



(un)equal

**J1:9 CAMP**  
FOR FRIENDS WITH  
SPECIAL NEEDS

**“I am the Alpha and the Omega, the first  
and the last, the beginning and the end.”**

-Revelation 22:13

## The Program

J1:9 Camp for friends with special needs at Carol Joy Holling and Sullivan Hills Camps provide opportunities to make new friends, enjoy an outdoor setting, and grow in faith. Campers will enjoy a fun experience including activities such as a hay rack ride, boating, fishing, cookout meals, creative arts projects, and sharing in prayer and worship.

During these three-day, two-night sessions, camp participants will stay in the Sjogren Retreat Center at Carol Joy Holling Camp near Ashland, Neb. or the Buckley Retreat Center at Sullivan Hills Camp near Lodgepole, Neb. Both locations are equipped with the comforts of home including dormitory style bedrooms, restrooms, large inviting gathering spaces, and access to God's creation.

## The Participants

- Youth program events are designed for participants between 13 and 21 years old.
- Adult program events are designed for participants over 21 years old.

**Those needing assistance with activities of daily living (e.g. eating, showering, or using the restroom) must bring an assistant/aide.** Please list specific needs of the camper on the questionnaire. Please note these facilities are not 100% handicap accessible. If you have questions about accessibility or activities, please contact Bailey Neitzel at [BNeitzel@NLOM.org](mailto:BNeitzel@NLOM.org) or 402-944-2544 to discuss your individual needs.

## The Cost

This program costs \$230 at Carol Joy Holling Camp and is free at Sullivan Hills Camp. A \$50 deposit is due at the time of registration for both camps (for Sullivan Hills campers, the deposit will be returned after the camper attends). Campers will also receive a t-shirt at the end of their camp session. Spaces are limited and registration is on a first-come, first-served basis.

## Schedule

### Adults with Special Needs:

June 7 - 9 | Wed - Fri | Carol Joy Holling Camp  
June 21 - 23 | Wed - Fri | Carol Joy Holling Camp  
July 5 - 7 | Wed - Fri | Carol Joy Holling Camp  
July 5 - 7 | Wed - Fri | Sullivan Hills Camp  
July 19 - 21 | Wed - Fri | Carol Joy Holling Camp

### Youth with Special Needs:

June 14 - 16 | Wed - Fri | Carol Joy Holling Camp  
July 5 - 7 | Wed - Fri | Sullivan Hills Camp





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## *Camper Registration*

Participant's First Name:		Last Name:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:		
Address:	City:	State:	Zip:
Phone:	E-mail:		
Church you are a member of (if applicable):			
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 <input type="checkbox"/> 4XL			
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:			
Daytime Phone:			
Evening Phone:			
List the session(s) the participant is registering for.			
Session Dates:	Session Dates:		
Roommate preference (if any):			
Total Cost:	*\$50 Deposit for each session required at time of registration.		
Please complete if paying by credit card.			
Check One: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Card Number:			
Expiration Date:	Amount:		
Cardholder's Name:			
<input type="checkbox"/> Please add me to your mailing list for future programs.			
Name:		Address:	

FOR OFFICE  
USE ONLY

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Program \_\_\_\_\_

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 teach and 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 and Sullivan Hills 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. How do you adjust to new situations? What can we do to help you at camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you enjoy being in a group of new people? Y  N   
If no, what concerns do you have in such a setting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you easily frustrated or angered? Y  N   
If so, how do you express this? What can we do to help you with this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you prone to wandering or running away? Y  N   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are there any behavior concerns we should know about? Y  N   
If so, how can we help address these? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please describe any rituals, routines, or any behaviors we should be aware of. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Participant Questionnaire, Cont.

12. Do you have any food restrictions (such as dietary needs, food allergies, or diabetes)? Y  N

If yes, please describe your needs and how we can address them: \_\_\_\_\_

\_\_\_\_\_

13. Do you have allergies (such as insect stings, hay fever, etc.)? Y  N

If yes, please describe allergy and reaction: \_\_\_\_\_

\_\_\_\_\_

14. Are you sensitive to heat or prone to heat-related illnesses? Y  N

15. Do you have chronic health problems? Y  N

If so, please describe the health problems: \_\_\_\_\_

\_\_\_\_\_

16. Do you have seizures? Y  N

If so, do you need medication/IM injections or other assistance in order to help you get out of a seizure? Y  N

Please describe the seizure activity including reactions before, during, and after the seizure and/or any medical instruction in the event of a seizure at camp: \_\_\_\_\_

\_\_\_\_\_

17. Will you be bringing medication to camp? Y  N

Please list the medications you are presently taking on the Health Form. Note: Please list all medications, including over-the-counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time at camp. Medications must be kept in the original packaging/bottle that identifies the prescribing physician (if a prescription), the name of the medication, the dosage and frequency. We are not allowed by law to dispense any prescription drugs without this identification.

18. Additional Notes (Attach additional sheet if needed): \_\_\_\_\_

\_\_\_\_\_

## 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:

Please send your completed registration and questionnaire to our Registrar Jessica Weltz c/o NLOM, 27416 Ranch Road, Ashland, NE 68003 or email to Registrar@NLOM.org. Checks should be payable to Nebraska Lutheran Outdoor Ministries or use your credit card. Registration is due two weeks prior to the event. You will receive a confirmation letter in the mail which will also serve as your receipt. It will include a map to camp and a packing list.