



Dear Family,

For eight years the Camp Get-A-Way organization has been dedicated to providing a safe, supportive, and recreational camping experience for **ALL NY State** families of children with a primary Axis I mental health, social, emotional, and, or behavioral disorder. Opportunities exist to rediscover the joys of being a family united, and the strengths of each family member, while learning new ways of interacting with one other and the world around you. We are a family driven organization which supports participation of all family members in camp activities.

Our partnership continues with Cornell Cooperative Extension, 4 – H Camp Wyomoco, located in the natural beauty of Wyoming County and our latest partnership Camp DeWolfe, and located Wading River on beautiful Long Island Sound. We offer a very family friendly environment with many great waterfront and activity venues. Again this year we are offering a Horse program and “Old McDonalds Farm” during our summer program at Camp Wyomoco. A challenge course, swimming, canoeing at Camp DeWolfe in June, and our Fall event continues to be filled with skill development for all, and a hefty dose of family fun! These are just a few of the great activities your family will enjoy.

The cost of Camp De Wolfe in June 2010 is \$600.00 *per family* plus a \$10.00 family application fee, Camp Wyomoco August 2010 is \$670.00 *per family* plus a \$20.00 non-refundable family application fee, and Fall 2010 at Camp Wyomoco is \$420.00 *per family* plus a \$10.00 family application fee. As in the past, families are encouraged to explore the possibility of utilizing service provider money to offset the cost of camp. Please do not let the cost be the deciding factor in exploring Camp Get-A-Way. Camp Get-A-Way’s Board of Directors has many creative funding ideas to share and help you to fund your family’s camping adventure. Camp Get-A-Way does not discriminate based on: religion, age, sexual orientation, race, or disability.

On the following pages, you will find all you need to know to apply for camp. Long Island Camp DeWolfe Friday June 18 to Sunday June 20, 2010, and there will again be three summer camp sessions at Camp Wyomoco (Session I: Sunday August 15-Wednesday August 18, Session II: Friday August 20-Monday August 23 and Session III: Wednesday August 25-Saturday August 28), and Fall Session Saturday October 9 to Monday October 11, 2010 at Camp Wyomoco. All camp sessions are scheduled on a first come, first served basis and space is limited. Families may have to share cabins unless there is a medical necessity documented by a physician and advance notice is provided with your application. A complete list of eligibility criteria is available by contacting Camp Get-A-Way.

With your application a **money order for the non-refundable family application fee must be included with the completed application. Applications will not be processed without the family application fee. Applications and complete payment are due by June 16, 2010 for Long Island, July 15, 2010 for Summer and September 24, 2010 for Fall at Camp Wyomoco.**

If you have any questions about the expectations of the Board of Directors please call to clarify our expectations and your needs.

We look forward to seeing you in June, August and October 2010!

Sincerely,

Pamela A. Brannan, President

Application Information & Instructions

Included in the application packet:

- Family Information (Page 3)
- Session Preference, Family Statement (Page 4)
- Safety, Emergency Information, Contacts, and Release (Page 5)
- Consents, Disclaimers, and Confidentiality Statement (Page 6)
- Camp Expectations (Page 7)
- Items to Bring to Camp (Page 8)
- Physical Examination Form (**one for each family member attending camp, including adults**) (Page 9)
- Medical History Form (**one copy for each family member attending camp, including adults**) (Page 10)
- Billing and Payment information (page 11)
- Provider Recommendation Form (Page 12)
- **Family Copy** of Camp Expectations (Page 13)
- **Family Copy** of Items to Bring to Camp (Page 14)

Please keep a copy of Camp Expectations, page 13, and Items to Bring to Camp, page 14, to review with your family before coming to camp.

When you have *completed* all forms and included a money order for family application fee, mail to:
Camp Get-A-Way
PO Box 361
Albion, NY 14411

Cost: Long Island \$600.00 per family plus \$10.00 non-refundable family application fee, Summer: \$670.00 per family, plus the \$20.00 non refundable family application fee, and Fall \$420.00 per family plus \$10.00 non refundable family application fee.

All camp fees must be paid in advance and are due by:

CGAW LONG ISLAND: June 15, 2010

CGAW WNY SUMMER SESSIONS: July 15, 2010

FALL SESSION: Sept. 24, 2010

Cancellation or No-Show Policy Dates for ALL Sessions:

No refunds will be given after April 20, 2010 for Long Island, July 15, 2010 Summer, and September 24, 2010 for Fall.

Agencies & or Family will still be responsible for payment or substitution of another family.

Transportation: Due to very limited funding for 2010 every effort should be made by the family and with their service provider to arrange transportation directly to Camp. Any other transportation issues will be handled on a case-by-case basis.

Dietary Needs: Please include special medically prescribed dietary needs with your application materials and notify CGAW at least one week before camp if anyone's dietary needs have changed. In addition other dietary accommodations will be considered on a case-by-case basis with advance notice.

If you have any questions, please contact:

Pam Brannan (President): 585-590-6401 FAX: 716-688-7495 Liz Hodgdon: 585-322-3536

Please complete all information and list all adults who will be attending Camp

Please type or print legibly

Adult's Name: _____ Relationship to child: _____ Date of Birth ___/___/___
Address: _____ City: _____ Zip Code: _____
County: _____ Home Phone: ____-____-____ Work/Cell Phone: ____-____-____
Email: _____ Ethnicity (optional): _____

Adult's Name: _____ Relationship to child: _____ Date of Birth ___/___/___
Address: _____ City: _____ Zip Code: _____
County: _____ Home Phone: ____-____-____ Work/Cell Phone: ____-____-____
Email: _____ Ethnicity (optional): _____

Adult's Name: _____ Relationship to child: _____ Date of Birth ___/___/___
Address: _____ City: _____ Zip Code: _____
County: _____ Home Phone: ____-____-____ Work/Cell Phone: ____-____-____
Email: _____ Ethnicity (optional): _____

Please list ALL children who will be attending Camp Get-A-Way:

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Name: _____ Age: ____ Date of Birth: ___/___/___ Sex: **M** or **F** Ethnicity: _____
Address: _____ City: _____ Zip Code: _____

Primary Language of your family _____

What mental health agencies/services are involved with your family? (**Check all that apply**)

- | | | |
|---|--------------------------------|------------|
| Family Support/Compeer | Residential Treatment Facility | CCSI |
| Home Based Crisis Intervention (HCBI) | Department of Social Services | SPOA |
| Supportive Case Management | Child Protection Services | Counseling |
| Intensive Case Management (ICM) | Family Based Treatment | |
| Mental Health Home and Community Waiver | Community Residence | |

List all other systems and agencies involved with your family

For all Safety, concerns and needs

These questions are asked not as a rule out for acceptance to CGAW, but so that we can better serve each and every member of your family, as well as provide for the safety and well being of all campers. Therefore, please check all areas (past or present) that apply for EACH member of your family attending camp this year.

- | | |
|---|--|
| Poor self care
Who? _____ | Delusional Thoughts
Who? _____ |
| Violent/Aggressive Behavior
Who? _____ | Runaway/leave without permission
Who? _____ |
| Cruelty to Animals
Who? _____ | Sexual Misconduct
Who? _____ |
| Stealing
Who? _____ | Suicidal/Homicidal Ideation
Who? _____ |
| Fire Setting
Who? _____ | Restraining Order
Who? _____ |
| Conviction of a Crime
Who? _____ | Order of Protection
Who? _____ |
| Self-Harming Behavior
Who? _____ | |
| Drug/Alcohol Problems
Who? _____ | |

Consent for Emergency Medical Care

I (print your name) _____, give my consent for Camp Get-A-Way or any person acting as the agent for Camp Get-A-Way to seek emergency medical care for (please list all family members covered by this consent):

Signature: _____ Relationship _____ Date: _____

Witness Signature: _____ Date _____

Emergency Contact Information

Please provide three (3) people we may contact for you in an emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Please complete and sign ALL consents listed below, if you do not wish consent to be given please explain why.

Confidentiality Statement:

The Camp Get-A-Way team agrees to treat knowledge of any confidential information in a secure manner and to use the information only for the purpose for which it was shared. It is Camp Get-A-Way's belief that what is talked about and shared during the camping experience among participating families and staff will remain confidential after families and staff returns to their homes.

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

Liability Disclaimer:

I hereby release Camp Get-A-Way, its officers, volunteers, and family participants from any liability that might occur while participating in the programs offered during my time at Camp Get-A-Way.

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

Consent for Taking and Releasing of Photographs and Videotapes:

I give consent to the taking of photographs and/or videotape recordings either arranged for or taken by Camp Get-A-Way. I give this consent and release in consideration of and with full knowledge that the use of these photographs and videotape recordings and information released about me will be in the interest of advancement of Camp Get-A-Way.

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

The consents below will be in effect March 1, 2010 to November 30, 2010

Consent for Release and Exchange of Information with County SPOA Committee:

I give consent to Camp Get-A-Way to release and exchange information with my county SPOA committee.

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

Consent for Release and Exchange of Information with Community Mental Health Provider:

I give consent to Camp Get-A-Way to release and exchange information with my community mental health provider (Please list: _____).

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

Consent for Release and Exchange of Information with Family Support Program:

I give consent to Camp Get-A-Way to release and exchange information with _____ Family Support Program.

Family members covered by this consent: _____

Signature: _____ Printed Name: _____ Date: _____

Witness Signature: _____

Expectations of Camp Get-A-Way

Camp Get-A-Way has developed the following basic list of expectation to ensure a safe, healthy, and fun camping experience for everyone involved. Any violation of these rules may result in a family’s dismissal from Camp Get-A-Way. All concerns will be reviewed by the Board and all decisions made are final.

- **Children are the sole responsibility of their parents/guardians at all times**
- **Parent/guardian will be responsible for any damage or destruction caused while at camp.**
- **Parents / guardians must know where their children are at all times.**
- **All children 15 years old and younger must have direct adult supervision at all times.**
- **Children 16 years old and older: Parents / guardians must know where their child is at all times and child must be supervised by staff or parents / guardians.**
- **No child of any age can be unsupervised at any time.**
- Smoking is allowed only in designated area(s) of camp. Anyone smoking in non-designated areas will be asked to leave Camp. **Absolutely NO smoking in or around the cabins. Children are not allowed in the smoking shelter.**
- No possession or consumption of illegal drugs, or being under the influence of illegal drugs is allowed in camp.
- No alcohol, alcohol consumption, or being under the influence of alcohol is allowed while at camp.
- No weapons are allowed in camp.
- No one may leave camp while camp is in session without signing in and out at Wyomoco lodge.
- All medications **MUST BE IN THEIR ORIGINAL CONTAINERS** (prescription and over the counter, with the exception of E.I. Pens and inhalers) are to be locked in the Nurse’s Cabin at all times.
- No stealing.
- No physical or verbal aggression towards others.
- No swimming without lifeguard on duty. Waterfront Activities require direct adult supervision for all camp participants.
- Campfires only in designated area.
- All family members are expected to participate in family activities, camp upkeep, and dining hall chores.
- Quiet time is from 10:00pm until 7:30am.

Families are encouraged to keep a copy of the rules, which will be posted throughout camp and are available on the Camp Get-A-Way, website: www.cgaw.org.

By signing below, I acknowledge that I have read and received a copy of the expectations of Camp Get-A-Way. Parents please go over this list of expectations with your children before signing and coming to camp, it is very important that everyone understands the expectations before arriving at Camp Get-A-Way. The expectations are to ensure the safety of all campers, volunteers and staff.

All family members participating in Camp Get-A-Way MUST read, sign and return this form with their application

Parent/Guardian PRINTED Name: _____ Signature: _____ Date _____
 PRINTED Name: _____ Signature: _____ Date _____

PRINTED Name: _____ Signature: _____ Date _____

Things to Bring To Camp Get-A-Way

Please pack items in a suitcase, backpack, or duffle bag and bring **MANY** changes of clothing (no laundry services available). Personal belongings (clothes, CD's, videogames, etc.) depicting violence, drugs, vulgarities, or anything of a sexual nature will not be allowed at camp. You are encouraged to leave valuable items at home, as **Camp Get-A-Way is not responsible for lost or stolen belongings**. Please label all electronic equipment and items of value. The cabins have outlets for small electronic devices such as fans, alarm clocks, and night-lights. There are limited opportunities to spend money at camp, so please do not bring large sums of cash. **Please note that it tends to be COLD, WET & DARK in the early mornings and evenings at camp.**

SUMMER SESSIONS ONLY####

Must have long pants and closed toe shoes, sneakers, or boots to participate in the horse program

- | | | |
|-------------------------------|--|----------------------------|
| * Shorts | * Pool Shoes/Flip-Flops | * Pants |
| * Hair care products | * Jacket/Sweater/Sweatshirt | * Towels and Washcloths |
| * Short sleeved shirts | * Long sleeved shirts | * Hairbrush/Comb |
| * Toothbrush/Toothpaste | * Shoes/Sneakers/Sandals | * Soap |
| * Deodorant | * Socks | * Pajamas |
| * Pillows/Pillowcases | * Underpants/Undershirts/Bras | * Hat |
| * Flashlights/Extra batteries | * Raincoat/Poncho/Umbrella | * Long distance phone card |
| * Swimsuits/Trunks/Towels | * Sunscreen/Insect Repellant | * Alarm clock |
| * Night lights | * Twin size sheets/blankets/sleeping bag | |

DO NOT FORGET BEDDING; BLANKET, PILLOW, AND OR SLEEPING BAG FOR EACH PERSON ATTENDING CAMP.

By signing below, I acknowledge that I have read and received a copy of the things my family should bring to camp.

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ Date: _____

STOP! Please review the following instructions before proceeding!

Medical Information Forms (Medical History/Camper Physical)

Each camper at Camp Get-A-Way **MUST** have a medical history form, as well as a physical examination performed preformed for Long Island between May 2008 and May 2010, Summer Sessions between August 2008 and August 2010, and Fall Experience between October 2008 AND October 20120 and signed by a physician before participating at Camp Get-A-Way.

2010 Camp Get-A-Way Family Application

(One for EACH person attending camp including adults, please make additional copies as needed)

THIS FORM SHOULD BE COMPLETED BY A PHYSICIAN IN REFERENCE TO A PHYSICAL THAT HAS TAKEN PLACE BETWEEN August 2008 AND August 2010. The Physician may attach a copy of their form.

(PLEASE PRINT OR TYPE)

Camper's Name: _____ Date: _____

Physician's Name (PRINTED): _____ Phone Number: _____

Physical Exam:

	N= Normal	A= Abnormal	N/E= Not examined	Comments
Eyes	N	A	N/E	_____
Ears	N	A	N/E	_____
Nose/Mouth/Throat	N	A	N/E	_____
Lungs	N	A	N/E	_____
Heart	N	A	N/E	_____
Abdomen	N	A	N/E	_____
Back/Spine	N	A	N/E	_____
Upper Extremity	N	A	N/E	_____
Lower Extremity	N	A	N/E	_____
Circulatory	N	A	N/E	_____
Neurological	N	A	N/E	_____
Skin/Lymphatic	N	A	N/E	_____
Emotional Status	N	A	N/E	_____
General Appearance	N	A	N/E	_____

Please indicate if the applicant has had any of the following diseases or illnesses:

Anaphylactic Shock	Bowel Problems	Hay Fever	Meningitis
Anemia	Cancer	Heart Trouble/Disease	Mononucleosis
Anorexia/Bulimia	Chest Pain	Hepatitis	Mobility Impairment
Appendicitis	Convulsion/Seizure	Hernia	Muscle Weakness
Arthritis	Coughing	High Blood Pressure	Pneumonia/Bronchitis
Back Injury	Dermatitis (Eczema)	Hives/Skin Allergies	Scoliosis
Bladder/Kidney	Diabetes	Hypoglycemia	Thyroid Disease
Infection	Fainting/Dizziness	Headaches/Migraines	Ulcers
Bone Condition	Food Allergies	Knee/Ankle Injury	Urination Problems

If yes, please give brief description: _____

Are all immunizations up to date? YES NO If no, what is missing and why? _____

Date of last tetanus shot: _____

Is there any reason why this person cannot participate in any camp activities, such as strenuous walking, walking up and down hills, running, jumping, etc.? YES NO

If yes, please comment: _____

Physician's Signature: _____ Date: _____

Please return this form to:
 Camp Get-A-Way

Medical History

(One for EACH person attending camp including all adults)

Camper's name: _____

Medical Insurance Provider: _____

Please list any medical problems. This is not to exclude but to help us accommodate your needs:

Please list any food allergies: _____

Please list any environmental allergies: _____

Name, address and phone number of your doctor:

Do you have a mental health diagnosis? Please describe: _____

Please list your mental health service provider(s):

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Please list all prescription and non-prescription medications you are currently taking:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any medication allergies:

Have there been any medical or psychiatric hospitalizations in the past three years? YES NO

If yes, please describe: _____

Do you have any physical limitations that might interfere with your ability to engage in activities with your children? (Such as back, knee problems, injuries etc.)

Billing Information for providers

(Must be completed to process Application)

Agency: _____

Referred by: _____

Address: _____

Phone number: _____ Ext. _____ Email: _____

Name of Supervisor/Program Manager: _____

Phone number: _____ Ext. _____ Email: _____

***Contact Person for billing:** _____

Address: _____

Phone #: _____ Ext. _____ Email: _____

*This is the person the bill will be sent to for processing payment to Camp Get-A-Way. Please include the invoice number on the check.

Once payment for the family is received, a paid invoice will be sent by email to the contact person for billing. Please make sure all information is complete and accurate.

Provider Recommendation Form
Must be completed by Family Support or other Children's Mental Health provider.
Please Type or PRINT

Provider Name: _____
Agency: _____
Address: _____ City: _____ Zip Code: _____
Phone: _____ Cell: _____ E mail: _____

Length of time working with this family: _____
Identified person you are working with: _____

Strengths of the family: _____

Briefly share your thoughts on this family participating in the Camp Get-A-Way summer program, such as concerns and needs you have identified and CGAW needs to be made aware of. Example; hygiene issues, sexualized behaviors, fire setting, or other safety concerns. These questions are *NOT* used as a rule out for attending camp, but rather so Camp Get-A-Way can better plan and make accommodations. Please use the back of this form if more space is required.

Please return this form to:
Camp Get-A-Way

Expectations of Camp Get-A-Way
Family Copy
DO NOT SEND THIS FORM BACK
THIS IS YOUR COPY

Camp Get-A-Way has developed the following basic list of rules to ensure a safe, healthy, and fun camping experience for everyone involved. Any violation of these rules may result in a family's dismissal from Camp Get-A-Way. All concerns will be reviewed by the Executive Committee and all decisions made are final.

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- **Parents / guardians must know where their children are at all times.**
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- **No child of any age can be unsupervised at any time.**
- Smoking is allowed only in designated area(s) of camp. Anyone smoking in non-designated areas will be asked to leave Camp Get-A-Way. **Absolutely NO smoking in cabins. Children are not allowed in the smoking shelter.**
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- No alcohol, alcohol consumption, or being under the influence of alcohol is allowed while at camp.
- No weapons are allowed in camp.
- No one may leave camp while camp is in session without signing in and out.
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- No stealing.
- No physical or verbal aggression towards others.
- No swimming without lifeguard on duty. Waterfront Activities require **direct adult supervision** for all camp participants under 18 years old.
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- | | | |
|--|--|----------------------------|
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| * Hair care products | * Jacket/Sweater/Sweatshirt | * Towels and Washcloths |
| * Short sleeved shirts | * Long sleeved shirts | * Hairbrush/Comb |
| * Toothbrush/Toothpaste | * Shoes/Sneakers/Sandals | * Soap |
| * Deodorant | * Socks | * Pajamas |
| * Pillows/Pillowcases | * Underpants/Undershirts/Bras | * Hat |
| * Flashlights/Extra batteries | * Raincoat/Poncho/Umbrella | * Long distance phone card |
| * 1 Piece Swimsuit/Towels
or 2 piece with tee shirt | * Sunscreen/Insect Repellent | * Alarm clock |
| * Swim Trunks/Towels | * Twin size sheets/blankets/sleeping bag | |

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