____

Address: _____

Contact staff member (regarding the camper listed above): _____

Contact's phone #: (cell? home? work?) (_____) _____ — _____

How well or poorly does applicant participate in group activities? _____

Any additional comments? (e.g. How does the applicant get along with others? Please list the applicant's hobbies, interests, unusual behaviors, fears, etc.) _____

Thank you for your time and help in filling out this form.

Signature of principal, director, or staff in charge: _____

Date: ____/____/____