

# VIP Camp held at Butler Springs Christian June 2-5, 2019

***There is no online option to register for VIP Camp. Send in your Registration form to the camp.***

The ages of our VIP campers typically ranges from **14 to 50 years old**. The majority of our campers are adults.

Our VIP program is for our special campers with disabilities. Campers who have ever been enrolled in a special needs program in school are eligible to participate. The specific needs of each VIP camper will be attended to by their "buddy" (1-to-1 staff/camper ratio). Medical needs will be met by the onsite VIP camp nurses. The fun is unending with amazing worship and teaching, cool crafts, swimming at the pool, zip line, wagon rides, convertible rides, golf cart or Polaris rides and much, much more.

Due to the high ratio of staff to campers, enrollment is limited to 35 campers. So we recommend registering as early as possible to secure a spot. Once all spots are filled, any further applicants will be given the option of being placed on a waiting list.

**Cost: \$170**

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Campers are assigned on a "first come/first served" basis. So **mail your completed registration form early. Cost: \$170**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M  
 Date of Birth \_\_\_\_\_  
 Shirt Size \_\_\_\_\_  
 Age \_\_\_\_\_  
 Height \_\_\_\_\_  
 F \_\_\_\_\_  
 Weight \_\_\_\_\_  
 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 \_\_\_\_\_

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

If we will be unable to contact the primary caregiver during the VIP 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 \_\_\_\_\_

Please List All Medications Below

## Medications for Camper: \_\_\_\_\_

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 \_\_\_\_\_

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 VIP-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  
Hearing:  Normal  
 Glasses  
 Contacts  
 Visually Impaired  
 Legally Blind  
 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  
 Wears "Depends"  
 Uses Bedpan  
 Catheterizes Self  
 Must Be Catheterized  
 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  
 Develops bedsores  
 Wears "Depends"  
 Gets up during night  
 Side ( R  
L)  
Sleeps on:  Back  
 Stomach  
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: \_\_\_\_\_

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Please Note: Based on the level of care required for the Camper, and the staffing patterns of each VIP Camp session requested, you may be required to provide a caretaker for the duration of the session(s).

Has this individual ever been the victim of abuse? \_\_\_ Yes

\_\_\_ No

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

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Has this individual ever been charged with abuse or related misconduct? \_\_\_ Yes

\_\_\_ No

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

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## VIP Camp Agreement

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 Butler Springs, or any VIP-Camp" staff responsible for any damage to or loss of said property.

I request that Butler Springs obtain necessary emergency medical treatment for the above-named camper as needed. 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 VIP-Camp sessions indicated.

I hereby give permission for the above-named Camper to appear in photographs or video recordings made during the Camp sessions indicated. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Power Ministries or its affiliates.

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 will, at any time, be unable to respond to any communication regarding the Camper, you must provide an alternate contact person for the VIP-Camp to call. That person must be able to contact you promptly.

Signature required:

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

\_\_\_\_\_  
Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 each Handi-Camp session. If, in the course of the VIP 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.

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In our efforts to meet the spiritual needs of Campers, during VIP-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 (camper name) \_\_\_\_\_ chooses to be baptized:

\_\_\_\_\_ I authorize Butler Springs 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.

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**MAKE CHECKS OR MONEY ORDERS PAYABLE TO: Butler Springs Christian Camp**

Please complete this application and mail to:

**Butler Springs Christian Camp**

**3701 State Route 41**

**Hillsboro, OH 45133**

If you have any additional questions or concerns, please give us a call: 937-588-2205

or check out our website: [www.Butlersprings.com](http://www.Butlersprings.com)

