



CAMP DISCOVERY APPLICATION

Weekly Camping Program

Camp Discovery, a camping facility designed to serve people with mental and physical challenges, is owned and operated by the Tennessee Jaycee Foundation, Inc. With cooperation of the students and faculty of Tennessee's colleges and universities, the programs are designed and implemented especially for our clients. All programming will be in direct consultation with, and closely supervised, by our Camp Director. Our staff will include a core group of teachers, nurses, a lifeguard, and college students in special education and related fields. Our staff changes somewhat from year to year as we continually work to keep the best and bring in new people who are eager and motivated to serve people with special needs. The camp's facilities, programming, and supervision are all designed to insure each camper receives a safe and rewarding week experience. The counselor-camper ratio will be as close to one-to-three as possible.

The Program

Activities in the specialty areas will be planned and instructed by experienced staff members. Campers will participate in such activities as: arts and crafts, hiking, music, games, contests, sports, campfires, dancing, movies, cabin activities, and swimming when weather permits. All activities will be planned to accommodate changes in weather conditions.

Primary Objectives

To provide a fun and safe environment during the summer months, using water related and outdoor activities for campers with various special needs. An associated purpose is to provide training for supervisory and administrative personnel who will implement similar camp programs in other states.

Location

The campsite is located in the Flynn's Lick Creek area of Cordell Hull Lake in Jackson County, Tennessee (Gainesboro.) This is approximately halfway between Nashville and Knoxville, about 20 miles north of Interstate 40. The land is flat to rolling with wet weather streams and waterfalls. Approximately 50% of the tract is covered with thick growths of large hardwood trees. The area is conducive to all types of camping activities, i.e. hiking, nature studies, and water activities

Dormitory and Indoor Activities

All dormitories are fully insulated, heated and /or air-conditioned and comfortable. The Camp also has a large heated and/or air-conditioned Dining Hall/Recreational Area and other buildings to accommodate all activities during inclement weather.

Arrival and Departure

Campers should report to camp between 2:00 pm and 4:00 pm, central time-CST, on Sunday of the scheduled week. Report to the dining hall upon arrival. ALL medications must be left with the Nurse at this time. Campers will need to be picked up the following Friday between 9:00 am and 11 am, central time, CST.



Application Reservations

Because of increased demand for spaces at Camp Discovery, we are forced to make some changes to our reservation policy. Campers have been turned away because some of the spaces reserved were never used.

- NO reservation will be accepted by telephone.
- Reservations will be made only after the completed application (including week choices, medical information, and paid registration fees) has been received in our office.
- You will receive an electronic confirmation number within ten days of receipt of your completed application. Groups with one confirmation number may not switch campers from other weeks.

Camper Fee

The cost per camper is **\$495.00** (as of January 9, 2018.) This includes all supervision, teaching, craft supplies, entertainment, food, use of equipment, room and board (however, please note that we will not be responsible for transportation), and processing fees. If a camper needs to change their arrival date, it must be done at least two weeks in advance. **Cancellations made less than fifteen days prior to arrival will NOT receive a refund. All fees must be paid in full at least 30 days prior to arrival.** We will not accept payments on site at camp.

Medical

All medications must be brought to camp in the current prescription bottles and administered by the pharmacist. Two full time nurses are available to dispense medications and provide first aid. Campers on medication should bring a **seven (7) day supply and a written instruction sheet** (see Medical Summary Form) on dosages and times to be dispensed (bottle labels will not be sufficient.) An infirmary is also available if necessary. Copies of Medicaid, Medicare cards, or other insurance information should accompany the camper to camp (see Medical Summary Form.)
Regretfully, we are unable to accept campers who require tube-feeding and/or constant one-on-one care from medical professional. Refer any questions to the Camp Director.

Food Service

Dinner will be provided on Sunday evening after check-in. During the week, three meals a day will be provided. On Friday, breakfast will be provided prior to departure.

What to Bring

Campers should bring at least the items listed below. The basic rule is to send what your camper would normally wear for one week during the summer months. Make sure the camper has some cool clothing (shorts, t shirts, etc.) since many of the activities are outdoors. All items need to be labeled with camper's name or initials. Please provide the counselor with a list of the camper's belongings. Please do not send expensive clothing and items to camp, especially electronic devices and phone. Camp Discovery will not be responsible for these items, is misplaced or stolen.

- 1 set of twin sheets/1 pillow and case
- 2 warm blankets or 1 sleeping bag (bunks and mattress provided only. You must supply linens and blankets.)
- 2 towels and washcloths
- brush/comb/toothpaste/toothbrush
- medications, 7 day supply
- personal hygiene articles (shampoo, soap, etc.)
- clothing for 6 days (shorts, jeans, t shirt, etc.)
- 6 pairs of socks
- 6 pairs of underwear
- 2-3 pairs of shoes (tennis, sandals, etc.)
- 2 pairs of pajamas
- 1 bathing suit
- a bottle of sunscreen
- 1 raincoat or poncho
- 1 item to tie-dye (t shirt, bandana, socks, etc.)

DIRECT RESERVATION INQUIRIES TO:

Chester Lowe, Vice President

vicepresident@jayceecamp.org

615-504-1727

2072 Catalina Way Nolensville, TN 37135

Application for Reservation at Camp Discovery

Name of Camper Applicant		T-shirt size:
Address of Applicant		
City	State	Zip
Female	Male	Date of Birth (accepted ages 7-80)
Phone number (h)		(c)
Name of Non-Emergency Contact		E-Mail

*****Please attach a recent photograph of camper*****

Name of person to contact in the event of an emergency

Name _____ Relationship to Camper _____
 Address _____
 Phone (day) _____ (night) _____
 E-Mail Address for Confirmation notice _____

Dear Parent or Guardian,

As per this application, you have indicated your interest and intention to send us a Camper. The Camper will be under our care and supervision for six days and we need your help to insure his or her safety and enjoyment at Camp Discovery. We ask that you complete this application and attach any additional information you feel we should know about the Camper. You know them best and know the best approaches to varying situations. The more specific information you provide, the better the care we can give the individual Camper.

PLEASE DO NOT LEAVE ANY BLANKS
 BE AS SPECIFIC AS POSSIBLE

Please rank the following weeks 1st, 2nd, 3rd, according to your Camper's more desired weeks. (If your Camper will be attending multiple weeks, rank the multiple weeks with the same ranking.) Weeks are available on first come, first serve bases; we will try to accommodate requested weeks, but if we can't, we will be filling up each week from the earliest to the latest.

- ___ Week 1: June 2-7
- ___ Week 2: June 9-14
- ___ Week 3: June 23-28
- ___ Week 4: June 30-July 5
- ___ Week 5: July 7-12 (ages 7-21 only)
- ___ Week 6: July 14-19
- ___ Week 7: July 21-26

The camp sessions will be on a *"First Come, First Served Basis."* You may call Chester Lowe at 615-504-1727 or email at vicepresident@jayceecamp.org for reservation inquires.

Camper fee is \$495.00 per week. Applications and camper fee must be received by May 15th to ensure availability. Please indicate below hoe you will pay the camper fee.
 _____ Check attached for the amount of \$ _____
 _____ PayPal transaction on our website (<http://jayceecamp.org>) to Tennessee Jaycee Foundation, Inc

You application, medical summary, and registration fee must be completed and in our reservation office before a reservation will be made.

Make all checks payable to:
 Tennessee Jaycee Foundation, Inc
 (\$495.00 per camper, per week)

Mail Application(s) and Check to:
 Tennessee Jaycee Foundation, Inc.
 2072 Catalina Way,
 Nolensville, TN 37135

Name				
Sex	Height	Weight	Age	Date of Birth
Address		City	State	Zip
Phone Number		Marital Status: Single Married		
Number of Dependents		Number of Siblings		
Name of Father		Occupation		
Address		City	State	Zip
Name of Mother		Occupation		
Address		City	State	Zip
Name of Guardian				
Address		City	State	Zip
Has Applicant been to Camp Discovery before? _____				
#of times? _____ Last time? _____				
If this is your first time, how did you hear about camp?				

IMPORTANT
THIS FORM MUST BE SIGNED BY THE PARENT/LEGAL GUARDIAN

Date: _____

I give consent for _____ (name of applicant) to attend Camp Discovery .

In consideration for the acceptance of the applicant, we hereby release any claim or cause of action which may occur against CAMP DISCOVERY, the Tennessee Jaycee Foundation, Inc, and the Tennessee Jaycees and any employee of either one and any other person acting with the permission of either, arising out of any injury to his/her person or property during his/her stay at the Camp, in transit to and from said Camp, or during any activity approved by any said persons, and we agree to assume any claim which said child in his/her personal capacity might have against any of said persons for injury as herein stated.

As a contribution to the fight for people with disabilities and for good and valuable consideration, permission is hereby granted to the Tennessee Jaycees, Tennessee Jaycee Foundation Inc, or Project Camp Discovery, to use any photograph(s) of (name of Applicant) _____ for education, publicity, fund raising purposes, and in any of all publications and other types of news media limitations or reservations.

Name of Parent/Legal Guardian: _____

Address/City/State/Zip: _____

Phone Numbers: Home () _____ Work () _____

Email address: _____

X _____
Signature of parent or legal guardian is **Mandatory**

X _____
signature of witness is **Mandatory**

This application had been filled out by: (Pease Print)

Name	Title
Address	Daytime phone ()

Name of Camper _____

History of Disability and Condition of Applicant

What is the medical diagnosis?

(use medical diagnosis- intellectual disability, autism, cerebral palsy, injury, etc.)

Extend and degree of disability?

(Describe fully)

When was the onset of the disability?

(year and cause, if known)

Daily Living Activities

What care will applicant need in relation to: (describe fully)

Regretfully, we are unable to accept campers who require tube-feeding and/or constant one-on-one care from a medical professional. Refer any questions regarding whom can/can't attend to camp to the Camp Director.

Eating

To what extent will applicant need help in feeding?

Difficulty swallowing solids? Liquids? Require a straw? Any special utensils?

Other comments pertaining to eating? (likes, dislikes, etc)

Hearing and Speech

Does applicant hear well? If no, does applicant wear a hearing aid?

Can applicant verbally make his/her needs known?

If no, please describe the type of communication used.

Toilet Needs

Does applicant need assistance? If yes, give complete instructions

Does applicant have a: Catheter: Colostomy: Ileostomy:

If yes, how much assistance does the applicant require in caring for the appliance?

Walking

please indicate with a yes or no

Can walk completely on own? Can walk some? Unable to walk?

If assistance is needed, do you need a cane? Crutches? Walker?

Is Gait affected? Needs support from counselor to walk?

Requires a wheelchair? Providing own chair? Manual or Electric?

Can propel on own? Required for all transport? Just long distances?

Comments?

Name of Camper _____

Dressing/Undressing/Washing/Bathing/Toileting

Does applicant perform these functions themselves? 100% _____ 75% _____ 50% _____ 25% _____ less _____

Please give a list or description of assistance needed:

Activity Limitations

List what applicant should not attempt (If doctor's orders, include signed statement from same):

Miscellaneous Information

Under what conditions, if any, does your camper exhibit aggressive or violent behavior and how frequently does such behavior occur? The Camp Director reserves the right to send campers home early who exhibit behaviors, which could harm others, campers, or staff.

Please state any other problems in personal care, which we should know about:

Does applicant have any special interests, hobbies, skills, etc?

Any additional instructions that will help us make your camper's week more enjoyable?

Medical Information

Medications (all medications must be in current prescription bottles)

List all current medications and dosages (use additional sheets if necessary)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Family Pharmacist: name/address/phone: _____

Allergies Does applicant have allergies? _____ If yes, please list

- | | |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |



Medical Summary



No Camper will be accepted with a condition deemed contagious

Note: This form must be **filled out and signed by a physician** within a **12-month period** prior to the first chosen camping session.

Name	Birthdate	Sex	Age
Social Security #	Type of Insurance		
In an Emergency, notify:			(parent/guardian/spouse)
Telephone Numbers: Home ()		Work ()	
Insurance Co	Policy #	Contact #	

The above names individual has been invited to spend a week at **Camp Discovery**, a recreation residential camp that serves people with mental and physical disabilities. Please fill in carefully the information requested.

Health History

This section to be filled in by: parent/guardian and approved by the physician at the time of examination.

Condition	✓	Approximate Date	Condition	✓	Approximate Date	Condition	✓	Approximate Date
Ear infections			Hay Fever			Chicken Pox		
Rheumatic Fever			Ivy Poisoning			Measles		
Heart Trouble			Insect Stings			Mumps		
Convulsions			Infectious Hepatitis			Asthma		
Diabetes			Kidney Trouble			Poliomyelitis		
Bronchitis			Mononucleosis			HIV + (AIDS)		

If diabetic, does camper require insulin injections? Yes _____ No _____ Not Diabetic _____

Operations or serious injury with in the last year? _____

Has there ben any recent exposure to contagious disease? _____ When? _____

What? _____

Problems with constipation? _____ Bedwetting? _____ Fainting? _____

Any specific activities to be **encouraged**? _____

SPECIAL CARE: Suggestions from parents as to bandages, enemas, special utensils, or applications _____

Parent/Guardians Authorization: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the camper as names above.

Legal Guardian's Signature**

Date

(If camper can legally make his or her own decisions, Camper may sign above)

Mail Medical Summary to:
Tennessee Jaycee
Foundation, Inc
CAMP DISCOVERY
2072 Catalina Way
Nolensville, TN 37135

**UNSIGNED FORMS WILL NOT BE ACCEPTED

Medical summary continued

Medical Examination

To be completed by a licensed physician. A history and physical (HP) from the patient's physician can replace this page, if desired.

CODES: S- Satisfactory X-Not Satisfactory O- Not Examined

Height	Weight	Blood Pressure	HGB Test	Urinalysis	Blood type
Eyes Glasses/contacts	Ears Aid	Lungs	Nose	Throat	Teeth
Heart	Abdomen	Hernia	Extremities	Posture (spine)	

Allergies (specify):

General Appraisal:

For Females Only

Has this person menstruated? YES NO

If not, has she been told about it? YES NO

If yes, is her menstrual history normal? Yes No

Special Considerations?

Recommendations and Restrictions while at Camp

Special diet:

Medications (To be brought to Camp with Medical Summary form along with written instructions for each medication.)

Swimming: YES NO Other physical activity limitations:

Seizure or Convulsions YES NO Type: Frequency: Controlled:

Immunizations

Tetanus Toxoid Date

Tuberculin Test Date

Polio Vaccine Date

Physician: I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Date _____ Examining Physician's Signature _____

Telephone () _____ Address _____



**The camp sessions will be on a
"First Come, First Serve Basis."**

You may call Chester Lowe at 615-504-1727 or email at vicepresident@jayceecamp.org concerning reservations, however NO reservations will be accepted over the phone.

All camp fees should be paid in full 30 days prior to arrival date. Camping fees for cancellations made less than fifteen days prior to arrival dates will not be refunded.

**Directions to Camp Discovery
400 Camp Discovery Lane, Gainesboro, TN 38562**

From East Tennessee

- Take I-40W to Baxter/Gainesboro exit #280 (west of Cookeville)
- Turn north onto HWY 56N to Gainesboro and turn left on HWY 53 (just past the Dairy Queen, go through town)
- Go six (6) miles and turn right at the Camp Discovery sign onto White's Bend Lane (Recreation Area)
- Go two (2) miles and turn left at the Camp Discovery sign (on the left side-just beyond the Darwin Cemetery)
- Proceed, up the hill, approximately one-half (1/2) mile to Camp Discovery.

From West Tennessee

- You may follow the above directions (I-40 E exiting at Baxter/Gainesboro exit #280)
-OR-take the following alternate route (winding steep roads at times.)
- Take I-40E to Gordonsville/Carthage Exit (South Carthage) (approximately 50 miles east of Nashville)
- Turn left off exit ramp onto HWY 53N toward Carthage, and go approx. five (5) miles to HWY 70.
- Turn right on HWY 70 and go approx. 7.5 miles to the Chestnut Mound community.
- Turn left on HWY 53 toward Gainesboro (this is directly across from the post office.) You'll pass through the Granville and Flynn's Lick communities (approximately 13 miles total)

- On your left will be a sign for the White's Bend Recreation Area, $\frac{1}{4}$ mile beyond is a Camp Discovery sign on the right side of the road, turn left at the Camp Discovery sign onto White's Bend Lane .
- Go two (2) miles and turn left at the Camp Discovery sign (on the left side-just beyond Darwin Cemetery)
- Proceed, up the hill, approximately one-half ($\frac{1}{2}$) mile to Camp Discovery.