



# Application for Camp Robin Rogers 2018 Adult Weekend Camp

546 S. Collett Street, Lima, Ohio 45805 Phone: 419-225-6285

Camper's Name Last	First	Middle	Date of Birth	
Address			County	Sex
City	State	Zip	Phone No.	

In Case of Emergency, please contact: **If a group run home, must have weekend emergency number!**

Name	Address	Phone
Name	Address	Phone
Guardian	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone
Hospital Preferred		

Camper is his/her own guardian:  Yes  No If "No" all paperwork must be signed by Legal Guardian

Medication must be in the container with physician's instructions on it. Please have pharmacist give you a spare bottle with full directions. Please bring **only** dosages of medication that you will need while at camp (7:00 p.m. Friday through 1:00 p.m. Sunday). Medicine will **not** be given if not in a correctly marked container. Properly labeled and sealed Medication envelopes from group homes are permissible.

Are you on medication?  Yes  No

Medication	Dosage	Times

Can you have Tylenol or Pepto-Bismol if needed?  Yes  No

List any allergies that you may have (food, medication, drinks, environmental, etc.):

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Have you ever been to camp?  Yes  No

Do you have any of the following needs? Please check all that apply.

Wears glasses \_\_\_\_ Wears hearing aid \_\_\_\_ Uses wheelchair \_\_\_\_ Special sleep needs \_\_\_\_

Uses crutches \_\_\_\_ Wears Attends \_\_\_\_ Uses braces/supports \_\_\_\_ Has Seizures \_\_\_\_

Uses communication devices \_\_\_\_ Uses other adaptive devices \_\_\_\_ Special dietary needs \_\_\_\_

Takes medicine a special way \_\_\_\_

If you checked any of the above, please explain:

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Are there any special precautions we need to observe with you?

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Can you swim with a lifeguard on duty?  Yes  No

Are you on a Behavior Support Plan?  Yes  No (If yes, please enclose)

Do you have any fears we should know about?

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Please list any past surgeries, hospitalizations, or medical concerns.

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**\*Camp is not responsible for lost or stolen articles. Please label all of your belongings (clothing, towels, etc.)**

Camper is his/her own guardian:  Yes  No

If "No" all paperwork must be signed by Legal Guardian

I understand precaution is taken to safeguard the health and safety of campers under Camp Robin Rogers supervision. I agree to any emergency treatment by physician or hospital in the event that I may need it. I release The Arc of Allen County and its personnel from any liability in connection with the camp experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I give permission to have my picture taken during camp activities for publicity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions or need help with this form, please call The Arc of Allen County at 419-225-6285



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There are accommodations for twelve campers per weekend, and are given on a first-come, first-serve basis. **Each scheduled weekend camp is dependent upon minimum number of applicants.**

**Weekend Camp operates from  
 7:00 p.m. on Friday to 1:00 p.m. on Sunday.  
 (PLEASE make sure your ride is here no later than 1:00 p.m. on Sunday)**

CAMP FEES:	Allen County Residents:	\$150.00 per weekend
	Out of County Residents:	\$175.00 per weekend

- **Reservations are confirmed with paid fee.**
- **Please Note: If you desire to attend more than one (1) weekend camp, you need only fill out one (1) application.**
- **You do not have to pay for all camps at once, however, any future camps you want to attend must be paid for at least one (1) week in advance.**
- **Fees must be paid at The Arc Office, Monday-Thursday 8 a.m. - 4:30 p.m.**
- **No money will be accepted at camp under any circumstances.**

Will attend on the following dates at Camp Robin Rogers Adult Weekend Camp:

- July 6-8
- July 20-22
- August 3-5
- August 17-19
- September 7-9
- September 21-23
- October 5-7
- October 19-21