

CAMP DOGWOOD DEAF-BLIND WEEKEND 2010

We are looking forward to a special weekend this September—a weekend at Camp Dogwood where Deaf-Blind people can get together and share good times, enjoying “**The Glamour of Hollywood**”. We will have activities like boating, arts and crafts, workshops, games, and field trips. And of course, we will have a BIG DANCE on Saturday night to celebrate our theme. Please come for the dance dressed as your favorite Hollywood star or favorite movie character.

Since 1981, we’ve enjoyed our Deaf-Blind weekends at Camp Dogwood which is located on beautiful Lake Norman in Sherrills Ford. It is owned and operated by the North Carolina Lions Foundation. We hope you can join us this year at:

Camp Dogwood Deaf-Blind Weekend

September 9-12, 2010

Begins Thursday (Registration from 2:00 – 5:00 pm)

Ends Sunday (10:00 am)

Application Deadline: July 1st, 2010

Volunteer SSPs (Support Service Providers) will help you access all parts of camp. If you know someone who wants to SSP at camp, please send us their name and mailing address. We will mail them a letter and SSP application.

*******NOTE*******

For those attending camp with problems with walking, please bring your own wheel chair. The camp can not provide one for you and crutches or walkers are difficult on the hills. You must also have the names of the volunteer SSPs that have agreed to push you on your application. All campers must be able to take care of their personal needs unless they have a personal caregiver with them. Please make note of that caregivers name on your application, so that we can send them an SSP Application

Our registration fee is \$150.00. (This pays for room, meals, and on-site activities, and helps cover the cost of SSP’s .) Because of limited space and funds, we will only be able to accept a limited number of campers.

If you want to come to the 2010 Camp Dogwood Deaf-Blind Weekend, here is what you need to do:

1. FILL OUT ALL THE FORMS IN THIS APPLICATION PACKET.
2. SIGN THE FORMS.
3. ENCLOSE A \$20.00 DEPOSIT (NON-REFUNDABLE) WITH THE APPLICATION. THE APPLICATION WILL NOT BE ACCEPTED IF IT DOES NOT INCLUDE THE \$20 DEPOSIT. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO **NCDBA**. IN THE MEMO LINE, WRITE **FOR CAMP DOGWOOD**.
4. SEND YOUR APPLICATION PACKET WITH the deposit as soon as possible to:
Ronald Merritt
4824 Shadow Moss Court
Charlotte, NC 28227

By August, we will send you a letter to let you know if you have been accepted. If you are accepted, you will need to pay the balance of \$130 before August 15.

NOTE: If you do not have enough money, you may be able to get some financial aid. **Please contact your local Deaf-Blind Specialist or Social Worker for the Blind now to ask for financial assistance.**

If you mailed a \$20 deposit with your application, but our camp is full, we will refund your deposit.

If you have any questions, feel free to contact me or your local Deaf-Blind Services Specialist.

Sincerely,

Halina M Milewska
Halina.M.Milewska@dhhs.nc.gov

Camp Dogwood Deaf-Blind Weekend
Camper Application (NC residents only)

Name: _____ Date: _____

Home Address: _____

City: _____, NC Zip: _____

County: _____ Gender: Male or Female

TTY or voice: (____) _____ Fax # _____

Email address: _____ Date of Birth: _____

Videophone Address: _____

Text Messaging Address: _____

** Have you ever been convicted of a felony? Yes or No

Registration fee for the weekend is \$150.00. **A \$20.00 non-refundable deposit must be sent with application.**

If you are accepted, the balance of \$130.00 must be paid in full before August 1, 2008.

If you need help paying for the fee, please contact your local Deaf-Blind Specialist or Social Worker for the Blind as soon as possible to ask for assistance.

Who is your Deaf-Blind Specialist or Social Worker for the Blind? _____

SSP AND TECHNOLOGY NEEDS

Please describe yourself:

- Deaf-Blind
- Deaf and Partially-Sighted or Usher Syndrome I
- Hard of Hearing and Partially-Sighted or Usher II
- Hard of Hearing and Blind
- Blind-Deaf

You prefer reading:

- Regular Print
- Large Print
- Braille

You prefer communicating via:

- ASL
- ASL with close vision
- ASL with tactile
- Manually-coded English
- Manually-coded English with close vision
- Manually-coded English with tactile
- Fingerspelling
- Braille
- Computer Access Notetaking
- Speech with ALD or hearing aids
- Print on Palm
- Other: _____

If you will be asking your own SSP/Caregiver to attend, write the SSP's/Caregivers name and address here:

ROOM AND TRANSPORTATION NEEDS

Do you require a handicap bathroom? ___yes___no

Who do you prefer to be your roommate at camp?

Do you have transportation to camp? Yes or No

If yes, how? _____

If you need a ride to camp, please contact your local Deaf-Blind Service Specialist.

Dinner will be served at 6:00 pm on Thursday.

You will arrive: _____ before dinner on Thursday.

_____ after dinner on Thursday.

If you will not arrive on Thursday, when will you arrive?

Day: _____ Time: _____

Agreement to follow Camp Dogwood Rules:

I agree to follow all Camp Dogwood Rules while participating in the Camp Dogwood Deaf-Blind Weekends.

My Signature

Date

(If applicable, signature of guardian or witness)

Date

Camp Dogwood Deaf-Blind Weekend

Emergency Contact Information

Name: _____ Date: _____

Your family doctor's name: _____

City: _____ NC

Area Code

Phone Number

****In case of emergency, we need to contact the following people (you must have at least two people listed):**

1. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

2. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

3. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

Camper – Medical Concerns Form
CONFIDENTIAL

Name: _____ Date: _____
 Last First

You must complete this form and return it with your application. The site requires that your form be kept on file in case of a medical emergency.

I want the nurse to know of my medical conditions (circle):

High Blood Pressure	Yes	No
Diabetes	Yes	No
Seizures	Yes	No
Allergies (_____)	Yes	No
Heart Problem	Yes	No
Hepatitis	Yes	No
HIV/AIDS	Yes	No
Other: (please specify)	Yes	No

Date of my last tetanus immunization: _____

I want the nurse to know of my medications listed below:

Medicine: _____	Times: _____
Medicine: _____	Times: _____
Medicine: _____	Times: _____
Medicine: _____	Times: _____

(You are responsible to take care of your own medicine. **If you are diabetic, you must bring your own testing meter and testing supplies.**)

I am limited with the following physical activities:

Signature: _____
(Guardian's signature if under 18 yrs old) Relationship

Camp Dogwood Deaf-Blind Weekend
Camper – Medical Release Form

Sometimes, the wording of medical release forms is hard to understand, so below is the actual wording and a “simplified English” version. Please read both. They are the same thing.

Simple English version:

If I am too sick, or hurt, or can't think clearly, or can't make decisions, it is OK for the on-site nurse or camp staff to decide about medical care for me. If it is an emergency, they can decide if I have treatment, and / or medicine, and / or surgery.

Actual Medical Release:

In the event that my consent cannot be readily obtained, the Camp Dogwood nurse and / or staff are authorized to consent on my behalf for necessary medical treatment. In case of medical emergency, the Camp Dogwood nurse or staff is authorized to obtain treatment for me, including medication, anesthesia, and / or surgery.

My Signature

Date: _____

(If applicable, signature of guardian or witness)

Date: _____

Camp Dogwood Deaf-Blind Weekend

Camper – Release Forms

Last Name: _____ First Name: _____

Here are three release forms for the Camp Dogwood Deaf-Blind Weekends. Each form has an explanation in “Simplified English”. There is one place to sign, at the end of all the release forms.

Simplified English Version of Contract Releasing Liability:

I am responsible if:

I become sick, hurt, or die at the Camp

Some of my belongings (suitcase, bags, money, etc.) are lost or damaged at the Camp

I am responsible if I become sick, hurt or lose anything when I travel to the Camp or travel home again.

I will not hold the Camp Dogwood Deaf-Blind Weekend responsible if these things happen. The staff is not responsible. The Camp Dogwood Deaf-Blind Executive Committee is not responsible. The NC Deaf-Blind Associates, Inc. is not responsible.

Contract Releasing Liability:

I, the undersigned, hereby assume all risks of personal injury, illness, death and damage to or loss of property. I expressly waive and release the Camp Dogwood Deaf-Blind Weekend, its trustees, employees, agents and other Camp participants from any and all liability, claims, demands and causes of action whatsoever which arise from or in connection with my participation in the Camp, including traveling to or from the camp, for personal injury, illness, death or damage to or loss of property.

My Signature/Guardian’s Signature

Date

Camp Dogwood Deaf-Blind Weekend
Camper – Release Forms (continued)

Simplified English Version of Harassing Conduct Release:

The Camp Dogwood and the Camp Dogwood Deaf-Blind Weekends will not allow harassing conduct. This means behaving in a way that bothers another person. It means after the other person tells you to stop bothering them, you don't.

Harassment can be:

Verbal or Signal (calling people names, yelling at someone, swearing, teasing too much, criticizing volunteers or campers).

Physical (pushing, shoving, poking, hitting anyone, following someone).

Sexual (touching that is not comfortable for the other person, following someone, telling sexual jokes that bother another person).

I understand if I do these things, the Camp Coordinator or Acting Camp Coordinator may tell me to leave the camp.

Harassing Conduct Release:

Harassing or threatening conduct will not be tolerated at the camp. I acknowledge and agree that if my conduct or condition, in the judgment of the Camp Coordinator or Acting Camp Coordinator, poses a threat of harm to others or myself, I may be removed from the camp.

My Signature/Guardian's Signature

Date

Camp Dogwood Deaf-Blind Weekend
Camper – Release Forms (continued)

Public Relations (Please check one):

Sometimes TV or newspaper reporters will come to the Camp Dogwood Deaf-Blind Weekends to write a story and take pictures. Sometimes other photographers come to the Camp Dogwood Deaf-Blind Weekends to take pictures. The Camp Dogwood Executive Committee, NC Deaf-Blind Associates, Division of Services for the Blind, and Division of Services for the Deaf and the Hard of Hearing may use the pictures (in color or black and white) in publicity and training materials as seen fit by the Agencies or for the purpose of informing the communities about Deaf-Blind issues, and / or helping raise money for the Camp Dogwood Deaf-Blind Weekends.

- It is OK to photograph me or videotape me at the Camp.
- It is NOT OK to photograph me or videotape me at the Camp.

My Signature (or guardian if under 18 yrs old)

Date: _____