

## **WNC Down Syndrome Alliance Buddy Camp 2017**

Camp Date:

July 10 – 14, 2017

Camp Contact:

Kathleen Emory  
828-665--592

We're happy to announce that based on the fund raising effort of the Western North Carolina Down Syndrome Alliance, the WNCDSA in a partnership with Lutheridge-Lutherock Ministries, Inc., are providing a free summer day camp (the Buddy Camp) for children with Down Syndrome ages of 6 - 14.

The camp will run from 9:00am to 3:00 and we will be providing Lunch and a Snack. There are limited number of spots available and will be filled on a first come first serve basis. LLMI will be providing a camper/counselor ratio of 1 counselor to 4 children. WNCDSA will also be providing 3-5 trained volunteers to assist any campers with special needs (i.e. mobility, bathroom issues). Activities include swimming, canoeing, hiking, field games, crafts, puppets shows and other camp activities.

### **Buddy Camp Application**

Please Print the application & health form (4 pages with "Sun" picture) Make sure to answer all questions and to sign the (3) signature locations on page 4 (indicated with an arrow).

**Mail completed application forms to: WNCDSA, PO Box 8338 Asheville, NC. 28814.**

**\*\*Do NOT mail applications directly to the camp\*\***

WNCDSA wants to thank all of our donors and sponsors whose generous contributions make such a camp possible.

Sincerely,

Kathy Emory  
Buddy Camp Coordinator  
kathleen.emory@yahoo.com  
828-665-0592

Camp Week: \_\_\_\_\_ Print Camper's First/Last Name: \_\_\_\_\_



## Buddy Camp at Lutheridge 2017 CAMPER HEALTH FORM

**PLEASE COMPLETE THE ENTIRE FORM & RETURN BY MAY 1, 2017.**

*Our camp nurses gather the first weekend in May to screen health forms. Please help us by having your camper's form here for them to screen.*

Each camper **MUST** complete a 2017 health form. A physical exam **within the last 12 months of a camper's day of camp must be validated on the health form with a physician's signature.** Make a copy for your records before sending.

**Complete all 4 PAGES. Must have a PHYSICIAN'S SIGNATURE plus PARENT SIGNATURES in THREE SIGNATURE LOCATIONS. Submit by MAY 1, 2017. Make a copy for your records before sending.**

**For those registering after May 1st, please make every effort to complete and submit this form at least 4 weeks prior to camp to help us best prepare for the Buddy Camp week at Lutheridge.**

Name \_\_\_\_\_  
Last First (Name Used) MI

Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Where does the camper reside:  Parent's home  Group home  Other

Group home (Name) \_\_\_\_\_

Institution (Name) \_\_\_\_\_

Other (Name) \_\_\_\_\_

Camper street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone where camper lives \_\_\_\_\_

**Name of Person to call if camper has problems while at camp** \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name of Parent or Guardian** (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IF THE ABOVE ARE NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:**

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Physician's name** \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

NovusWay, Inc. has secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Holder's Date of Birth \_\_\_\_\_

If you have an Rx card, Bin # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

PHYSICIAN'S EXAM: Physician must either complete this section of the health form or a copy of a signed, completed physical from the last 12 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

Date of last exam (must be within past 12 months of camp week) \_\_\_\_\_

The applicant is under care for the following conditions: \_\_\_\_\_

Recommendations/Restrictions at Camp (Please describe in detail) \_\_\_\_\_

Any medication or treatment to be administered at camp (name, dosage, frequency): \_\_\_\_\_

Any nutritional /meal plan: \_\_\_\_\_

Any activities to be limited: \_\_\_\_\_

In my opinion, the applicant (circle one) **can/cannot** participate in a camp program.  
Please attach a separate indicating any limitations or prohibited activities, or to list any additional information or comments!

Licensed physician's signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAST MEDICAL TREATMENT & HEALTH HISTORY** (to be filled out by parent/guardian)

Has/does the participant:	Yes	No		Yes	No
Had any recent injury, illness or infectious disease....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (eg. knees, ankles)....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury.....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with sleepwalking.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an operation.....	<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses \_\_\_\_\_

Allergies:  Hay Fever  Poison Ivy  Insect Stings  Food \_\_\_\_\_  Other \_\_\_\_\_  
Asthma:  Severe  Moderate  Mild Triggers? \_\_\_\_\_  
Nutritional/dietary restrictions: \_\_\_\_\_

Diabetic?  No  Yes Vegetarian?  No  Yes  
Has the camper had any of the following:  Measles  Chicken Pox  Mumps  German Measles  
Please attach immunization record or indicate the date (MM/YY) of the last immunizations/booster for:  
DTP \_\_\_\_\_ MMR \_\_\_\_\_ TD (Tetanus) \_\_\_\_\_ Hepatitis B \_\_\_\_\_ HIB \_\_\_\_\_

Does the camper know how to swim?  Yes  No  
Special instructions regarding swimming/water: \_\_\_\_\_

Is camper currently taking any prescribed or over-the-counter medicine?  Yes  No  
If "yes", what medications? \_\_\_\_\_

**ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT.**  
**The SummerShine nurse will receive and review upon arrival.**

Describe any current, physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any camp activities from which the camper should be exempted for health reasons \_\_\_\_\_  
\_\_\_\_\_

Are there any special health concerns of which the nursing staff should be aware? \_\_\_\_\_  
\_\_\_\_\_

NovusWay, Inc. wants to provide the best possible camp experience spiritually, physically, and socially for each camper. Your responses (please be specific) will help our staff meet best meet his/her needs.

Is the camper currently participating in a school or work setting program?  yes  no  
If yes, please describe: \_\_\_\_\_

- This camper is attending camp for the first time.
- This camper has attended another camp, but this is his/her first time at Lutheridge.
- This camper has attended Lutheridge. Number of years \_\_\_\_\_

Please describe the camper's feelings about attending camp. \_\_\_\_\_  
\_\_\_\_\_

Who made the decision that the camper would attend Buddy Camp camp? \_\_\_\_\_

Are there any major events or significant situations of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

Has the Camper had any negative camp (or other) experiences of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

What fears does the camper have? \_\_\_\_\_

What concerns do you have about the camper spending a week at camp? \_\_\_\_\_  
\_\_\_\_\_

What camp activities do you think the camper will enjoy the most? \_\_\_\_\_  
\_\_\_\_\_

Please anticipate any situations, times of day or activities that might be difficult for your camper. List these and give our staff advice about the best way to help the camper and manage behavior in a positive way:  
\_\_\_\_\_  
\_\_\_\_\_

Please give us any additional information that will help us give your camper the best experience possible?  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks for the information. Please know it will only be read by staff working directly with your camper.  
We look forward to a successful and fun camp experience for your child!**

**IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST SIGN THE MEDICAL RELEASE/AUTHORIZATION & WAIVER! IF THE CAMPER IS HIS/HER OWN GUARDIAN, HE/SHE MUST SIGN AT ALL THREE ARROWS. THESE SIGNATURES ARE A PREREQUISITE TO PARTICIPATE IN CAMP!!**

**MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT**

The undersigned, as parent/legal guardian of the camper, authorizes NovusWay Ministries, its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. NovusWay, Inc. will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases NovusWay, Inc. and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA  
BUNCOMBE & AVERY COUNTY

**NovusWay, Inc.**  
PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT

**READ CAREFULLY BEFORE SIGNING**

In consideration of NovusWay Ministries, Inc. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities. I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of NovusWay, Inc. for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, mountain biking, playground activities, and swimming). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge NovusWay, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of NovusWay, Inc. and its respective agents and employees. I further waive, release and discharge NovusWay, Inc. for any claim participation in any program, service an outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which NovusWay, Inc., or its agents is a party shall be the General Court of Justice, Buncombe County, North Carolina. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY, INC., FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

_____	_____	_____
PARTICIPANT NAME (PRINT)	AGE IF MINOR	PROGRAM/DATES
_____	_____	_____
CAMPER SIGNATURE (If 18 years of age or older)	←	DATE
_____	_____	_____
<b>SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*</b>	←	DATE

**TRANSPORTATION AND PHOTOGRAPH PERMISSION**

I hereby allow this camper to be transported for off-site outings and photographed for possible inclusion in NovusWay promotions.

\_\_\_\_\_ DATE

**\*Signature of Custodial Parent or Guardian Required**

# BUDDY CAMP

Week: July 10—July 14 “The Water of Life”

Please sign your child in and out. Have your child wear clothes fitting to the weather...we'll be outside on trails even if it rains! Wear tennis shoes to avoid stubbed toes on trails. **PLEASE pick your child up by 3:00. Thanks!**

Times	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	Sign in Campers Free Play	Sign in Campers Free Play	Sign in Campers Free Play	Sign in Campers Free Play	Sign in Campers Free Play
9:45	C3ARE Theme  “From the Deep- Goodness and Gift”	C3ARE Theme  “In the River- Birth and Belonging”	C3ARE Theme  “By Still Waters- Resting in God”	C3ARE Theme  “At the Well- Enough for Everyone”	C3ARE Theme  “In the Pool-Seeing & Being the Light”
10:30	Snack	Snack	Snack	Snack	Snack
11:15	Crafts Session	Fun & Games	Crafts Session	Canoes	Fun & Games
1:00	Lunch in the Din- ing Hall	Lunch in the Dining Hall	Lunch in the Dining Hall	Lunch in the Dining Hall	Lunch in the Dining Hall
2:00	Pool Session	Pool Session	Pool Session	Store/Snackbar	Closing Program w/ Family
3:00	Sign out	Sign out	Sign out	Sign out	Sign out

We won't follow this schedule EXACTLY...but it will give you an idea of what we're up to each day. Feel free to share ideas & suggestions. Please speak to Laurel if you have a question or concern. Thanks!

# DIRECTIONS to Lutheridge

## Directions to LUTHERIDGE in Arden, NC

**GPS Address for Lutheridge:**  
2511 Hendersonville Road, Arden, NC

### From I-40, Eastern North Carolina (Greensboro, Hickory) and I-40, Tennessee (Knoxville)

- Take I-40 West to Exit #51 (Hwy 25A/Sweeten Creek Rd)
- Take Sweeten Creek Road South (left at the end of the ramp)
- Go about 6 miles to Hwy 25/Hendersonville Rd (major intersection with Walgreens on corner across the street)
- Turn left onto Hendersonville Rd
- Lutheridge entrance is just a very short distance on the right

### From I-26, South Carolina (Spartanburg, Columbia)

- Take I-26 West to exit 40 (the Asheville Airport Exit)
  - Take a right at the end of the exit onto Airport Rd
  - Travel approximately 2 miles to US-25 (Hendersonville Rd)
  - Turn right onto US-25
  - Lutheridge entrance is just a very short distance on the right
- This is the Lutherock drive – follow the drive over the creek then follow the signs to designated areas.

## Behavioral Guidelines: Lutheridge Buddy Camp Program

- Any camper who exhibits repeated\* physical aggression toward self, other campers or guests or Lutheridge Staff will not be allowed to remain at camp. (Physical aggression includes hitting, slapping, biting, scratching, kicking, or other similar behaviors OR the threat of such behaviors as judged likely by Lutheridge Staff)
- Any camper who exhibits repeated inappropriate sexual behavior toward self or others will not be allowed to remain at camp.
- Any camper who repeatedly leaves the group without permission of Lutheridge Staff will not be allowed to remain at camp.
- Any camper who repeatedly exhibits noncompliant behavior to a degree that it interferes with the camp program in a way that penalizes other campers will not be allowed to remain at camp.
- Any camper who has had to be sent home during one summer should not attend camp sessions the following summer unless significant behavioral progress has been documented. Please talk with the Program Director before registering the camper.
- Lutheridge staff are not allowed to be alone with a camper under any circumstances, however, WNCDSA has contracted "Buddy Staff" to help with personal care, mobility and behavioral issues as needed. Guardians may choose to agree that these staff may be alone with their child if needed to attend to personal or behavioral needs.

**\*Repeated** will be defined as three incidents, except in the case of physical aggression or sexual behavior or unless the degree of behavior is such that Lutheridge Staff deem it necessary to immediately and permanently remove the camper from the group. In all other cases, a warning shall be given the first time a behavior occurs and an appropriate action taught. Guardians will be notified about the behavior. The second time a behavior occurs the guardian and a Buddy Staff worker will create an individualized plan to address the behavior – including one-on-one supervision if needed. The third time a behavior occurs, the camper will be removed from the group and the guardian will be called to come and get the camper. (In cases of physical aggression or inappropriate sexual behavior, the guardian will be called immediately following the first incident and together, Lutheridge Staff and the guardian will decide if the camper should go home or have another chance. If a second incident occurs, the camper will be sent home.) Every attempt at reasonable accommodation will be made to work with the child prior to sending a child home from camp – except for a situation where there is imminent threat of injury to the camper or another person at the camp.

These guidelines are to ensure the safety and enjoyment of all campers. Please talk with Lori Bode if you have questions or concerns – 828-209-6304 [lbode@lutheridge.com](mailto:lbode@lutheridge.com)