“Anything is Possible” Camp
Camp Horsin’ Around

Helping children become happy campers.

Camp Horsin’ Around Mission
The mission of Camp Horsin’ Around is to support organized groups to provide an outdoor camp adventure for children whose health is compromised or who have special needs.

We developed the “Anything is Possible” Camp, a special 4-day overnight camp session, specifically for children whose health is compromised or who have special needs who don’t belong to an organized group. All campers will need a completed application with to complete their registration for camp. Please contact the camp office for more information.

Address: Camp Horsin’ Around, 1159 Claunch Road, Perryville, KY 40468
Phone: 859-332-0001
Website: www.camphorsinaround.org

Packing Checklist:
Please label all items with camper name

- Sleeping bag, or blankets and sheets
- Pillow
- Sweatshirt or Jacket
- Baseball cap or favorite hat
- Raincoat/ poncho
- Towels & washcloths (2-3)
- Swimsuit (1-2)
- Beach towel (1-2)
- Toiletries – toothbrush/paste, hair brush, soap, deodorant, shampoo, lip balm
- Flashlight with extra batteries
- Sunscreen
- Bug Spray

Clothing for 4 days at camp:
- Underclothes
- Socks
- Long pants
- Shorts
- T-shirts
- Tennis or hiking shoes and flip flops or sandals
  - Shoes are required at all time
  - 2 pair needed
  - At least one pair closed toed

MEDICATIONS: ALL MEDICATIONS and medical supplies must be contained in a LABELLED Ziploc bag, checked in with the Medical Clinic, to be administered by Medical Staff only.

Note: Please do not allow your child to bring cell phones, l-pods, MP3 players, handheld game systems or other electronics, or non-essential items of high value to camp.

PROHIBITED ITEMS: Camp policy does not permit water guns, laser pointers, weapons of any kind, fireworks, tobacco or smoking on camp property. Do not bring them, they will be taken and held by camp staff until the end of camp.
Name: Last________________________________First_________________________

Name_________________________________________ ___________________ ______

Preferred Name______________________________ Age______ Date of Birth________________________ Height_____Weight_____  

If child does not live with both parents, who has legal custody?

__________________________
Parents/Legal Guardians

<table>
<thead>
<tr>
<th>Relationship</th>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>City</th>
<th>County/State</th>
<th>Postal Code</th>
<th>Primary Phone</th>
<th>Work Phone</th>
<th>Email *</th>
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</thead>
<tbody>
<tr>
<td>1. Parent/Legal Guardian</td>
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*Please enter your email! This will allow us to send you information on Camp Events!

☐ I prefer not to receive updates.

Emergency Contacts (person(s) to be contacted in case of an emergency if parents/legal guardian can’t be reached)

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<thead>
<tr>
<th>Name</th>
<th>Primary</th>
<th>Secondary</th>
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Relationship to child

Primary Phone

Work Phone

Language Abilities (☑ check the responses which apply)

<table>
<thead>
<tr>
<th>Language</th>
<th>First/Native Language</th>
<th>Reads</th>
<th>Writes</th>
<th>Understands</th>
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<tbody>
<tr>
<td>English</td>
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Comments/Additional Information
### Family

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<tr>
<th>Brother/Sister Name</th>
<th>Male</th>
<th>Female</th>
<th>Age</th>
<th>Brother/Sister Name</th>
<th>Male</th>
<th>Female</th>
<th>Age</th>
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Additional Information  ☐ Father Deceased  ☐ Mother Deceased

### Child diagnoses – Include physical or mental health diagnoses and date for each

- **Primary diagnosis:** ______________________________  **Year of Diagnosis:** ____________________________
- **Please list current problem(s) or secondary diagnoses:** 
  - __________________________________________________________
  - __________________________________________________________

**Comments:** 

- My child is aware of his/her diagnosis  ☐ No  ☐ Yes

### Child’s Primary Physician

**______________________________________________**  **Phone** ______________________________

### Hospital Affiliation

**______________________________________________**  **City** ______________________________

### Does your child have any special needs?  (☐ check the responses which apply, and comment in the space which follows)

- ☐ help eating  ☐ uses crutches or walker  ☐ bed wetting
- ☐ help getting dressed  ☐ prosthesis care  ☐ developmentally delayed
- ☐ help showering  ☐ uses wheelchair  ☐ hearing impairment
- ☐ help using toilet  ☐ tires easily  ☐ visual impairment
- ☐ uses pull ups/diapers/briefs  ☐ Has started menstrual cycle.  ☐ other_______________________
- ☐ night only  **Date of last period** __________  **Any problems** Y ____ N _____

### Immunizations

*(this section must be filled out for your child to be considered for camp)*

**IF YOUR CHILD HAS BEEN EXPOSED TO EITHER CHICKEN POX OR MEASLES WITHIN ONE MONTH OF ATTENDING CAMP, IT IS ABSOLUTELY NECESSARY TO CONTACT US BEFORE DEPARTURE**

- **Date of Last Tetanus Diphtheria Pertussis (D tap, TCAP)** ____________________________
  *(TDAP booster required for children ages 11 and over).*

- ☐ exempt from immunizations for religious or medical reasons.
**Does your child have any allergies to MEDICATIONS?**  □Yes □No  (If yes, please fill out table.)

We know that medication schedules may change before summer. You may update this information at anytime.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Reaction information</th>
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**Current Treatments** (medications, therapies, dialysis, etc.)

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<tr>
<th>Name of Medication or Treatment</th>
<th>Route: oral, IM, IV, SQ, other</th>
<th>Dose</th>
<th>Frequency</th>
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Date and type of last chemotherapy (if relevant)

**Has your child ever had an allergic reaction to an insect bite/bee sting?**  □Yes □No  (If yes, please describe.)

**Does your child have any allergies to FOODS?**  □Yes □No  (If yes, please fill out table.)

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<th>Name of food</th>
<th>Reaction information</th>
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**Food Preferences** (☐ check the responses which apply)

- ☐ No restrictions
- ☐ Gluten free
- ☐ Lactose intolerance
- ☐ Vegetarian, dairy products
- ☐ Vegan, no animal products

We try to accommodate dietary preferences. List any restrictions or special requirements not already covered:

**Any additional information that you think would be helpful:**

- Is this your child’s first extended stay away from home?  □Yes □No
- Has your child ever experienced homesickness?  □Yes □No
- Additional information you want to share about your child (morning or bedtime routines, comfort measures, skills):

**Signature:**

Date (required)  Signature of Parent/Guardian completing form (required)
Parental Waiver and Consent Form

Consent for activities: By signing this waiver and consent, I, the legal parent/guardian grant permission for my child to participate in any and all activities while attending Camp on the premises owned by Horsin’ Around Camp, Inc., a Kentucky nonprofit corporation (“Camp Horsin’ Around”) including but not limited to lifeguard supervised swimming, supervised boating and fishing, supervised wall climbing, supervised time in and around the river under the supervision of adults at Camp Horsin’ Around unless otherwise specified. I recognize and acknowledge the inherent risks of allowing my child(ren) to participate, I agree to release and hold harmless Camp Horsin’ Around and its founders, directors, officers, employees, agents, volunteers from any and all injury claims of any other nature which may result from my child’s participation at and travel to or from Camp Horsin’ Around. I agree to indemnify and hold Camp Horsin’ Around, its staff and other children at Camp Horsin’ Around harmless from any and all liability caused by my child whether or not intentional.

☐ I do ☐ I do not agree that my child is authorized to participate.

Medical Consent: By signing this waiver and consent I hereby authorize Camp Horsin’ Around medical staff or such designee(s) to provide for the giving of routine and/or emergency medical care or treatment including, but not limited to, medicines and transportation due to illness or injury. If injury or illness requires additional emergency treatment, I authorize the Medical Staff to issue consent for transport to the hospital and/or summon professional emergency personnel to attend, treat and transport my child to the hospital. I agree to assume the financial responsibility for all expenses of such care provided by persons other than Camp Horsin’ Around medical staff.

Notification of the parent will always be attempted by Camp Horsin’ Around staff. I understand information pertaining to my child may be shared with/released to appropriate personnel for the purpose of treating and/or supervising my child (including, but not limited to Camp staff, referral centers and/or insurance companies.

☐ I release Camp and its staff from any and all liability arising from or in any way connected to the good faith of rendering medical care and treatment of my child.

Interview/Video/Photography Release: In consideration of my children’s participation in Camp, and without further consideration from Camp Horsin’ Around, I hereby grant permission to Camp Horsin’ Around and its staff to utilize my child’s name, likeness, voice and biographical material for the purpose of promotion, reporting or publication. I understand that no royalty, fee or any other compensation of any kind shall become payable to me or my child by reason of such release and use of any photograph.

☐ I accept ☐ I decline Interview/Video/Photography Release.

Parent/Guardian _______________________________________ Date __________________________

Printed Name

Parent/Guardian _______________________________________ Signature
Please help your camper complete the following to allow us to get to know them better –

What do you like best about school?
________________________________________________________________________________________
________________________________________________________________________________________

What are your favorite songs?
________________________________________________________________________________________
________________________________________________________________________________________

What is your favorite movie?
________________________________________________________________________________________
________________________________________________________________________________________

What is the coolest thing you know how to do?
________________________________________________________________________________________
________________________________________________________________________________________

Do you have a pet at home? If so, tell us all about it.
________________________________________________________________________________________
________________________________________________________________________________________

Have you been to any other camp? □Yes □No If yes, where and when?
________________________________________________________________________________________
________________________________________________________________________________________

What do you like most about summer camp?
________________________________________________________________________________________
________________________________________________________________________________________

What would you most like to do at camp?
________________________________________________________________________________________
________________________________________________________________________________________