



2026 Kamp Kiwanis® Club Application

Please return to:
Kamp Kiwanis
9020 Kiwanis Road
Taberg, NY 13471
Tel: (315) 336-4568
kamp@kampkiwanis.org
www.kampkiwanis.org
facebook.com/KampKiwanisNY

FOR OFFICE USE ONLY
Date Received _____
CD Approval _____
Date Entered _____
Date Completed _____
Health Center _____
SN Space _____

2026 Application

Applications will not be processed unless deposits are included and application is complete.
The deposit of \$200.00 per kamper, per session is non-refundable and non-transferable.

Kamper Name _____ / _____ / _____ Nickname _____
Last First Middle

Birth Date _____ / _____ / _____ Gender: _____ Kamper's Fall 2025 grade _____
Month Day Year

School/Agency _____ Languages spoken _____

CIT/Teen Program (15-17 & previous kamper)? Y N Special Needs? Y N Wheelchair? Y N Mechanical Wheelchair? Y N

Parent/Guardian #1

Name _____

Last 4 of Soc Sec # XXX-XX-_____ None _____

Relationship to Kamper _____

Languages Spoken _____

Work Phone _____

Home/Cell Phone _____

Email _____

Occupation _____

Mailing Address _____
Number Street

Parent/Guardian #2

Name _____

Last 4 of Soc Sec # XXX-XX-_____ None _____

Relationship to Kamper _____

Languages Spoken _____

Work Phone _____

Home/Cell Phone _____

Email _____

Occupation _____

City _____ State _____ Zip _____
Apt#

Who is the legal guardian of this kamper? _____ Phone _____

How did you hear about Kamp Kiwanis? _____

Sponsoring Club _____ Paying Club _____

Contact: _____ Phone: _____ Email: _____

Registration Paid by Kiwanis Club

Enroll me in:	Program	Dates	Kamp Fee	Bus Fee	Drive In	Bus Stop: Write in
	Adult Session 1	Sunday, June 21-Friday June 26	\$1250	\$400		
	Adult Session 2	Sunday, June 28-July 3	\$1250	\$400		

Kiwanis Kamper Profile

to be completed by Parent/Guardian

Kamper Name _____

This information will assist the staff in providing the structure, support and sensitivity your kamper needs for a successful kamp experience. Profiles are handled confidentially and seen only by appropriate staff.

- Your kamper may **request** one (1) buddy they would like to room with. Both kamper must be the same gender and be in the same age group. **(This request must be submitted by both kamper to be considered and cannot be guaranteed.)**

Buddy's Name: _____ Age: _____

- Please check off any recent changes (in the last 2 years) that the kamper is adjusting to:

- ___ New Home/Neighborhood
- ___ New School
- ___ Difficulty at School
- ___ New Brother/Sister
- ___ New Parental Employment
- ___ Parent Job Loss
- ___ Death of Relative or Friend
- ___ Marriage of Relative or Friend
- ___ Divorce of Parents
- ___ Separation of Parents
- ___ Loss of a Pet
- ___ Loss of a Close Friend
- ___ Separation from Caregivers & Siblings
- ___ Adoption
- ___ Serious/Long Term Illness or Health Concern
- ___ Self ___ Parent/Guardian ___ Other
- ___ None of These Are Applicable to My Kamper

Any other concerns or recent events to be aware of?

- Has the kamper experienced any traumatic incidents?

Yes _____ No _____ Explain: _____

- The kamper's family situation is: (Check all that apply)

- ___ Parents/Guardians Are Together
- ___ Parents/Guardians Are Separated
- ___ Parents/Guardians Are Divorced
- ___ Parent(s)/Guardian(s) Is Deceased
- ___ Lives In a Single Parent/Guardian Home
- ___ Lives With a Birth Parent and Stepparent/ Partner
- ___ Separated From Biological Parents
- ___ Lives With Foster Caregivers
- ___ Lives With Biological Siblings
- ___ Separated From Biological Siblings
- ___ Lives With Stepbrother(s)/Stepsister(s)
- ___ Lives With Other Foster Children

Other? _____

- How often does the kamper sleep away from home?
Never _____ Rarely _____ Frequently _____

- Behavior management plans/programs my kamper may respond to: _____

- Ways in which this kamper receives discipline include: _____

- Ways in which this kamper receives praise include: _____

- This kamper is my....

☐ biological kamper ☐ foster kamper ☐ adopted kamper
☐ client
Other _____

- Are there any custody concerns or restrictions regarding who may have contact with this kamper?

Yes _____ No _____ If yes, please forward custody agreement and please detail: _____

- Please list the name, relationship to kamper, and age of all people living in the kamper's home.

Name	Relationship	Age
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

- Additional information regarding my kamper that might be helpful for camp staff:

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service.

Kiwanis Kamper Profile (cont.)

Kamper Name _____

Please check all personality and behavior traits that apply to this kamper

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Difficulty Making Friends | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Issues With Eating |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Throws Objects | <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Difficulty Following Directions |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Very Close with Siblings/Cousins | <input type="checkbox"/> Cries Frequently | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Gets Back at Others | <input type="checkbox"/> Emotionally Mature | <input type="checkbox"/> Throws Tantrums | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Limited Self-Management/ | <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Good Sense of Humor |
| <input type="checkbox"/> Fights | Hygiene | <input type="checkbox"/> Teases | <input type="checkbox"/> Soiling |
| <input type="checkbox"/> Extremely Shy | <input type="checkbox"/> Curses | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Independent | <input type="checkbox"/> Positive Role | <input type="checkbox"/> Difficulty With Siblings/Cousins |
| <input type="checkbox"/> Head Banging | <input type="checkbox"/> Difficulty reading or writing | Model | <input type="checkbox"/> Flaps Hands/Twirls |
| <input type="checkbox"/> Hits Self | <input type="checkbox"/> Chants/Shrieks | <input type="checkbox"/> Wanders | <input type="checkbox"/> Scratches Self |
| <input type="checkbox"/> Hits Others | <input type="checkbox"/> Pushes Others | <input type="checkbox"/> Bites Self | <input type="checkbox"/> Kicks Others |
| <input type="checkbox"/> Echolalia | <input type="checkbox"/> Eats Inedible Items | <input type="checkbox"/> Bites Others | <input type="checkbox"/> Kind To Others |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Slaps Others | <input type="checkbox"/> Rigid | <input type="checkbox"/> Likes To Help |
| | <input type="checkbox"/> Scratches Others | <input type="checkbox"/> Team Player | |

- Has kamper attended Kamp Kiwanis before?
Yes _____ No _____ Year began? _____
Any problems or concerns? _____

- Has kamper attended another camp before?
Yes _____ No _____ Day _____ Overnight _____
Where? _____
Any problems or concerns? _____

- How often does the kamper wet the bed?
Never _____ Rarely _____ Frequently _____
- Does kamper have a fear of water/water activities?
Yes _____ No _____ Comments _____

- Does kamper have a fear of the dark or the night?
Yes _____ No _____ Comments _____

- Does the kamper sleepwalk, have nightmares, or other sleep disturbances?
Yes _____ No _____ Comments _____

- This kamper is enrolled in these classes at school:
Regular _____ Mainstreamed _____
Special Subjects _____

- Does this kamper have an aide in school?
Yes _____ No _____ Comments _____

- Does the kamper participate in after-school or community activities & programs?
Yes _____ No _____ Program/Activities: _____

- Has this kamper been asked to leave any camp, after-school or community activities & programs?
Yes _____ No _____ Year _____
Where? _____
Comments _____

- Does this kamper have a history of fire setting?
Yes _____ No _____ Year _____
Comments _____

- Has this kamper ever been involved with the court systems?
Yes _____ No _____ Year _____
Reason _____
Comments _____

- Has this kamper been under medical or psychiatric hospitalization? If yes, please forward any necessary paperwork
Yes _____ No _____ Year _____
Diagnosis _____
Comments _____

* If for psychiatric reasons please forward behavioral report

- Describe your kamper's feelings about coming to camp:
☐ Excited ☐ Happy ☐ Apprehensive ☐ Fearful
☐ Angry ☐ Curious ☐ Anxious ☐ Eager

Name of Person Completing Profile _____ **Relationship to Kamper** _____

Parent/Guardian Agreement

These sections must be read and signed before your kamper can be accepted into kamp.

If my kamper is accepted, I agree:

- To allow my kamper to participate in all activities except those medically prohibited.
- I hereby grant Kamp Kiwanis and it's agents full authority to take whatever actions they deem necessary regarding my kamper's health and safety, and I fully release Kamp Kiwanis from any liability in connection therewith.
- To send necessary medication in original bottles and in a quantity sufficient for the duration of the kamper's kamp stay.
- To notify the Kamp of any changes in my contact information (i.e. changes in address or phone #).
- That the health form is complete and is correct to the best of my knowledge.
- To instruct my kamper in the importance of knowing and abiding by the kamp's rules, regulations and procedures for the safety of kamp participants.
- To authorize social service agencies, schools, clinics, and/or medical professionals to release information which the Kamp director feels necessary to best plan for my kamper at kamp.
- That there are certain hazards and dangers are inherent in kamp events and programs and particularly, but not limited to the activities of swimming, canoeing, hiking, arts & crafts, the performing arts, biking, fishing and sports.
- **That Kamp Kiwanis has a right to enforce appropriate standards of conduct and the Kamp may terminate my kamper's participation in the kamp program if he/she does not maintain these standards. If my kamper's participation is terminated, I will pick up and transport my kamper at my expense.**
- That Kamp Kiwanis will observe all reasonable precautions in providing for the care and protection of my kamper. By signing this application, I hereby release and hold harmless Kamp Kiwanis, NY District Kiwanis, NY District Circle K, NY District Key Club, Aktion Clubs, Builders Clubs, K-Kids Clubs, Kiwanis Clubs, Circle K Clubs, Key Clubs, Kiwanis International, Kiwanis International Children's Fund and the NY District Kiwanis Foundation, Inc, its directors, officers, employees, agents, members, and representatives from any and all damages, claims, injuries, and liabilities of whatever kind, *including but not limited to claims for bodily injury or loss or damage to personal property*, which may arise out of my kamper's attendance at Kamp and out of his/her participation in any activities while in attendance at Kamp and/or Kamp-sponsored events.

I give my permission:

- For Kamp Kiwanis to take and use photographs and video of my kamper at kamp in brochures, website, pamphlets, videos, slide shows, and other written or media presentations.

Optional: Cross out this paragraph if you do not give permission.

I understand:

- If my kamper comes to kamp without necessary medication in original containers that I will overnight it to the Kamp immediately.
- That my kamper must comply with the Kamp's rules and standards of behavior.
- **If my kamper needs to return home for any reason, I agree to provide transportation as soon as needed.**
- I will be available by telephone for the duration of my kamper's stay at kamp and will keep kamp informed as to where I can be reached in the event of an emergency.
- I agree that my kamper will not be allowed to attend kamp until all necessary paperwork is completed and all kamp fees and debts are paid in full or until other arrangements are made.
- That Kamp Kiwanis provides a health center and the stocked over the counter medications at no charge. All bills for Physician's care, dental care, hospital or doctor visits, laboratory tests, x-rays, and prescription medications will be sent directly to the family for submission to it's insurance plan. Kamp will charge the family for any medication ordered by the family physician that we do not stock.

Kamper's Name: _____ Kamper Signature: _____



Parent/Guardian Signature: _____ Date: _____

Optional: Racial/Ethnic Identity

At Kamp Kiwanis, we value the cultural diversity of our community. It is our policy that no person will be discriminated against because of race, ethnicity, gender, sexual orientation, color, national origin, age or disability. As a non-profit agency, we are often asked to provide aggregate data about the racial and ethnic identity of our participants. The following question, while optional, will help us ensure that Kamp Kiwanis is a welcoming community for all.

Please Check an Ethnic Category:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Please Check a Racial Category:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White