

# Special Needs Family Camp Application 2025

Ages 4-99

Friday Friday, June 27- Sunday, June 29th  
Friday sign-in 3:00pm - 4:00pm

Camp Fee \$100 per camper + parent/guardian \$40 per additional parent/guardian

No application will be accepted after June 13th

to: *Payable to WV Nazarene Youth Camp*

Amy Carney 6 Greenbrier Avenue carneyamy81@gmail.com

Hurricane, WV 25526 (304) 382-6754

Camper's Name: \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_.

Camper's Address \_\_\_\_\_ City/Zip \_\_\_\_\_.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ T-shirt Size XS S M L XL XXL

XXXL

Church \_\_\_\_\_.

With my signature, I hereby validate this application form and do expressly waive any, and all claims against the WV North & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because if injury, illness, or damage to the person or property of the above applicant in condition with or incident to, the WVN/WVS camp program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_.

Release Form for Media Recording I, the undersigned, consent and agree that Summerville Nazarene, its employees, or agents may take photographs, videos, and other image & sound-based media of activities including camp attendees, employees, students, and visitors, while on the grounds. I understand there will be no financial or remuneration for recording cam activities, for initial or subsequent use such as images in publications, advertising, or presentations. Usage shall not include distribution to other agencies, or commercial publications.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_.

Pastor's Recommendations: Must be Signed.

I have read the above application, and to the best of my knowledge, this applicant is registering in the proper camp according to the child's needs. I have discussed the camp rules with the family and believe they will abide by them. I'm giving my support to this family in attending the camp to which they are applying.

Pastor Signature: \_\_\_\_\_ Date \_\_\_\_\_.

Church: \_\_\_\_\_ Church phone \_\_\_\_\_.

Where will you and your family be staying?

\_\_\_\_\_ Personal cabin or camper

\_\_\_\_\_ I need a room to stay in for the weekend.

**Everyone over the age of 18, will need to complete a background check provided by the Nazarene District (webpage)**

## What can we learn about your child?

Please describe your child's special needs; including all medical and/or psychological diagnoses.

What are your child's physical/personal limitations? Please provide a brief explanation

Can your child go to the bathroom without help?

yes

no

Do you feel, based upon your child's ability to function inclusively during camp, that they would function best :

independently

with/ minimum supervision

with/physical assistance

with a one-on-one staff member

What are some fears/dislikes? (storms, loud noise, bugs)

What are your child's likes and strengths? Favorite activities?

Can your child follow simple directions?

yes       no

What instructions can your child follow?

verbal       written

gestures       picture (visual aid)

other

Does your child have feeding restrictions, special diets, or allergies?

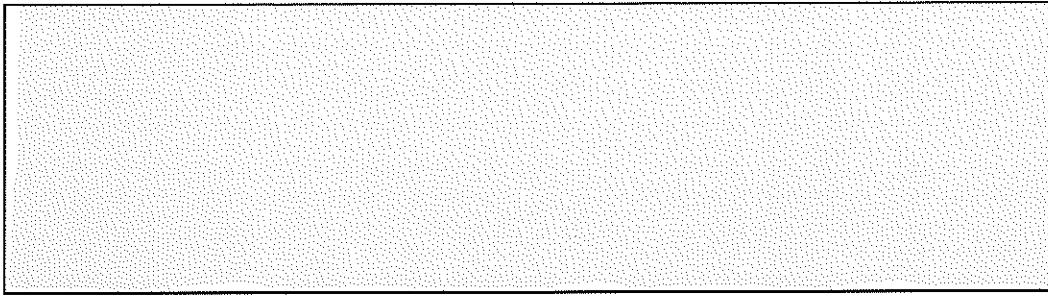
yes       no

If so, details explain.

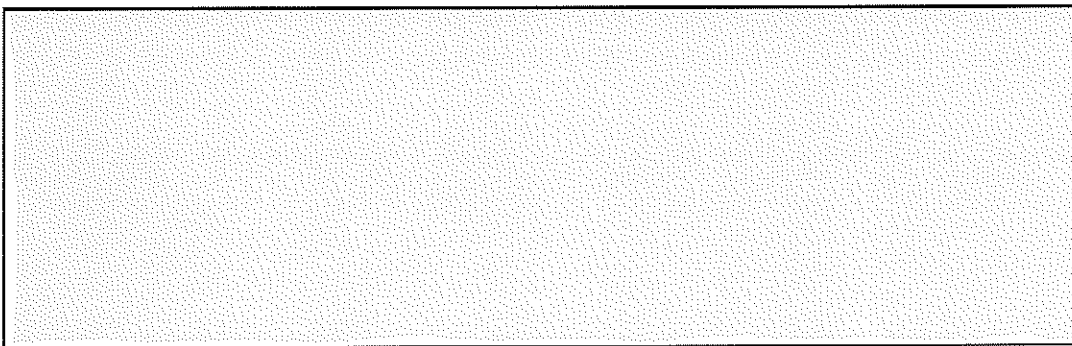
Does your child get aggressive? (hair pulling, running, hiding, screaming, undressing, wandering, throwing things, inappropriate touching)

yes       no

Do you have any behavioral plans or instructions to help us with your child?



What strategies do you use at home that would be beneficial for our volunteers to know if your child becomes upset?



Please list any equipment that you need to bring with you to help us assist in your stay on the campground, such as handrails, ramps, large showers.....

