

# Rotary Youth Camp, Inc. Camper Application

For questions 850-328-0302

**Dear parent or caregiver:** This year camp will be held at **Madison County Scout Camp, 23 Wallwood BSA Rd, Quincy, Florida 32351.**

**Please print and mail this application which includes the MEDICAL form to RYC, P O Box 10426, Tallahassee, FL 32302 ASAP.**

**Check ONE:**

- Week ages 6-12 \_\_\_\_\_ July 6-11
- Week age 13-17 \_\_\_\_\_ July 13-18
- Week for ages 18-22 \_\_\_\_\_ July 20-25
- Week ages over 22 \_\_\_\_\_ July 27-Aug 1

**Application due April 1, 2025!!**

**2025 APPLICANT INFORMATION** Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_

\_\_\_\_\_ Last First MI  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

What is the Applicant's Primary Disability?  
\_\_\_\_\_

Secondary Disability? \_\_\_\_\_ Cause of Disability? \_\_\_\_\_

Social Security Number of Camper \_\_\_\_\_ total household income [approx.] \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Street

City

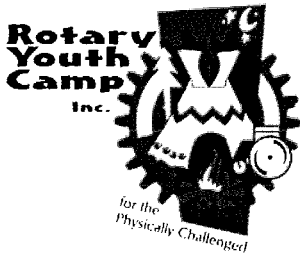
State

Zip

Email \_\_\_\_\_ Has the camper ever come to Rotary Camp? \_\_\_\_\_

Shirt size \_\_\_\_\_, check one [ ] adult [ ] child

Are there things the camper does not like or any fears that would be helpful for the camp staff to know? \_\_\_\_\_



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Uses sign language			
Uses communication board/computer			
Can walk alone			
Uses mobility aid for assistance			
Can push wheelchair by self (if applicable)			
Has normal hearing			
Has normal vision			
Can dress completely by self			
Uses toilet by self			
Has bladder control			
Uses diapers			
Can self catheterize (if applicable)			
Uses shower without assistance			
Can take care of personal belongings			
Can eat completely by self			
Needs food cut up			
Needs food blended			
Needs straw for beverages			
Has difficulty chewing or swallowing			
Wanders away from group			
Cries/whines/screams frequently			
Is extremely active			
Can run			
Can walk for 3 city blocks without tiring			
Can use scissors			
Can grasp pencil			
Can swim			

Please list any special instructions for any of the above listed needs: \_\_\_\_\_

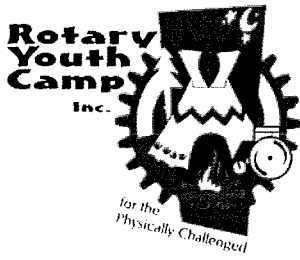
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check items that camper will bring: (All equipment should be labeled with name.)  
 Manual Wheelchair \_\_\_ Electric Wheelchair \_\_\_ Crutches \_\_\_ Walker \_\_\_ Braces \_\_\_ Cane \_\_\_  
 Prosthesis \_\_\_ Special eating utensils \_\_\_ Shower / toilet chair \_\_\_ Catheter Equipment \_\_\_ Diapers \_\_\_  
 Communication Board \_\_\_ Glasses \_\_\_ Hearing aids \_\_\_ Other – please specify \_\_\_\_\_

Describe the responsibility for self in relation to feeding, bathing, toileting, dressing, care of belongings, etc.



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Describe any behavior management methods that are effective with the camper. \_\_\_\_\_

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Describe any aggressive or self-abusive behavior exhibited by the camper. \_\_\_\_\_

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Describe the camper's relationship with own age group. \_\_\_\_\_

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How does the camper respond to:

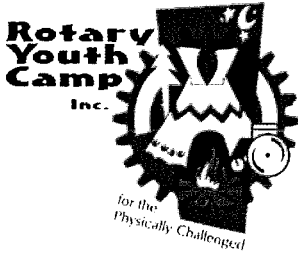
Group Activities \_\_\_\_\_

Acceptance of limits and rules \_\_\_\_\_

Need for structure \_\_\_\_\_

Meeting new people \_\_\_\_\_

Name of school, day center, or other facility name in May 2025 \_\_\_\_\_



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Any other information you feel the camp staff needs to know or be aware of:

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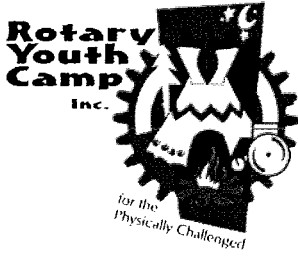
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Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

In case of emergency, notify (list three current contacts familiar with applicant)

1. \_\_\_\_\_ Phone \_\_\_\_\_ ; Relation \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ ; Relation \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_ ; Relation \_\_\_\_\_



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Name of camper \_\_\_\_\_

Emergency contact /Parent name & phone \_\_\_\_\_

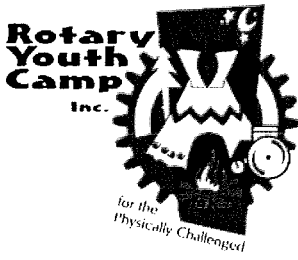
Birth date: \_\_\_\_\_ age: \_\_\_\_\_ sex: \_\_\_\_\_

Race \_\_\_\_\_ Hispanic? \_\_\_\_\_

Primary diagnosis \_\_\_\_\_

Medications to be taken at camp

name	dosage	Time taken & notes



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Special diet, food allergies? \_\_\_\_\_

Has camper ever had seizures?

Last seizure date?

Has the camper had COVID?

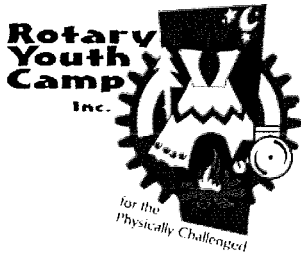
Covid shots? Boosters? How many?

Does the camper have diabetes?

Type I or II?

Has the camper ever been Baker Acted or any other type of mental health hold in psychiatric care? When?

Has the camper ever been in Department of Children and Families custody? Temporary or other foster care?



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Has the camper ever been in Department of Juvenile Justice care?

When?

How long and for what reason?

Has the camper ever been in any out of home placement?

When?

Application completed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Relationship to camper \_\_\_\_\_ Phone \_\_\_\_\_

**Print and mail ASAP this application to**

**Rotary Youth Camp, P O Box 10426, Tallahassee, FL 32302**