2027 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 _____

2027 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 _____

Parent/Guardian #2

Name _____
Last 4 of Soc Sec # XXX-XX-_____None_____
Relationship to Kamper _____
Languages Spoken_____
Work Phone _____
Home/Cell Phone _____
Email _____
Occupation _____

Mailing Address _____ City _____ State _____ Zip _____
Number Street 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 20-Friday June 25	$1250	$400		
	Adult Session 2	Sunday, June 27-July 2	$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 kampers must be the same gender and be in the same age group. **(This request must be submitted by both kampers to be considered and <u>cannot</u> 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
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

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☐ Withdrawn	☐ Throws Objects	☐ Quick Learner	☐ Difficulty Following Directions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