Dear Camper / Parent / Guardian:

Camp Happiness is a one-week day-camp experience for people with intellectual and other developmental disabilities, to be offered at the Camp Kenan on Lake Ontario from June 16–20, 2014. This undertaking is collaborative effort of the Lockport Elks Lodge #41, the Lockport Family YMCA / Camp Kenan, and Opportunities Unlimited of Niagara.

This year, we will be charging each camper $10.00 for one day, $20.00 for 2 days, with a maximum of $25.00 for the entire week. Payment for camp is non-refundable. The charge is low due to a majority of the cost being covered by a national grant from the Elks Foundation. Please note that Opportunities Unlimited of Niagara is dedicated to the continuation of this unique program and is actively seeking additional sources of charitable funding. Limited scholarships are available in case of need.

During the five days of camp, participants will be given the opportunity to participate in activities such as hiking, archery, basketball, fishing, music, horticulture, wall climbing, campfire time, horse drawn carriage rides, and arts and crafts. Additionally, a swimming pool and the Lake Ontario waterfront will enable campers to enjoy swimming, boating, and other aquatic activities. Lunch, snacks, prizes, a water bottle, and a camp T-shirt will be provided to all campers. Round trip transportation between Opportunities Unlimited of Niagara’s locations and Camp Kenan will also be provided to all campers who attend Opportunities Unlimited of Niagara’s day programs. A limited number of pick-ups/drop-offs from home are available to individuals who participate in the agency’s recreation program on a first come/first served basis.

Individuals coming from outside Opportunities Unlimited of Niagara programs will need to provide their own transportation to and from camp, and be accompanied by support staff/family member.

Camp activities will be available and accessible to all participants. Campers will be divided into age and/or ability-appropriate groups. Programming will be conducted by specially trained YMCA/Camp Kenan staff and experienced Opportunities Unlimited of Niagara employees. Elks Club and community volunteers will also be on hand to assist with camp operation and activities.

In order to provide for a successful week at camp, we need your help preparing the participants:

- Please remember that the temperature is consistently 10 degrees cooler at Camp Kenan due to being by the lake. Dress campers accordingly.
- Please do not send any walkmans, GameBoys, or other electronic devices, or other valuables. These items are not permitted at camp. We cannot ensure their safety. The electronic devices are not permitted at camp.
- Please label all belongings with the camper’s name.
- Packing List:
  - Backpack or bag to carry belongings;
  - Sunscreen;
  - Bug Spray (no aerosol cans please);
  - Swim Suit (one piece for girls);
  - Towel;
  - Sneakers;
  - Sweatshirt, rain gear, hat, boots, or any other clothing appropriate for the day’s weather, and
  - Complete change of clothes (just in case).

We look forward to great week of fun, learning, and creating memories at Camp Happiness. If you would like to get a sneak peak of Camp Kenan, you may attend an open house on May 21, 2014. This open house will be held at 10:00 AM at 8571 Lower Lake Road in Barker, NY.

Please return the attached application with parent/guardian authorizations, and daily or weekly fee by May 30, 2014, to: Opportunities Unlimited of Niagara – ATTN: Charlotte Baker-Cunningham, Director of Supportive Services, 107 Heath Street, Lockport, NY 14094. If you have any questions, please feel free to contact Charlotte Baker-Cunningham, Director of Supportive Services at 716.434.4050, ext. 424 or ebcunningham@opportunitiesunlimited.org.
OPPORTUNITIES UNLIMITED: NEW CAMPER
CAMP HAPPINESS PROGRAM APPLICATION June 16-20, 2014

***Cost: Please Check: [ ] 1 Day - $10.00 [ ] 2 Days - $20.00 [ ] 3 – 5 Days - $25.00

Days Attending: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

*** PAYMENT FOR CAMP IS NON-REFUNDABLE ***

Camper Name: ___________________________ D.O.B.: ______________

Parent/Family Member Name: ___________________________ Date: ______________

Address: ________________________________________________

Home Phone: ________ Cell Phone: ________ Work phone: __________, ext. ___

Social Security #: ___________________________ Gender: [ ] Male [ ] Female

Medicaid #: ___________________________

Allergies: ________________________________________________

_____________________________________________________

Emergency Contact Person (someone outside of the residence where they live):

Name: ___________________________ Relationship: ______________

Home Phone: ________ Cell Phone: ________ Work phone: __________, ext. ___

Medicaid Service Coordinator/Case Manager:

Name: ___________________________ Agency: ___________________________

Work phone: __________, ext. __________ Cell Phone: ___________________________

_____________________________________________________

Other Health Insurance:

Please List Carrier and Group #: ________________________________________________

________________________________________________________________________

A photo copy of front and back of health insurance card must be attached to this form

Adapted Devices (ex. wears eyeglasses, utilizes walker, hearing aid, etc.): ___________________________

________________________________________________________________________

~ Parent / Guardian Authorization Section on Page 3 Must be Signed ~
Medical Status: List chronic health concerns (allergies, cardiac difficulties, asthma, any physical restrictions, seizures, avoid excessive sun exposure). Please include approximate date of last seizure.

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Prescription Medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Form: Pill / Capsule, Suspension (liquid), Topical Cream</th>
<th>Times Taken</th>
<th>Taken With food/drink</th>
<th>Dosage</th>
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Level of Assistance: Check Appropriate Box

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Independent</th>
<th>Reminders required</th>
<th>Moderate Assistance</th>
<th>Maximum assistance</th>
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</thead>
<tbody>
<tr>
<td>Dressing</td>
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<td>Bathing/showering</td>
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<td>Ordering</td>
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<td>Hygiene</td>
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<td>Feeding</td>
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Physical Restrictions for Activities (please be specific): ______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Can he/she tolerate water/swimming (any allergies to chlorine): ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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Specific Fear/Dislikes (heights, amusement park rides (list specifics), large crowds, dogs, etc.): 

Dietary restrictions (please be specific): 

Favorite Foods: 

Parent / Guardian Authorizations:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to Opportunities Unlimited and Camp Happiness staff (Lockport YMCA) to give first aid, administer prescription medications (nurse will be present), and seek emergency medical treatment including ordering x-rays or routine tests (if necessary). I agree to the release of any records necessary for insurance purposes.

I give Opportunities Unlimited and Lockport YMCA permission to arrange necessary emergency related transportation for my child. In the event I can’t be reached in an emergency I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

I authorize the use of my camper’s photo/video and information specific to his/her participation in the 2014 Camp Happiness Program.  □ YES  □ NO

Signature of Parent /Guardian       Date

Printed Name

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of Camper / Minor       Date