



Dear Parents/Guardians:

Thank you for your interest in Sertoma Camp Endeavor.

The fee to attend camp for one week is \$500.00. We offer partial as well as full scholarships for those who qualify. The amount of the scholarship is based on a sliding scale according to income, family size and need. Those who are eligible for scholarships are:

- *Deaf and hard of hearing youth
- *Brothers and Sisters of deaf and hard of hearing youth
- *Youth (deaf or hearing) of deaf and/or hard of hearing parents

Youth (campers) must be between the ages of six and seventeen

The full application package must be completed to qualify for a place at camp and scholarship funds.

- *an application form
- *a Financial Aid Application if applying for full or partial scholarship
- *an audiogram (of your deaf or hard of hearing youth)
- *a health history and examination form
- *a summer food form ** this will be sent at a later date
- *a \$25.00 registration fee

You will be notified of your acceptance and scholarship award when all of the above items are received.

You may reach us at (863) 439-1300 or email me at: sertomacampendeavor@verizon.net

Sertoma Camp Endeavor's Mission Statement

The mission of Sertoma Camp Endeavor is to provide enrichment programs. Our main focus is to serve deaf and hard-of-hearing children, adolescents, and adults as well as other interested groups and organizations. These programs are based on the concepts of awareness, personal development, and self appreciation with the purpose of enhancing the human potential of the individual we serve.

Current programs can be adjusted to meet the needs of our children. The content of the programs will evolve with the changes in society and will develop within the limits of human and financial resources in ways to preserve the integrity of Sertoma Camp Endeavor.

Sertoma Sponsored Project
Post Office Box 910 • Dundee, FL 33838

SERTOMA CAMP ENDEAVOR, INC.

Post Office Box 910, Dundee, Florida 33838

(863) 439-1300 v/tdd/fax

CAMPER'S APPLICATION FOR SUMMER CAMP

PLEASE PRINT CLEARLY OR TYPE!

Date of Application: _____

NAME: _____
(FIRST) (MIDDLE INITIAL) (LAST) (PREFERRED FIRST NAME)

DATE OF BIRTH: _____ AGE AT START OF SESSION: _____ SEX: † MALE † FEMALE

T-SHIRT (ADULT SIZE - CIRCLE ONE): XS S M L XL XXL

ADDRESS: _____
(CITY) (STATE) (ZIP)

HOME PHONE: _____ EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? (Please name person, organization, publication, and/or others): _____

PARENT/GUARDIAN INFORMATION:

FATHER/GUARDIAN

MOTHER/GUARDIAN

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

PHONE (DAY) (TDD?) PHONE (EVENING) (TDD?)

PHONE (DAY) (TDD?) PHONE (EVENING) (TDD?)

FAX # (HOME OR OFFICE?)

FAX # (HOME OR OFFICE?)

CODE OF CONDUCT

For the benefit of the individual and the group as a whole, and to ensure safe, wholesome, and responsible behavior at all times, our staff has set forth the following Code of Conduct: "I understand that the following are prohibited: the use of alcohol, tobacco, or illegal drugs, discriminatory comments, violence, sexual conduct, and inappropriate clothing and jewelry. I understand that the participants are responsible for their conduct at all times and must comply with safety regulations, environmental protection policies, and behavior standards of Sertoma Camp Endeavor, Inc. I understand that any violation of the above will be grounds for expulsion with no refund.

"I further understand that the activities of Sertoma Camp Endeavor, Inc. are exciting, character building and fun; however, understand that at times, the activities will be strenuous and physically challenging. I will cooperate with the other group members and the staff, I will do my best to maintain a positive attitude, and I will never say the forbidden words 'I can't.'"

I have read, understand, and agree to all of the Terms of Agreement as stated in writing."

Applicant Signature Date

Parent/Guardian Signature Date

APPLICANT'S NAME: _____

PERSONS DESIGNATED TO TAKE CHILD TO/FROM CAMP IF DIFFERENT FROM PARENTS/GUARDIAN:

NAME ()
PHONE (TDD?) _____

ADDRESS CITY STATE ZIP

EMERGENCY CONTACT:

(Please indicate adults whom we should contact in an emergency, if we cannot reach you)

NAME RELATIONSHIP _____

PHONE (DAY) (TDD?) PHONE (EVENING) (TDD?) _____

ADDRESS CITY STATE ZIP

REFERENCES:

(Two character/behavior references are required for each applicant. One reference must be from the applicant's school: teacher, counselor, interpreter or school principle).

NAME

WORK PHONE (TDD?) HOME PHONE (TDD?) _____

ADDRESS CITY STATE ZIP

RELATIONSHIP TO APPLICANT:

† Friend † Relative † Teacher † Principle † Counselor † Others: _____

.....

NAME

PHONE (DAY) (TDD?) PHONE (EVENING) (TDD?) _____

ADDRESS CITY STATE ZIP

RELATIONSHIP TO APPLICANT:

† Friend † Relative † Teacher † Principle † Counselor † Others: _____

APPLICANT'S NAME: _____

HEARING/COMMUNICATION/SOCIAL AND GENERAL INFORMATION:

Has the applicant ever attended camp before? † Yes † No If Yes, Name of Camp(s): _____

Please describe the applicant's swimming ability: _____

Does the applicant use hearing aid(s)? † Yes † No If Yes, What kind? _____

Special instructions for use of hearing aid(s) or other assistive device(s): _____

Severity of hearing loss (**Important note:** please include a recent audiogram): _____

Describe any additional assistance required (beside deafness): _____

Describe the applicant's school/educational program: _____

Indicate the applicant's communication mode(s):

(Circle all that apply)

SPEECH

CUED SPEECH

LIP READING

AURAL/ORAL

Sign Language (Please list systems used): _____

Other: _____

What are some of the applicant's interests and hobbies? _____

PARENT/GUARDIAN/APPLICANT'S COMMENTS:

(Comment on your applicant's communication, social, and group skills. Please indicate any area of concern so the camp can accommodate the applicant's needs. Please use a separate sheet of paper if necessary.)

APPLICANT'S NAME: _____

SCHOOL AUTHORIZATION:

I give my permission for my applicant's school to share information related to skill levels with Sertoma Camp Endeavor, Inc. so that appropriate summer programming can occur.

Parent(s) or Legal Guardian Signature(s)

GRADE LEVEL: _____

AUTHORIZATION TO PARTICIPATE OR EXCLUDE PARTICIPATION IN CAMP ACTIVITIES:

I hereby give permission for my applicant to go on trips away from Camp Endeavor Inc.'s premises, whether on foot or by vehicle. I give permission for my applicant to participate in all Sertoma Camp Endeavor, Inc.'s activities with the following exceptions:

Parent(s) or Legal Guardian Signature(s)

DATE: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I hereby give my permission to Sertoma Camp Endeavor, Inc.'s officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my applicant,

_____, should an emergency arise. It is understood that Sertoma Camp Endeavor, Inc.'s officials will make a conscientious effort to locate parents, and/or any emergency contact listed on this form, before any action is taken. I/We will accept the expense of medical or surgical treatment.

Parent(s) or Legal Guardian Signature(s)

DATE: _____

INDEMNIFICATION AGREEMENT:

I/we agree to indemnify, hold harmless, and defend Sertoma Camp Endeavor, Inc. and their respective employees, agents, and representatives from and against any and all liabilities, claims, or demands which may be asserted against any or all of them in connection with our applicant's participation in Sertoma Camp Endeavor, Inc. This includes holding Sertoma Camp Endeavor, Inc. harmless for any injury which may occur to our applicant while traveling to the Sertoma Camp Endeavor, Inc.'s facility, or while returning from the Sertoma Camp Endeavor, Inc.'s facility to go home.

Parents(s) or Legal Guardian Signature(s)

DATE: _____

CONSENT TO TAKING AND USE OF PHOTOGRAPHS:

I/We hereby give our permission for photographs to be taken of our applicant during Sertoma Camp Endeavor, Inc.'s activities, and for publication or other media use reasonably related to the operation or promotion of the Sertoma Camp Endeavor, Inc.'s program.

Parents(s) or Legal Guardian Signature(s)

DATE: _____

HEALTH HISTORY AND EXAMINATION FORM

for Children, Youth and Adults Attending Sertoma Camp Endeavor

(Please Print or Type)

Date Form was filled out:

Name (FIRST) (Middle Initial) (Last) (PREFERRED FIRST NAME)

Date of Birth Sex: Male Female Age

Parent or Guardian (or Spouse)

Home Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

Business Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

Second Parent or Guardian or Emergency Contact

Home Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

Business Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

If not available in an emergency, notify...

Name

Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name Group Number

Carrier Address (STREET & NUMBER) (CITY) (STATE) (ZIP) Phone: (AREA CODE & NUMBER)

Name of Insured: Relationship to Participant

Social Security Number of Policy Holder or Insurance ID Number

Is your insurance carrier transferable in Florida? Yes No

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
(IMPORTANT! THIS MUST BE COMPLETED FOR ATTENDANCE)

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips out of camp.

Signature of Parent/Guardian of Camper or Adult Staff

Signature of Witness

Date

Sertoma Camp Endeavor, Inc.

P.O. Box 910, Dundee, Florida 33838

(863) 439-1300

APPLICANT'S NAME:

HEALTH HISTORY

The following information must be filled in by the parent/guardian, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any change to this form should be provided to camp health personnel upon participant's arrival at camp. Provide complete information so that the camp can be aware of your needs.

Allergies List all known. Describe reaction and management of the reaction.

Medication allergies (Please list)

Food allergies (Please list)

Other allergies (Please list) (Bee stings; hay fever; asthma; etc.)

Medications Being Taken Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications.

? This person takes NO medications on a routine basis.

? This person takes the following medications:

Medication #1 Dosage and time taken

Reason for taking

Medication #2 Dosage and time taken

Reason for taking

Medication #3 Dosage and time taken

Reason for taking

Identify any medications taken during the school year that participant does/may not take during the summer

NOTE: An authorization for administration of medication MUST be completed by the physician (See last page)

Restrictions Does the camper or staff have dietary restriction? ?Yes ? No If so, explain

Explain any restriction to activity (e.g. what cannot be done, what adaptations limitations are necessary)

General Questions

Which of the following has the participant had?

Measles	Please give date for last immunization for:			
Chicken Pox	<u>Date</u>	<u>Vaccine</u>	<u>Date</u>	<u>Vaccine</u>
German Measles		DTP		Rubella
Mumps		TD (tetanus/diphtheria)		Haemophilus influenzaB
Hepatitis		Polio		Hepatitis B
		Tetanus		Measles

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APPLICANT'S NAME:

If camper is female and experience her menstrual cycle for the first time at camp, do you give permission for the camp health personnel to explain the menstrual cycle to her? _____ Yes _____ No

Do you give permission for your daughter to use a tampon during activities? _____ Yes _____ No

Has/does the participant:	YES	NO		YES	NO
Had any recent injury, illness or infection disease			Ever had a broken bone?		
Have a chronic/recurring illness			Have an orthodontic appliance being brought to camp?		
Ever been hospitalized?			Have any skin problems itching, rash, acne)		
Ever had surgery?			Have Diabetes		
Have frequent headaches?			Have asthma?		
Ever had a head injury?			Had mononucleosis in the past 12 months		
Ever been knocked unconscious?			Had problems with diarrhea/constipation		
Wear glasses, contact or protective eye wear?			Have problem with sleep walking		
Ever had frequent ear infections?			If female, have an abnormal menstrual history		
Ever had fainting spells?			Have a history of bed wetting		
Ever pass out or dizzy during or after exercise			Have an eating disorder		
Ever had seizures?			Ever had emotional difficulties for which professional help was sought?		
Ever had chest pain during or after exercise			Has frequent sore throat?		
Ever had high blood pressure			Ever had tuberculosis?		
Ever been diagnosed with a heart murmur			Ever had a breathing disorder?		
Ever been to a chiropractor			Have sinus trouble?		
Ever had a heart problem			Ever had cough after or during exercise?		
Ever had a back problem?			Ever had family with heart disease?		
Ever had problem with joints (e.g. knees, ankles)			Ever had parent/sibling suffer sudden death		

Please explain any "Yes" answers:

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.

Name of family physician

Phone

(AREA CODE & NUMBER)

Address

(STREET & NUMBER)

(CITY)

(STATE)

(ZIP)

Parent/Guardian or Staff Authorization: This health history is current and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

(PRINT NAME)

(SIGNED NAME)

(DATE)

Sertoma Camp Endeavor, Inc.

P.O. Box 910. Dundee, Florida 33838

(863) 439-1300

APPLICANT'S NAME:

Physical Examination: This part of the health form MUST be filled out by a Licensed Medical Personnel (e.g., doctor, nurse). The object of this examination is (1) to determine if the camper is physically able to participate or work at a residential camp; (2) to determine if the camper is physically fit to engage in activities without harm to himself/herself; (3) to determine that the camper does not have any contagious or infectious condition that could be conveyed to others. Please review the health history. If incomplete, please ask that essential information be provided for your use.

Clinical Evaluation

	Normal	Abnormal	Comments
1. Skull, Scalp, Face, Neck	—	—	
2. Nose and Sinuses	—	—	
3. Mouth	—	—	
4. Throat and Tonsils	—	—	
5. Ears	—	—	
6. Eyes	—	—	
7. Lung, Chest Breasts	—	—	
8. Heart	—	—	
9. Abdomen and Viscera	—	—	
10. Anus and Rectum	—	—	
11. Endocrine System	—	—	
12. G-U System	—	—	
13. Upper Extremities	—	—	
14. Lower Extremities	—	—	
15. Feet	—	—	
16. Lymphatic Glands	—	—	
17. Skin	—	—	
18. Other Musculoskeletal	—	—	
19. Neurologic	—	—	
20. Psychiatric	—	—	
Specify any known personality deviation:			
Height _____	Weight: _____	BP: _____ / _____	Vision: _____

Administration of Medication: I hereby authorize the properly qualified health supervisor of Sertoma Camp Endeavor, Inc. to administer the medication which is prescribed for

Name of Medication	Date Prescribed	(APPLICANT'S NAME) Usage Direction

Administration of Tylenol is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Benadryl is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Kaopectate is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Milk of Magnesia is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Pepto-Bismol (contain aspirin) is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Robitussin is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Chlortrimeton is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration of Ibuprofen/Advil is approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have examined this camper and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in camp program except as follows:

Physician's Name (Please Print) _____ Phone _____

Physician's Signature _____

Address _____
(Street Number) (City) (STATE) (ZIP)

Parent/Guardian's Signature (acknowledging administration of Medications): _____

HEALTH HISTORY AND EXAMINATION FORM **Sertoma Camp Endeavor, Inc. (January 2007)**

SERTOMA CAMP ENDEAVOR, INC.

Post Office Box 910, Dundee, Florida 33838

(863) 439-1300 v/tdd/fax

Summer Camp Financial Aid Application

PLEASE PRINT AND Complete all of this form, Thank you!!

Sertoma Camp Endeavor wishes to give every child an opportunity to experience our summer camp program. Parents are encouraged to pay the full tuition. Reductions in tuition cost will be made only after documentation proves parental/guardian financial hardship. The Scottish Rite sliding scale is used to determine the tuition cost for each camper. The information you provide is confidential.

Date of Application:

Household Size:

Camper's Information:

Name:	Date of Birth:	Age:
Address:	Home Phone:	
County:	Alternate Phone:	

Parent/Guardian Information:

Mother/Guardian:	Father/Guardian:
Address:	Address:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:

Financial Information:

Employer:	Employer:
Address:	Address:
Phone:	Phone:
Position:	Position:

Home and Assets:

Gross Monthly Income:	Gross Monthly Income:
Checking Account: \$	Checking Account: \$
Savings Account: \$	Savings Account: \$

Important Note: Verification of income must accompany this application (such as IRS Tax Return, Pay Stubs, W- 2, or income verification letter for your employer)

SERTOMA CAMP ENDEAVOR, INC.

Post Office Box 910, Dundee, Florida 33838

(863) 439-1300 v/tdd/fax

Summer Camp Financial Aid Application

Other Income:

Child Support:	Pension:
Commissions:	Rental Income:
Shared Living:	Alimony:
Disability:	Interest:
Stocks, Bonds, Annuities:	Other:

Assets: (Please List automobiles year and make, motorcycles, recreational vehicles, etc.)

Allowable Financial Liabilities - Monthly Expenses:

	Monthly	Balance
House/Apartment	\$	\$
Car/Transportation:	\$	\$
Medial/Dental	\$	\$
Loans (non credit card)	\$	\$
Utilities	\$	
Child Care	\$	
Insurance	\$	
Groceries	\$	
TOTALS:	\$	\$

Certification:

I certify that the information contained in this financial review and assistance request is true to the best of my knowledge. I further understand that Sertoma Camp Endeavor, Inc. may verify any of the above information and I grant my permission for such verification and agree to assist in and collect full fees for services in the event of fraudulent financial status while involved in the program. I understand that comparison reviews will be conducted regularly at the discretion of Sertoma Camp Endeavor, Inc.

Signature (Parent/Guardian)

Date Signed

Office Use Only

Date Reviewed	Amount of Financial Aid Approved