



# Handi-Camp

## September 22-24, 2023

### Registration Packet

\*limited to the first 30 campers to register!\*



## Instructions For Completing Registration Form:

1. Feel free to copy blank application form only.  
**HOWEVER: DO NOT SEND COPIES OF COMPLETED REGISTRATION FORMS**  
**Send only the registration form, not the entire registration packet**
2. Use blue or black pen (**NOT PENCIL**) to complete application forms
3. **ALL INFO CALLED FOR ON THE APPLICATION IS ESSENTIAL** to determine the level of care that will be required for each camper
  - a. PLEASE provide any additional info, as necessary, to assure best care
  - b. Incomplete or unreadable applications will have to be returned

## Since Food & Supplies Are Purchased Well In Advance Of Camp:

1. A minimum of **50% of the registration fee must be mailed with the registration form**...the balance to be paid in full by **AUGUST 28, 2023**

**\*\* There is a \$25 non-refundable fee for cancellations.\*\***

## Cost Of Camp:

1. **Early Bird Discount Registrations received by August 28: \$150**
  - a. 50% registration cost must be mailed with registration form. Final 50% is due by August 28
  - b. All early bird registration campers will receive a FREE camp t-shirt at camp
2. **Full Price Registrations received after August 28: \$170**
  - a. Full price must be paid with registration

## Extra Registration Packets:

Registration packets can be printed from our website, [www.ljca.org](http://www.ljca.org)

Registration packets can be picked up at the camp office M-F 8:30 a.m. - 4:30 p.m.

1880 W 275 N Angola, IN 46703 Call: 260-833-2786

## Camper Scholarship Fund:

Please do not let the cost of camp prohibit you from being able to attend. Contact us at 260.833.2786 for a Scholarship Application for financial assistance with camp.

## Attention Campers:

### What TO Bring:

**Clean Clothes** -- for the entire camp session: Underwear, Daily Clothing, Night Clothes, Swimwear, **Bedding & Pillows**, Towels, Personal Care Items, Sunscreen, Insect Repellent.

**Adult Under Garments** ("Depends") -- If required, **enough for entire camp session.**  
**Bible** -- If the camper has one.

**Medications**: All medications (including non-prescription) will be dispensed by the designated staff member. All medications must be in original pharmacy-labeled medication containers. List medications on pg. 2 of registration form:

**\*\*\* PLEASE NOTE \*\*\***

Lake James Christian Camp cannot be responsible for providing supplies for the camper. **If adequate supplies have not been packed, it will be necessary to contact you to have those supplies delivered promptly.**

### What NOT to Bring:

Tobacco products, electronic smoking devices, alcoholic drinks, illegal drugs

Electronic games, prank items, matches, lighters or fireworks

MP3, CD or similar devices requiring headphones for listening

Cell phones (unless required by parent/caretaker)

Clothing that would be regarded as inappropriate in a Christian Camp environment

Clothing that contains any message or graphic, other than a Christian theme

## Directions to Lake James Christian Camp

Follow I-69 to Exit 350 (7 miles South of the Michigan border). Turn West at the end of the exit ramp. Travel 1 mile, then turn right onto 275 N (at Dollar General). The entrance to the camp is the first driveway on the left. Handi-Camp check-in is held in the Family Life Center.

## Consent

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to \_\_\_\_\_. I will not hold Lake James Christian Assembly, INC (LJCA, INC), or any camp staff or faculty responsible for any damage to or loss of said property. In case of accident I will not hold LJCA, INC, its staff, faculty volunteers, management or officers liable.

I request that Lake James Christian Assembly, INC obtain necessary emergency medical treatment for the above-named camper as needed. I understand, however, that every effort will be made to contact me in case of an emergency. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during the camp session indicated.

I hereby give permission for the above named camper to participate in activities that will take them offsite such as boat rides and hay wagon rides.

I hereby give permission for the above named Camper to appear in photographs or video recordings made during the camp session indicated. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Lake James Christian Assembly, INC.

**Please Note:** We must be able to contact Parent, Guardian or Caregiver for the camper named on this application at any time, day or night, for the duration of the camp session. If you, as the signer (below) will, at any time, be unable to respond to any communication regarding the camper, you must provide an alternate contact person for the Executive Director and/or Nurse to call. That person **must be able to contact you promptly.**

**Please remove registration forms from this packet. Send only these forms to camp**

Signature required:

\_\_\_\_\_  
Parent/Guardian/Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper

\_\_\_\_\_  
Date

*We take our obligation to provide appropriate care very seriously. Therefore, the information that you provide during the registration process is absolutely essential. Additional time for completion of the information gathering process is provided on the opening day of the camp session. If, in the course of the camp session, it is determined that crucial information has not been provided, such that appropriate care cannot be assured, this Camper will be required to return home immediately.*

In our efforts to meet the spiritual needs of Campers, during camp, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this Camper make this decision, we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please contact us. We welcome the opportunity to discuss this matter with you.

If \_\_\_\_\_ chooses to be baptized:

- \_\_\_\_\_ I authorize Lake James Christian Camp to perform the baptism.
- \_\_\_\_\_ I prefer to have my minister perform the baptism at our home church.
- \_\_\_\_\_ I request to be present at the baptism.
- \_\_\_\_\_ Has already been immersed.
- \_\_\_\_\_ May not be baptized.

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO: Lake James Christian Camp**

Please complete and mail registration forms only (Do not mail entire packet) to:

**Lake James Christian Camp  
1880 W 275 N  
Angola, IN 46703**

*If you have any additional questions or concerns, please give us a call: (260) 833-2786  
or check out our website: [www.ljca.org](http://www.ljca.org)*

# Handi-Camp September 22-24, 2023

**Mail your completed registration form early.**

Please fill in all of the blanks that apply. **This information is essential to provide necessary care during the camp.** If the information requested is not appropriate, simply place "N/A" in the blank.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

All registrations received by August 23 receive a FREE t-shirt at camp: Circle Size Youth: S M L Adult: S M L XL

**Primary Disability** \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

**Best E-Mail Address for contact** \_\_\_\_\_

Camper Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Parent/Guardian/Caretaker \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

**Church You Attend** \_\_\_\_\_ **Pastor** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Previous Camping Experience? **Y N** Where \_\_\_\_\_

\*\*\*\*\* **Emergency Contacts** \*\*\*\*\*

**If we will be unable to contact the primary caregiver during the camp session, you must provide a designated person(s) to contact in the event of an emergency or urgent need.**

1. Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relation to Camper \_\_\_\_\_

2. Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relation to Camper \_\_\_\_\_

3. Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relation to Camper \_\_\_\_\_

**Attention Please:** All confirmations will be made electronically, either e-mail or text message. Specify the e-mail or phone number for text message (notify if regular mail is necessary):

Person \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Please List All Medications Below OR Attach Medication Administration Record (MAR)

→ → → → → → → → → **MEDICATIONS** ← ← ← ← ← ← ← ← ←

All medications will be turned over to the medical staff at the time that Campers are registered. All medications (including non-prescription) will be dispensed by the designated member of that staff. All medications are to be in original pharmacy-labeled medication containers. Please list required medications below:

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Please provide a list of any and all additional medications to the medical staff. If the camper requires any additional treatments or devices that must be administered by a qualified staff person, this must be brought to the attention of the medical staff at the time of registration on the opening day of the camp session.

\*\*\*\* **Parent/Guardian/Caregiver** \*\*\*\*

**It is most important that you provide essential information regarding the camper's disabilities and specific needs.**

**This is the information that we will use in arranging specific provisions for the Camper.**

**Registrations that do not provide information regarding disabilities will not be processed.**

Disabilities (List All) \_\_\_\_\_

\_\_\_\_\_

Physical Disabilities \_\_\_\_\_

Phys. Disability Involves: Legs: \_\_\_ R \_\_\_ L Arms: \_\_\_ R \_\_\_ L Hands: \_\_\_ R \_\_\_ L \_\_\_ Head \_\_\_ Breathing

Mobility: \_\_\_ Independent With: \_\_\_ Assistance \_\_\_ Walker \_\_\_ Crutches \_\_\_ Wheelchair; \_\_\_ Electric  
For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair (and/or necessary augmentative device) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe & fully operational. If in wheelchair: \_\_\_ Propels self \_\_\_ Must be pushed

Vision: \_\_\_ Normal \_\_\_ Glasses \_\_\_ Contacts \_\_\_ Vision Impaired \_\_\_ Legally Blind

Hearing: \_\_\_ Normal \_\_\_ Hearing Impaired \_\_\_ Deaf \_\_\_ Uses Hearing Aids (bring extra batteries)

Communication: \_\_\_ Verbal \_\_\_ Speech Difficulty \_\_\_ Nonverbal \_\_\_ Signs \_\_\_ Gestures \_\_\_ Comm. Bd.

Seizure Disorder: Type & Frequency: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Wears Helmet: \_\_\_ Yes \_\_\_ No

Special Care for Seizures: \_\_\_\_\_

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

Precautions/Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Level of Care Required:**

Personal Care: \_\_\_ Independent \_\_\_ Requires Assistance \_\_\_ Dependent

Showering/Bathing: \_\_\_\_\_

Toileting: \_\_\_ Uses Urinal/Toilet \_\_\_ Uses Bedpan \_\_\_ Catheterizes Self \_\_\_ Must Be Catheterized

\_\_\_ Wears "Depends" \_\_\_ Prompts After Toileting \_\_\_ Assistance After Toileting

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

Mealtime: \_\_\_ Uses Utensils \_\_\_ Uses Fingers \_\_\_ Special Container \_\_\_ Requires Bib \_\_\_ Uses Straw

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

Special Foods/Textures: \_\_\_\_\_

\_\_\_\_\_

Other Mealtime Provisions: \_\_\_\_\_

Nighttime: \_\_\_ Nighttime incontinence \_\_\_ Wears "Depends" \_\_\_ Gets up during night

\_\_\_ Develops bedsores Sleeps on: \_\_\_ Back \_\_\_ Stomach \_\_\_ Side ( R L )

Other Considerations: \_\_\_\_\_

Other needs: \_\_\_\_\_

\_\_\_\_\_

Activities camper should NOT engage in: \_\_\_\_\_

\_\_\_\_\_

Discipline/Inappropriate behavior concerns: \_\_\_\_\_

\_\_\_\_\_

Likes/Dislikes to be aware of: \_\_\_\_\_

\_\_\_\_\_

Special interests/skills: \_\_\_\_\_

\_\_\_\_\_

Reading Skill: \_\_\_ Yes \_\_\_ No \_\_\_ With Assistance; Writing Skill: \_\_\_ Yes \_\_\_ No \_\_\_ With Assistance

Other pertinent information that would be helpful to staff: \_\_\_\_\_

\_\_\_\_\_

**Please Note:** Based on the level of care required for the camper, and the staffing patterns of the camp Session, you may be required to provide a caretaker for the duration of the camp session.

**Has this individual ever been the victim of abuse? \_\_\_ Yes \_\_\_ No**

Explain: \_\_\_\_\_

\_\_\_\_\_

**Has this individual ever been charged with abuse or related misconduct? \_\_\_ Yes \_\_\_ No**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_