

# Camp IGNITE



Inspiring Growth & Nurturing Insight Through Experience  
A Crossroads Summer Camp

February 2016

Crossroads offers children and families a summer camp designed specifically for those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). For more than 40 years, Crossroads has been providing programs for youth with mental health and behavioral disorders, including day camps in Lake County, Ohio.

Camp IGNITE provides campers with fun daily experiences and activities that will help strengthen social and organization skills, increase self-esteem and self-control and improve problem solving abilities.

Campers ages 8-12 years old with an ADHD diagnosis are welcome. Maximum camp capacity is 25. Camp IGNITE has high standards with a 4:1 camp to staff ratio which allows us to work closely with and give extra attention to campers, ensuring their success.

Camp IGNITE

July 5th – July 29th

Monday through Friday from 9:00 am - 3:00 pm (Note July 5th is a Tuesday)

Willoughby Tech C Building

25 Public Square

Willoughby, OH 44094

All applications are screened, as children with a history of significant aggression, property destruction or running away are not appropriate for this camp.

Tuition for this specialized 4-week camp is \$1600, includes lunch daily.

To reserve a spot and register your child, please complete the application and return to Crossroads along with your deposit.

We look forward to a fun and rewarding summer with your child!

Questions, contact Colette Bukowski at (440) 255-1700 x1201.

Sincerely,  
Camp IGNITE Team



**APPLICATION FORM 2016**  
**Camp Dates: July 5<sup>th</sup> to July 29<sup>th</sup>**

Parents please complete and return to:  
Crossroads 8445 Munson Road, Mentor, OH 44060

**GENERAL INFORMATION**

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (MM/DD/YY) Gender M\_\_ F\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper resides with: \_\_\_\_\_

Primary Emergency contact:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Emergency contact:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Will anyone other than one of the parents listed above be picking up your child from the camp?

\_\_\_ No

\_\_\_ YES - please provide the name and contact information of this individual:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

I authorize the above named person(s) to pick up my child from Camp IGNITE in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SCHOOL INFORMATION**

Child's School: \_\_\_\_\_ Fall '16 Grade: \_\_\_\_\_

Does your child have an:

IEP  504  ISP (Individual Service Plan for private schools)  None of these

Does your child have an aide at school? If so, explain: *(i.e. one-on-one aide or aide for a small group of children, etc.)* \_\_\_\_\_

Has your child been suspended from school? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

### ABOUT YOUR CAMPER

**To provide your child with the best possible camp experience, we want to know about any behavioral challenges your child has that we should plan to accommodate.**

Has your child been diagnosed with or received services for any of the following?

- ADD    ADHD    Dyslexia    PDD    Asperger's    Oppositional Defiant Disorder
- Autism    Learning Disability    Cognitive Delay    Anxiety
- Other (define) \_\_\_\_\_    None diagnosed

Describe any behaviors associated with your child's diagnosis: \_\_\_\_\_

Does your child have sensory issues? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Does your child struggle with social skills? \_\_\_ NO \_\_\_ YES - please describe: (for example doesn't play well with other children, has no friends, etc.) \_\_\_\_\_

Does your child wander? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Has your child been aggressive in or out of school? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Has your child been bullied by peers? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Has your child bullied others? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Does your child have difficulty following suggestions or directions from adults? \_\_\_ NO \_\_\_ YES - please describe: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

**MEDICAL INFORMATION**

Please describe any medical conditions or physical limitations your camper has that Camp IGNITE staff should be aware of (including serious injuries, operations, childhood diseases, chronic or recurring illness).

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Please check any allergies or sensitivities your camper has that we need to be aware of and accommodate:

- None
- Peanut allergy
- Tree nut allergy
- Other food allergy: \_\_\_\_\_
- Allergy to insect stings
- Allergy to animal fur (list): \_\_\_\_\_
- Allergy/intolerance to lactose/dairy products
- Gluten sensitivity/intolerance
- Other allergy or sensitivity: \_\_\_\_\_

Will your camper be taking medication during the day at camp? \_\_\_\_ NO \_\_\_\_ YES -- If yes, please fill out the Request to Self-Administer Medication form as well.

I certify that all of the information on this application is complete and accurate.

\_\_\_\_\_  
Parent's Name (Print)                      Signature    Date

With this application, please include the required \$500.00 deposit payable to Crossroads.

**Application Checklist:**

- \_\_\_\_ **Camp IGNITE Application**
- \_\_\_\_ **Camp IGNITE Billing Information Form with deposit/payment**
- \_\_\_\_ **Camp IGNITE Emergency Medical Authorization**
- \_\_\_\_ **Camp IGNITE Waiver and Release**
- \_\_\_\_ **Camp IGNITE Request for Self Administration of Medication (if applicable, required prior to start of 1<sup>st</sup> day of camp)**



Camp IGNITE  
BILLING INFORMATION FORM

Camper Name: \_\_\_\_\_

**Camp IGNITE's tuition is \$1600 for the four-week session. A minimum deposit of \$500 is required with the application.**

If for any reason your child is not accepted, the deposit is refundable. Once your child is accepted, enrollment deposits are NOT REFUNDABLE, except in emergencies, which are defined at the discretion of the camp trustees. **Camp deposits will not be returned until Crossroads is paid in full by any outside funding sources.**

If you are applying for ESY from your child's school a deposit is still required. **Your deposit will be refunded once we receive all payments from all funding sources.**

The balance for camp is due by June 15, 2016. Payments are non-refundable, upon submission. Partial refunds may be made only in a situation considered an emergency by Crossroads Management team.

Payment Options

\_\_\_\_ 1. Deposit check # \_\_\_\_\_ enclosed. Checks payable to the Crossroads  
A check for the balance due will be sent prior to June 15, 2016 unless we receive written confirmation from other funding sources that they will be paying the balance. *It is your responsibility to request written confirmation from your funding sources.*

\_\_\_\_ 2. Credit card deposit  
Charge a deposit of \$ \_\_\_\_\_ to the following:  
Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_  
Credit card number \_\_\_\_\_  
Expiration date (Please make sure card is valid through June 2015) \_\_\_\_/\_\_\_\_  
CVC# \_\_\_\_\_  
Name (please print name as it appears on the card) \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_ Please charge the balance for the tuition to this card on **June 15, 2016**  
\_\_\_\_ Do not charge the balance due to this card. I will make payment through other means by June 15, 2016.

\_\_\_\_ 3. I have paid the deposit by either check or credit card above. I anticipate receiving other funding through the following sources:  
\_\_\_\_ ESY- I will contact my school district to discuss this option.  
\_\_\_\_ Other \_\_\_\_\_

**(It is the parent or guardian's responsibility to get written proof of financial commitments from all financial aid sources to Crossroads prior to June 1<sup>st</sup>. Your child will not be able to attend camp if we do not receive funding confirmation by June 1<sup>st</sup>.)**



**CAMP IGNITE WAIVER and RELEASE OF INFORMATION**

I, \_\_\_\_\_, give consent for my child, \_\_\_\_\_, DOB \_\_\_\_\_  
 (Parent/Guardian Name) (Camper Name)  
 to attend and participate in Camp IGNITE from July 5 – June 29<sup>th</sup>, 2016.

**Acknowledgement of risk/acceptance of responsibility regarding my child’s participation in Camp IGNITE activities:**

I understand that Camp IGNITE includes physical activities and recognize the inherent risk of injury to my child in participating in these activities.  
 I understand and acknowledge that Crossroads offers no medical insurance to protect against such risks, makes no claim to do so, and has no responsibility for any medical expenses my child may incur.  
 I understand that each participant must assume the risk of bodily injury that could result from participating in any of these activities.  
 I agree to assume such risks and such financial responsibility.  
 I release Crossroads, its employees, volunteers, and trustees from all liability for any injury to my child from participating in the Camp IGNITE activities.

**B. Sharing of information:**

In the event my child experiences a medical emergency while at Camp IGNITE, I give consent for Crossroads to disclose, if necessary, emergency contact information and health information to first responders and medical professionals.

I give consent for Crossroads to collect stories, photos, likenesses, and video/audio video recordings, of my child for use in future Crossroads educational and promotional materials including, but not limited to: newsletters, annual reports, social media pages, displays, fund-raising materials and any and all related uses.

I hereby release Crossroads and other stated parties from all liability in connection with the release of this information.  
 I understand that I can withdraw Part B of this authorization any time, and that if I do, my request will be honored except to the extent that Crossroads has already acted upon a disclosure. Once my withdrawal of authorization has been received by Crossroads, all future releases and/or requests of information will cease immediately.

<b>Signature of Camper:</b>	Date:
<b>Signature of Parent/Guardian:</b>	Date:
<b>Staff Signature:</b>	



# CROSSROADS – Camp IGNITE EMERGENCY MEDICAL AUTHORIZATION

**PURPOSE** - To enable parent(s)/guardian(s) to authorize the provision of emergency medical care, if needed, for their child illness or injury occurs while at camp, requiring emergency medical assistance.

**Child's Name:** \_\_\_\_\_

**Child's Social Security No.:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_

**Work phone number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

**Work phone number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Current medication(s):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other information you would like a medical provider and/or emergency medical personnel to know in case of a medical emergency:** \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Address, City, State, Zip of parent/guardian \_\_\_\_\_  
**This authorization expires when my son/daughter at the end of camp.**

In the event reasonable attempts to contact me at \_\_\_\_\_

\_\_\_\_\_ have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by physician or dentist of my preference, as stated on form; and/or
2. The transfer of my child to Lake Hospital or any hospital reasonably in accessible if staff determine child is in need of immediate medical attention. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Further, I give my consent for Crossroads to provide a copy of this form to my child's physician, dentist and/or emergency medical personnel.



REQUEST FOR ADMINISTRATION OF MEDICATION AT Camp IGNITE

(Note: This form ONLY needs to be completed if your child needs to take medication while attending Camp IGNITE)

To be completed by parent/guardian:

I hereby request and give permission for (child's name) \_\_\_\_\_ to self-administer, under staff supervision, the following medications:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ as ordered and specified below by my child's physician.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Physician's Order:

I hereby order that (child's name) \_\_\_\_\_ self-administer, under staff supervision, the medication(s) listed below according to my instructions during his/her attendance at Camp IGNITE.

1. \_\_\_\_\_ Medication/dosage \_\_\_\_\_ Time(s) of administration

Other Instructions: \_\_\_\_\_

2. \_\_\_\_\_ Medication/dosage \_\_\_\_\_ Time(s) of administration

Other instructions \_\_\_\_\_

3. \_\_\_\_\_ Medication/dosage \_\_\_\_\_ Time(s) of administration

Other instructions: \_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_

Office address \_\_\_\_\_

Telephone number \_\_\_\_\_

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Below to be completed by Crossroads:

Camper Name \_\_\_\_\_

Notes: