

## **Eligibility criteria for a child to attend Camp Abilities Brockport**

Camp Abilities Brockport is a sports camp for children who are blind, visually impaired or deafblind (interpreters will be provided). Campers must be between the ages of 9 and 18 who are verbal and independent in self care. We will accept the first 50 campers who register.

The following is a list of eligibility criteria for a child to attend Camp Abilities Brockport. Please read carefully before proceeding with the remainder of the form.

Children who attend Camp Abilities Brockport must possess the following in order to participate:

- 1) They have a visual impairment (must have a vision teacher).
- 2) They are predominantly independent (helping with tying shoes, bathing, toileting, or picking clothes is fine)
- 3) They possess verbal or sign communication skills appropriate within 2 years of their age
- 4) They display behaviors that allow them to function in a group setting that does not affect other group members;
  - Does NOT run away (This is a college campus and this behavior is dangerous for everyone. Any child who runs away will be sent home immediately!)
  - No kicking
  - No biting
  - No displays of defiant behavior (This includes, but is not limited to the following: refusal to stand in a line, refusal to participate in a variety of activities, refusal to abide by the bed time)
- 5) They do not possess a medical problem that requires a nurse for constant supervision. (We only have 2 nurses and with over 50 campers we cannot afford to have a child that requires all of their time.)
- 6) \*Parents must disclose ALL necessary information that will allow us to provide a safe environment for the child's week at Camp Abilities Brockport.

Athletes will be ineligible, and be sent home if they display the following:

- Runaway/fleeing behaviors
- Biting/scratching/hitting behaviors
- Medical needs that require constant nursing supervision or communicable diseases
- Defiant or conduct disorders
- Mobility limitations that prohibit them from ambulating 1/2 mile or inability to participate in the sport activities

If you have any questions related to the above criteria please contact the director Lauren Lieberman Ph.D. at [llieberm@brockport.edu](mailto:llieberm@brockport.edu) or 585-395-5361. If you know that your child is not eligible please consider other camps.

WE, THE ADMINISTRATIVE STAFF AT CAMP ABILITIES BROCKPORT, HAVE THE POWER TO SEND YOUR CHILD HOME IF THE CONDITIONS OF CAMP ELIGIBILITY ARE NOT MET.

If you want to print and send in your application please [click here](#) to download the paper form.

If you are a camper from New York State please contact your child's consultant from the Commission for the Blind before you register to ensure there is funding available. The cost per camper is \$800.00. If funding is not available for your child, the payment is due by May 1<sup>st</sup> to ensure your child has a spot at Camp Abilities Brockport.

**Registration for Campers Attending Camp Abilities Brockport**

**Camper Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous experience: \_\_\_\_\_

**Parent/Guardian Information:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to camper (circle one): Parent/Grandparent/Guardian

Roommate Request (if any): \_\_\_\_\_

What is your vision impairment? \_\_\_\_\_

Description of visual impairment:

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

What is your vision impairment classification?

\_\_\_ B1 (blind)

\_\_\_ B2 (Less than 5% vision or no less than 20/600)

\_\_\_ B3 (Less than 20% vision or no less than 20/200)

\_\_\_ B4 (More than 20% vision or no less than 20/70)

Describe any additional/secondary disabilities:

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

Independent: Yes \_\_\_ No \_\_\_

Can feed himself/herself: Yes \_\_\_ No \_\_\_

Can dress himself/herself: Yes \_\_\_ No \_\_\_

Can toilet himself/herself: Yes \_\_\_ No \_\_\_

Can walk without assistance: Yes \_\_\_ No \_\_\_

**Name and contact information of children's consultant/transition counselor from CBVH?**

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**Who is your vision specialist?**

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**Has the New York State Commission for the Blind agreed to fund your child this year? Yes \_\_\_ No \_\_\_**

**Will your child need to be picked up at the train station or airport? Yes \_\_\_ No \_\_\_**

**Any Other Information:**

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### **Medical Information**

#### **Over the Counter Medications**

The following is a list of over the counter medications used by our Director(s)/Camp Nurse(s) for minor discomfort. Medications will be administered according to package recommendation for dosage administration for the following: minor aches, fever, cramps, headaches, sprains, sinus congestion, diarrhea, sunburn, abrasions, stomach ache, indigestion, and cough.

Please check those medications you would **NOT** want your child to take.

Tylenol\_\_\_ Advil\_\_\_ Sudafed\_\_\_ Benadryl\_\_\_  
Imodium\_\_\_ Pepto-Bismol\_\_\_ Tums\_\_\_ Cough Drops\_\_\_

#### **Acknowledgement**

I have reviewed the above list of over the counter medications used at camp and give my permission for administration as per recommended dosage with the exceptions noted. I also understand that the generic formula for these products may be used.

\_\_\_ I accept this acknowledgement

Please send any OTC medicines that are frequently or occasionally used by your child to camp with their name on it!

**Medication Information**

Please list **ALL** medication your child is currently taking: PLEASE BE SPECIFIC!

**Medication # 1**

Name: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Times Given: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Side Effects: \_\_\_\_\_

**Medication # 2**

Name: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Times Given: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Side Effects: \_\_\_\_\_

**Medication # 3**

Name: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Times Given: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Side Effects: \_\_\_\_\_

**List any additional medicines with doses and information below:**

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Please answer the following questions:

Question 1:

\_\_\_ Yes, my child has difficulty going from dark to light places.

\_\_\_ No, my child has difficulty going from dark to light places.

Question 2:

\_\_\_ Yes, my child has difficulty going from light to dark places.

\_\_\_ No, my child has difficulty going from light to dark places.

Question 3:

\_\_\_ Yes, my child has a good sense of peripheral vision.

\_\_\_ No, my child has a good sense of peripheral vision.

Question 4:

\_\_\_ Yes, my child has good sense of central vision.

\_\_\_ No, my child has good sense of central vision.

Question 5:

\_\_\_ Yes, my child has tunnel vision.

\_\_\_ No, my child has tunnel vision.

**I accept the eligibility criteria and conditions and acknowledge that all the information provided above is my own.**

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

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

Forms and/or payment should be sent to the following address:

Camp Abilities Brockport  
Attn: Rhonda Morse  
The College at Brockport  
Department of KSSPE  
350 New Campus Drive  
Brockport NY, 14420