



**Hello, Campers and Parents! Can you believe it's time to start planning your 2012 summer already?**

**Please read carefully there are some important changes to Jay Nolan Camp this year!**

- Melissa Smith is your new Camp Director. Please see her notes below!
- We will be offering only one Jay Nolan Camp session this year. We expect it to fill up quickly, so please don't delay and get your application and payment in quickly.
- The Regional Centers Regulations have not changed for 2012. Regional Centers will probably not be paying for Camping Services again this year. Please check with your child's Service Coordinator. You may privately pay for Camp!
- Prices for 2012 have remained the same as 2011 and are as follows.

Campers with a disability = \$880.00  
Campers without disabilities = \$500.00

- If the Camper requires additional support/supervision there may be an additional fee. This is determined solely by Camp Administrative Staff.
- Down payment is \$200.00 to reserve a spot and must be paid when you send in your application.
- Camperships are not guaranteed. We will not find out whether we will receive the campership funds until mid-April. Camperships **CAN NOT** cover the full cost of attending Camp.
- CIT'S will have to pay half price to attend Camp again this year! \$250.00 -, though they may be eligible for Camperships. Please call if you have any questions!

## **Camp Director Update for 2012**

Hello! My name is Melissa Smith and I am Jay Nolan Camp's new director. Many of you have gotten to know me as the Sports and Games Activity Coordinator over the past three years. Your kids know me up at camp as Missi. In addition to Jay Nolan Camp and as support staff with Jay Nolan Community Services, I have over twenty years of camping experience with Girl Scouts, the Outdoor Leadership Club at California State University, Monterey Bay, and many of my own adventures! I look forward to meeting you and providing an outstanding camp experience for your child.

Due to low turn out over the past few years, we will only be offering one session of camp this year July 29- August 3, 2012. One of my goals in my new role is recruitment, and I hope to fill us to capacity. You can help too! As a returning camper, you are the best advertisement Jay Nolan Camp has. Think about a friend or family member you can invite to camp with you this year! Please return your own application and payment soon, and together, we will do everything we can to add the second camp session back in the future.

Unfortunately, we are placed in a position again this year where all campers that attend Camp will be private pay, with little to no assistance coming from the Regional Centers. All applications must have a down payment of \$200.00 to ensure a spot for this year's session.

Your camp staff is dedicated to giving each camper a safe and exciting experience in the beautiful Angeles National Forest, one that will create lasting memories that will keep everyone coming back for more!

If you have any questions about the camp program, filling out the camper application, cost, etc., feel free to call me anytime at 818-361-6400 Ext. 151. I'm in the office during business hours Monday through Friday 9:00am to 5:00pm. If I'm not available when you call, just leave a message and I'll get back to you as soon as possible. I can also be reached by e-mail: [msmith@jaynolan.org](mailto:msmith@jaynolan.org).

Please join us on our Jay Nolan Camp Facebook Fan Page at <http://www.facebook.com/pages/Jay-Nolan-Camp/73107988308> as well to help keep you updated.

Sincerely,  
Melissa Smith  
Camp Director

Place  
C.I.T.'s  
Recent  
Photo  
Here



15501 San Fernando Mission Blvd. Suite 200  
P.O. Box 9604 Mission Hills CA 91346-9604  
(818) 361-6400 Ext. 151 (Camp Director)  
(818) 365-5523 (Fax)

[msmith@jaynolan.org](mailto:msmith@jaynolan.org) (E-mail)  
<http://www.jaynolan.org> (Website)



## Jay Nolan Camp - C.I.T. Application

**Instructions:** We are accredited by the American Camp Association and maintain the standards set by them, in addition to our own. You are required to have a complete application, photo, up-to-date immunizations, and a medical exam signed by a licensed physician (listing all current/correct medications). Anything that would be non-applicable, please put 'N/A'. If you need assistance with any of the above, please let us know.

### 2012 Camp Sessions at Lions Camp at Teresita Pines (Wrightwood) Session 1 - July 29-August 3, 2012

C.I.T. Applicant's Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YY

**Gender:**

- Male
- Female

Age while at  
Camp  
\_\_\_\_\_

**How did you hear about  
Jay Nolan Camp?**

- Friend
- Internet
- Newspaper/Magazine
- Conference
- American Camp  
Association Directory
- Previous Attendance
- Regional Center
- Other: \_\_\_\_\_

**Dietary Restrictions:**

- None
- Vegetarian
- Kosher

**Other dietary restrictions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# C.I.T. (Counselor-In-Training) Information To Review:

## C.I.T. Cabin Assignments:

Each C.I.T. will be assigned (by the Camp Administration) to assist one cabin group (Typically, one C.I.T. per cabin). C.I.T.'s are assigned with gender, age, and experience taken into consideration.

## C.I.T. Responsibilities:

A C.I.T. is not a paid position. A C.I.T. is 16 or 17 years of age, assisting hands-on with the Jay Nolan Camp program. This is an experiential learning process for the C.I.T.; learning the responsibilities of a Jay Nolan Camp Staff member, assisting with an inclusive environment for children with and without developmental disabilities. The C.I.T. will not assume the role and responsibility of a Jay Nolan Camp Staff member.

The C.I.T.'s responsibilities, when necessary, include (but are not limited to):

- Assist Camp Staff in the registration process of camp
- Assist Camp Staff with their assigned camp group in all aspects of camp program/daily routine
- Assist Camp Staff with children with regards to basic hygiene
- Assist Camp Staff in the social development of children attending camp
- Attend a C.I.T. program daily, designed to cultivate leadership skills, teamwork values, and becoming a positive role model

## C.I.T. Rules:

- Jay Nolan Camp has a Zero Tolerance Policy on Smoking (for those under 18), which is also in accordance with State Law. Breaking this rule results in being dismissed from camp.
- As with Camp Staff, Jay Nolan Camp has a Zero Tolerance Policy for alcohol, drugs, sexual contact, and abuse. Breaking any of these rules results in being dismissed from camp.
- C.I.T.'s are role models and need to act accordingly. No foul language. Dress and act appropriately. Respect curfew. Follow commonly accepted values of courtesy and respect at camp.

## C.I.T. Perks:

- C.I.T.'s receive 75 hours of Community Service per session (for educational purposes).
- C.I.T.'s are allowed to stay awake to a designated curfew time and socialize with each other, while supervised.
- FUN! FUN! FUN!

**Note:** *Participating in the Jay Nolan Camp C.I.T. Program does not guarantee a future staff position with Jay Nolan Camp.*

I have read and fully understand the above 'C.I.T. Information to Review':			
C.I.T. Applicant's Signature _____		Date _____	
Parent Name _____	First _____	Last _____	Relationship _____
Parent Signature _____		Date _____	

**THE FOLLOWING 8 QUESTIONS TO BE ANSWERED BY C.I.T. APPLICANT:**

**Note:** *As with any position, Jay Nolan Camp looks at past performance (when applicable), present state of interest/experience, and future goals.*

1. There are a lot of different things you could do this summer. Why do you want to attend Jay Nolan Camp as a C.I.T.?

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2. What experience do you have with children with or without developmental disabilities?

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3. What's an example of something you're proud of; maybe something challenging, that you were able to do because of hard work and being responsible? Please tell us about it...

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4. Some people say that working with campers can be stressful. Would you agree? How would you handle yourself if you're feeling stressed?

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5. What ideas do you have for getting more kids (with or without disabilities) to come to Jay Nolan Camp?

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6. How would you go about including all children together, regardless of their abilities?

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7. What would you like to gain from the C.I.T. program this summer?

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8. What's one of your favorite camp songs? \_\_\_\_\_

**This information is required to assist us in applying and qualifying for grants/additional funding.**

**(This will only be viewed by the Jay Nolan Camp Administration and potential funders):**

**C.I.T. Applicant's Name** \_\_\_\_\_  
First Last

**Address** \_\_\_\_\_  
Street

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
MM/DD/YY

**Please check one box:**

	<b>African American</b>	<b>American Indian</b>	<b>Asian</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Pacific Islander</b>	<b>Other:</b>
<b>Male</b>							
<b>Female</b>							

**(This information is required since a C.I.T. spot may be at reduced cost and may be considered a 'Campership') CAMPERSHIPS ARE NOT GUARANTEED.**

A Campership is partial or full funding for one (1) session of camp that is potentially available for individuals that qualify. Qualifications are: Those that do receive Medi-Cal, AFDC/TANF, are in Foster Care, and/or report eligible family income (as stated on most recent income tax return).

**Is this C.I.T. in foster care?**

- Yes
- No

**If 'Yes', what is the Foster Care number?**

# \_\_\_\_\_

**Is this C.I.T. receiving AFDC/TANF?**

- Yes
- No

**If 'Yes', what is the AFDC/TANF number?**

# \_\_\_\_\_

**Does this C.I.T. receive Medi-Cal?**

- Yes
- No

**If 'Yes', what is the Medi-Cal number?**

# \_\_\_\_\_

**NOTE: Please provide a copy of the appropriate State-issued document with the Foster Care, AFDC/TANF, or Medi-Cal number along with this form.**

**GROSS INCOME AS STATED ON RECENT TAX RETURN:**

***(Please provide a copy of the recent tax return for those that might qualify based on income)***

<b>Household Size (#)*</b>	<b>Annual Income</b>	<b>Monthly Income</b>	<b>Weekly Income</b>

\*Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, utilities, etc.

Note: A household of 'one' means a C.I.T. who is his/her sole support. Institutionalized individuals are always one-member households. Foster individuals are one-member households only if the welfare/placement agency maintains legal responsibility for the individual.

**I have provided the most correct and accurate information possible:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
First Last

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# HEALTH AND IMMUNIZATION HISTORY

1. Is CIT covered by Medi-Cal? YES \_\_\_\_\_ NO \_\_\_\_\_ MediCal # \_\_\_\_\_

2. Is CIT covered by private medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name of Primary Insured \_\_\_\_\_

**ALLERGIES** - List all known.

**REACTION** - describe reaction and management of the reaction

**Medication Allergies** (list) - include aspirin, penicillin, etc.

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies** (list) - include specific foods, dyes, etc.

\_\_\_\_\_

\_\_\_\_\_

**Other Allergies** (list) - include insect stings, hay fever, asthma, pollen, etc.

\_\_\_\_\_

\_\_\_\_\_

**GENERAL QUESTIONS: (Explain 'Yes' answers below.)**

HAS/DOES THE PARTICIPANT:	YES	NO	HAS/DOES THE PARTICIPANT:	YES	NO
Had a recent injury/illness/infectious disease?			Ever had a problem with joints?		
Ever had a chronic/recurring illness/condition?			Have skin problems (itching, rash, acne)?		
Ever been hospitalized?			Have diabetes?		
Ever had surgery?			Have asthma?		
Have frequent colds/headaches?			Had bowel problems (diarrhea, constipation)?		
Had psychiatric/psychological counseling?			Ever had a head injury?		
Had psychiatric/psychological hospitalization?			Have problems with sleepwalking?		
Wear glasses, contacts, or protective eyewear?			If female, have menstrual problems?		
Ever had frequent ear infections?			Have a history of bed-wetting?		
Ever passed out during/after exercise?			Have bladder problems?		
Ever had chest pain during/after exercise?			Ever had an eating disorder?		
Ever had high blood pressure?			Ever had sinus problems?		
Ever had a heart murmur or heart disease?			Other?		
Ever had back problems?			Been looking forward to camp?		

Please explain 'Yes' answers: \_\_\_\_\_

\_\_\_\_\_

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

**TB Mantoux Test**

Date of last test \_\_\_\_\_

Result (Check):

- Positive     Negative

**ATTACH A COPY OF IMMUNIZATION RECORD, OR write in all dates for:**

VACCINE:	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR	MO/YR
DTP						
TD (tetanus/diphtheria)						
TETANUS						
POLIO						
MMR						
or Measles						
or Mumps						
or Rubella						
Homophiles influenza B						
Hepatitis B						
Varicella (chicken pox)						



**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

\_\_\_\_ I, the person named below, consent to medical treatment.

\_\_\_\_ I am a parent, guardian or conservator, or person authorized under California or United States Law or by court order, to authorize consent to medical treatment for the person named below.

Name of Person: \_\_\_\_\_

I authorize Jay Nolan Community Services Inc., any of its employees, agents or contractors to obtain and consent to medical assistance and treatment, including but not limited to: surgery, dental treatment, mental health treatment, and anesthesia, for the person named above. In granting this authorization, I understand as follows:

- That Jay Nolan Community Services Inc. may release information regarding the person’s medical history to secure medical assistance or treatment,
- That Jay Nolan Community Services Inc. may provide medical assistance and treatment to the person if other appropriate medical assistance and treatment cannot reasonably be obtained when needed,
- That Jay Nolan Community Services Inc. will make all reasonable efforts to secure medical assistance and treatment with professionally accepted standards for the area where the person is located (not necessarily the place of residence) when treatment is sought,
- That Jay Nolan Community Services Inc. and any of its employees, agents and contractors will make all reasonable efforts to contact me as soon as possible in the event of a medical emergency,
- That Jay Nolan Community Services Inc. carries liability insurance only. I agree that all medical or hospital costs incurred are my sole responsibility.
- That if I have any objections or limitations to treatment, I have them listed below:  
\_\_\_\_\_  
\_\_\_\_\_
- That I may terminate this authorization at any time by written notice to the Executive Director of Jay Nolan Community Services. Unless I terminate in this manner, this authorization shall remain in effect for one (1) year after the date signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONSENTMED, REV2, 12/03



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818-361-6400 Ext. 151 • 818-365-5523 fax  
msmith@jaynolan.org  
www.jaynolan.org

## Public Relations Consent Form

The purpose of this form is to give Jay Nolan Community Services, Inc. permission to use photographs and other likenesses of employees, volunteers, people served, and others who may grant permission for the promotion of the agency's programs, its mission, and general community outreach. Public relations/marketing activities may include, but are not limited to: publication of photographs in newsletters, on the web site, in advertisements, in brochures, on flyers, on display boards, on television, or in video and slide presentations.

NAME \_\_\_\_\_

I(We), \_\_\_\_\_, being either of legal age to consent, or the legal parent(s), guardian(s), or conservator(s) of the above named individual who is a minor child or person unable to consent on his or her own behalf, give Jay Nolan Community Services, Inc. (JNCS), its assigns, or successors, the right to use the above named individual's name and any photograph, video, voice recording or any other likeness JNCS has in any media form, now known and hereafter created, for the purpose of promoting JNCS mission, products, services, or programs. JNCS also has the right to substitute the above named individual's voice if it is deemed proper by JNCS.

Furthermore, I(We) agree that such items shall belong to JNCS and remain free and clear of any claim whatsoever on my(our) part or the part of the above named individual.

I(We) understand that I(We) may terminate authorization at any time for any future photographs, video, voice recordings, or other likenesses produced of the above named individual by delivering written notice to the Executive Director of JNCS. However, said termination shall not cover items previously authorized and already in production/use.

\_\_\_\_\_  
(Signature of Consenting Adult/Parent/Guardian)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)



# 2012 MEDICAL EXAMINATION FORM

**A LICENSED PHYSICIAN MUST COMPLETE THE MEDICAL EXAMINATION FORM. A MEDICAL EXAMINATION MUST BE PERFORMED WITHIN A YEAR PRIOR TO CAMP ATTENDANCE.**

## C.I.T. (Counselor-In-Training) INFORMATION

Name:	Sex:	Age:	Birthdate:
Diagnosis or Disability (if applicable):			
BP:	Height:	Weight:	
Does C.I.T. have a history of seizures?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, specific type:			
Frequency:	Length:		
Present Status:	Date of last seizure:		

**MEDICATIONS (To be administered at Camp)\***  
 If CIT is taking herbal/homeopathic medications, vitamins, or over-the-counter medications, they also must be listed. If a psychiatrist prescribes medications, they must complete a form listing medications as well. Attach additional pages, if necessary.  
**\*Please Print Legibly**

Name of prescription medication, vitamins, homeopathic/herbal medications, over-the-counter medications	Dosage	Purpose	Times to be administered (Camp mealtimes/bedtime listed):				
			B-fast 8:30am	Lunch 12:30pm	Dinner 5:30pm	Bedtime 9:00pm	Other ?
1.							
2.							
3.							
4.							
5.							
6.							
7.							

The Health Care Provider at camp follows standing orders from our physician consultant, which include over-the-counter medications as needed, such as analgesics, topical ointments, decongestants, and medications for colds, allergies, indigestion, constipation, diarrhea, eye and mouth care, and basic first aid. Are there any concerns with administration of over-the-counter medications and/or treatments?  
 Yes     No

If yes, explain \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**(OVER)**



# 2012 MEDICAL EXAMINATION FORM CONT.

C.I.T.'s Name \_\_\_\_\_

## DESCRIPTION OF JAY NOLAN CAMP FOR PHYSICIANS' REVIEW

Jay Nolan Camp is an inclusive sleep-away camp that runs 6 days/5 nights each camp session in the mountains of Wrightwood, CA. The elevation is approximately 6,000 ft and the terrain of the campground can be uneven in certain areas. All activities are non-competitive and carefully supervised (including Archery, Sports & Games, Swimming, Hiking, etc.). They are designed to meet the needs of all participants, encouraging their participation to the best of their ability. Camp Staff/ On-site Health Care Provider will strictly observe physician recommendations.

## RECOMMENDATIONS AND RESTRICTIONS AT CAMP

*Treatment to be continued at camp* \_\_\_\_\_

\_\_\_\_\_

*Any medically prescribed meal plan or dietary restrictions* \_\_\_\_\_

\_\_\_\_\_

*Description of any limitation or restrictions at camp* \_\_\_\_\_

\_\_\_\_\_

*Additional information for health care staff at camp* \_\_\_\_\_

\_\_\_\_\_

## HEALTH STATEMENT

I hereby certify that the above C.I.T. \_\_\_\_\_ is \_\_\_\_\_ is not in good health and physically able to attend camp. The C.I.T. has no evidence of a skin rash or communicable ailment that might endanger the health of other people. The C.I.T. has had no recent illnesses with the exception of: \_\_\_\_\_

Signature of Physician		Date of Exam	Date of Form Completion	
Name of Physician		Physician's Address		
Name of Medical Agency if C.I.T. attends a Clinic or Hospital		Telephone No.	Fax No.	