



2023-2024 Day Camp at Carol Joy Holling Camp



The Program

The Jay Novicki Program offers people with special needs opportunities to make new friends, enjoy an outdoor setting, and grow in faith. Participants will enjoy fun activities and new experiences such as a hayrack ride, boating, fishing, a cookout, creative arts project, and sharing in prayer and worship. The Jay Novicki Program runs from 10 a.m. to 1 p.m. We will be spending much of the day outside; please make sure participants are dressed appropriately for the day. Each month will bring new activities and a new theme.

The Participants

The Jay Novicki Program is a program for those over 21 years old. **Those needing assistance with activities of daily living (e.g. eating or using the restroom) must bring a staff member, assistant, or aide with them.** While our staff is qualified to teach and lead programming, we are not trained to help participants with these daily activities. We require an aide in these circumstances to ensure that participants are receiving proper professional care during their time at Carol Joy Holling Camp. Please note that while the facilities are accessible, grounds are not 100% handicap accessible. If you have questions about accessibility, please contact Bailey Neitzel - Adult Programs Specialist, at 402-944-2544 to discuss your individual needs.

The Cost

The Jay Novicki Program has been generously subsidized by donors. The cost for the program is **\$20** and includes **lunch and a program t-shirt!** Full payment is due at the time of registration. Reservations will not be honored until payment is received. Space is limited, and registration is on a first-come, first-served basis. The registration deadline for all events is one week prior to the event. Register for all 3 in a season (fall or spring) for \$50! Scholarships are available. Contact Jessica, our Registrar, with questions.

2023-2024 Jay Novicki Schedule

**All Day Camp sessions run from 10 a.m. to 1 p.m.
We will be meeting at Monke Lodge at The Springs site.**

Fall 2023

Aug. 16 (Wed.)
Sept. 19 (Tue.)
Oct. 18 (Wed.)

Spring 2024

March 19 (Tue.)
April 17 (Wed.)
May 7 (Tue.)

Jay Novicki tees!

T-shirts are included with program fee of \$20



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2023-24 Jay Novicki Program Camper Registration

Participant's First Name:		Last Name:	
Address:	City:	State:	Zip:
Phone:	E-mail:		
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:		
Adult T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL			
Who do we contact regarding this registration?			
Relation to the participant:		Daytime phone:	
Is participant affiliated with an agency? Y <input type="checkbox"/> N <input type="checkbox"/>		Name of agency:	
Agency contact person:		Daytime phone:	
Evening phone:		Contact e-mail:	
List three emergency contacts and phone numbers below.			
Name:			
Phone:			
Relation:			
List the session(s) the participant is registering for.			
Session Dates:			
Session Dates:			
Session Dates:			
Total Cost:			
Please complete if paying by credit card.			
Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Card Number:			
Expiration Date:		Amount:	
<input type="checkbox"/> Please add me to your mailing list for future programs.			
Name:		Address:	

FOR OFFICE
USE ONLY

Last Name _____

First Name _____

Day Camp Site _____

Dates _____

Participant Questionnaire

1. Participant's Name: _____
2. Do you have any mobility restrictions? (Site is accessible, but we may travel to areas of camp that have hills and rocky ground). Y N
If yes, please describe assistance/equipment needed/used: _____

3. Can you use the restroom, eat, and dress independently? Y N
If not, **participants needing assistance with these tasks are required to bring a staff member, assistant, or aide with them.** While our staff is qualified to lead programming at camp, we are not trained to help participants with these daily tasks. We require an aide in these circumstances to ensure that participants are receiving proper professional care during their time at Carol Joy Holling Camp.
4. Will staff be attending camp with you? Y N
If yes, how many staff members? _____ Names: _____
5. How do you express yourself? (sounds, phrases, gestures, signing, sign board, etc.) What can we do to help you communicate?

6. Do you or your aide have any food restrictions (such as dietary needs, food allergies, or diabetes)? Y N
If yes, please describe the needs and how we can address them: _____

7. Do you have allergies (such as insect stings, hay fever, etc.)? Y N
If yes, please describe allergy and reaction: _____

8. Additional Notes (Attach additional sheet if needed): _____

NLOM Vaccination Policy

For the safety of all campers, Nebraska Lutheran Outdoor Ministries requires all people attending summer camp to have the required vaccinations in line with the Nebraska state guidelines for schools. Medical exemption requests will be received and reviewed on an individual case-by-case basis. Any medical exemption cases will require documentation from a licensed medical physician.

Do you meet these standards? Y N

If you check no, please attach your exemption documentation signed by a licensed medical physician.

Important - MUST be completed for participation

This form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted, and I will not hold NLOM or its staff responsible for accidents, claims, and damages arising therefrom. With any camp activity, there are unpredictable risks involved. Some activities may involve different movement than experienced in everyday life (such as boating, fishing, or being on a challenge course). Safety is our priority and the camp staff are thoughtful in the planning of activity options. AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Nebraska Lutheran Outdoor Ministries (NLOM) staff to order X-rays, routine tests, treatment, and necessary transportation for this camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NLOM to secure and administer treatment, including hospitalization for the person listed above. I also give NLOM permission to use any photograph/video taken at camp in future promotions.

Signature of Parent/Legal Guardian/Service Provider or Adult Camper if the camper is their own guardian:

Printed Name:

Date:

Mail To:

Mail your completed registration, payment, and questionnaire to: Jay Novicki Program Registration, NLOM, 27416 Ranch Road, Ashland, NE 68003. Checks should be payable to Nebraska Lutheran Outdoor Ministries. Registration is due one week prior to the event.