



2017 Camper Application

Dear Spearhead Family,

Each summer season is special but summer 2017 marks a real milestone for Camp Spearhead. **This summer Camp Spearhead turns 50!** As we reflect on the heritage and history we marvel at the scope of impact Spearhead has played in thousands of lives. We are honored and humbled to be a part of such a legacy and feel a great sense of duty to carefully steward what has been established - a community of campers, families, staff, and volunteers who value and champion unconditional acceptance for children and adults with special needs.

Mark your calendars for Saturday, September 2! We are planning a special anniversary celebration and don't want you to miss out.

The 2017 Camper Application is a fillable form - it is able to be filled out on your computer. If you prefer, you may choose to print it out and complete by hand. Regardless of which method you choose, please be sure to keep a copy for yourself.

If completing the application by computer we recommend first saving the blank form before filling in your camper's information (rather than completing the form in your web browser). After saving the blank form to your computer open up the file, complete all information, then save again before sending to campspearhead@greenvillecounty.org.

MEDICATIONS - Your camper's medication information will be collected separately from the Camper Application. This is the same process we initiated last summer. We have found this to be a help in reducing the amount of medication changes on arrival day. You will receive the Medication Information Form four weeks prior to your camper's week and ask for it to be returned within two weeks of that. You do not need to do anything with medication information now.

There are further details about the application process on the next page. Please contact us with any questions or concerns. We are excited about the upcoming summer season and can't wait to fill the campsite with happy campers! Thank you for entrusting us with the care of your camper. We don't take that for granted.

Eagerly awaiting summer,
Administrative Staff

CAMP SPEARHEAD SUMMER 2017 GENERAL INFORMATION

WHO CAN ATTEND?

Camp Spearhead serves children and adults with special needs. Campers must be 8 years old – there is no upper age limit. Camp Spearhead reserves the right to determine eligibility of potential campers. Eligibility is determined through application forms and, if necessary, through interviews with the potential camper and parent/caregiver.

2017 DATES & RATES

<u>Dates</u>	<u>Payment Due</u>	<u>Rates (based on residency as follow)</u>
Week 1 (May 29-June 2)	May 15	\$330/week - Greenville County resident
Week 2 (June 5-9)	May 22	
Week 3 (June 12-16)	May 29	\$410/week - residents of other SC counties
Week 4 (June 19-23)	June 5	
Week 5 (July 3-7)	June 19	\$715/week - residents of other states
Week 6 (July 10-14)	June 26	
Week 7 (July 17-21)	July 3	
Week 8 (July 24-28)	July 10	

Payment is due 2 weeks prior to the camp week

COMPLETED APPLICATIONS - SEND BY SUBMIT BUTTON, EMAIL ATTACHMENT, OR US MAIL

Applications must be complete before your camper is enrolled. Please don't jeopardize your preferred week(s) by returning an incomplete application. After we review and process your application, a Confirmation Form will be sent to you.

USE SUBMIT BUTTON ON LAST PAGE

Submit

SAVE APPLICATION AS PDF

THEN EMAIL ATTACHMENT TO:

campspearhead@greenvillecounty.org

MAIL APPLICATION TO:

**Spearhead Summer Application
4806 Old Spartanburg Road
Taylors, SC 29687**

CAMPER ARRIVAL AND DEPARTURE DAYS

- ◆ Arrival: Mondays 9:00 am – 11:00 am
- ◆ Departure: Fridays 9:00 am – 11:00 am
**Campers picked up after 11am on Friday will be charged a late fee of \$25/hour or portion thereof.
Your strict attention and adherence is greatly appreciated.**

CANCELLATION POLICY

- ◆ *Cancellations made 2 weeks or more before camp week = full refund less \$25.00 processing fee*
- ◆ *Cancellations made fewer than 2 weeks before camp week = 50% refund.*

CONTACT INFORMATION

Summer Camp Office: (864) 836-8028/Fax (864) 836-8569

Year-round Administrative Office: (864) 288-6470/Fax (864) 288-6499

Email: campspearhead@greenvillecounty.org



Office Use Only:			
Received _____			
SA _____	RT _____	CrCd _____	
Conf: _____	Em _____	Fx _____	USM _____

2017 Camper Application

*If completing by computer, HIT SAVE OFTEN
If completing by hand, make a copy before sending*

Personal Information

Camper Name _____ Nickname _____

Diagnosis _____

Attended Camp Spearhead before? Yes - # of years _____ No - Referred by _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Gender: Male Female

Residence: Family/Home Foster Home Independent Group Home _____ *NAME OF GROUP HOME*

United Way of Greenville County - Demographic Information

Camp Spearhead is financially supported by the United Way of Greenville County. To assist the United Way in tracking who is helped by their support, please complete these two questions.

- | | | | | |
|---------------------------|------------------|------------------------|----------------|-----------------|
| 1. Household Income | \$45K and up | \$34K to \$44K | \$22K to \$33K | \$21K and below |
| 2. Racial/Ethnic Heritage | African-American | Asian/Pacific Islander | Caucasian | Hispanic/Latino |
| | Multiracial | Native American | Other | |

Legal Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Emergency Contact Name _____ Relationship _____

Phone _____ Email _____

Session Request – confirmation of requested week(s) sent after application reviewed/processed

- | | | | |
|--|---|---|---|
| <input type="radio"/> Week 1 May 29-June 2 | <input type="radio"/> Week 2 June 5-9 | <input type="radio"/> Week 3 June 12-16 | <input type="radio"/> Week 4 June 19-23 |
| <input type="radio"/> Week 5 July 3-7 | <input type="radio"/> Week 6 July 10-14 | <input type="radio"/> Week 7 July 17-21 | <input type="radio"/> Week 8 July 24-28 |

Cabin mate request (optional) _____

Every attempt will be made to honor your request, however it cannot be guaranteed

Rates and Financial Information

- Greenville County Resident \$330/week
- Resident of other SC counties \$410/week
- Resident of other state \$715/week

- I will pay by the payment due date 2 weeks prior to camp week
- I am paying now with the enclosed check # _____
- I want to pay by credit/debit card. I understand that my credit/debit card will be charged on the due date, which is two weeks prior to each camp week. [Click here for the Auto Draft Authorization Form](#) which must be filled out by hand and returned by US Mail or by Hand Delivery to the address indicated on the form.
- I am applying for a Campership. [Click here for the Campership Application Form](#)
- An outside agency is paying the fee - Agency Name: _____
Contact name at Agency _____ Phone number _____

CANCELLATION POLICY

Cancellation made 2 weeks prior to camp week = full refund less a \$25.00 processing fee.

Cancellation made less than 2 weeks prior to camp week = 50% refund.

I have read and understand this cancellation policy. Please Initial _____

Camper Care Information

Camper t-shirt size

- Youth Large Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL Adult 4XL

Is this the camper's first time away from home?

- Yes If yes, is homesickness likely? _____
- No

How does this camper communicate? Talking Signing Gestures Assistive Device _____

Yes No

- Does this camper use a wheelchair? _____
- Does this camper need assistance walking? _____
- Does this camper have difficulty sleeping? _____
- Does this camper have difficulty hearing? _____

Yes No

Does this camper need assistance eating? _____

Puréed foods Mechanical Soft foods Uses feeding tube

Does this camper have specific diet needs? _____

Does this camper have diabetes?

Details:

Does this camper have allergies? Food Medicine Insect bite/sting Other

Details:

Does this camper have seizures? How often? _____ Number in last 12 months? _____

Type of seizure _____ Date of last seizure _____

Does the camper have history of:

Emotional or behavioral problems? (List possible causes/methods to improve behavior) _____

Admission to a facility due to emotional/behavioral problems in the last 12 months? _____

Hurting himself/herself, others or property destruction? _____

Being extremely active, nervous or anxious? _____

Non-compliance? _____

Emotional outburst? _____

Wandering away from a group? _____

Treatment for ADD or ADHD? _____

Activities of Daily Living

	No Assistance	Verbal Prompt	Partial Assistance	Total Assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hygiene/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervision

<input type="radio"/>	Fully Independent
<input type="radio"/>	General Supervision
<input type="radio"/>	Close Supervision
<input type="radio"/>	Requires 1:1 Supervision

Permissions and Releases

Physical Exam

It is highly recommended that a camper have a physical examination completed by his or her family doctor clearing them for participation. If no physical exam form is received with this application you must sign below indicating your knowledge of the type of camp activities offered and giving your consent for your camper to attend without having been cleared through their physician.

Parent/Guardian Signature

Date

Permission to Treat

I give permission for my camper to receive appropriate treatment and medication in the event of a medical emergency.

Parent/Guardian Signature

Date

Swimming Permission

Camp Spearhead utilizes two waterfront areas – a swimming pool with a maximum depth of 4 feet and a pond for boating and fishing only. All campers are required to wear lifejackets when participating at the pond but use of lifejackets at the pool is optional.

- This camper may participate in the pool WITHOUT the use of a lifejacket.
- This camper may participate in the pool but ONLY WITH THE USE OF A LIFEJACKET.
- This camper MAY NOT participate in pool or pond activities.

Parent/Guardian Signature

Date

Camper Pick-Up Permission

On pick-up day Camp Spearhead staff may request a photo ID be presented before releasing a camper. If anyone other than the people listed below arrive to pick-up your camper you must make written arrangements through the Camp office.

The following people have permission to pick-up my camper:

Parent/Guardian Signature

Date

I, _____ (Parent/Guardian name) give my permission for _____ (Camper name) to attend Camp Spearhead, managed and operated by Greenville County Parks, Recreation, & Tourism. I understand that camp activities include swimming, boating, hayrides, outdoor games, hiking, challenge course/ropes course, and archery which can result in bodily injury.

I hereby release and hold harmless Greenville County Parks, Recreation, & Tourism / Camp Spearhead, and its agents and employees from any liability from any injury or damages resulting from the above-named camper attending Camp Spearhead.

Parent/Guardian Signature

Date

Three ways to turn in your application

1

2

3

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