



CAMP GRIZZLY

*21st Annual Deaf and Hard of Hearing
Summer Leadership Camp*

DEADLINE : *Until filled or by June 1, 2020*

CAMPER APPLICATION

(Youth ages 7-15)

Date: August 2 - 8, 2020

NorCal Services for Deaf & Hard of Hearing
4044 N. Freeway Blvd., Sacramento, CA 95834
916-993-3048 VP * 916-349-7500 TTY/Voice 916-349-7580 Fax
Campgrizzly@norcalcenter.org * www.campgrizzly.org

Camp Grizzly 2020

Application and Tuition Info:

***Camp Tuition Rate - \$485.00** by May 1, 2020
(after May 1, 2020 late tuition rate \$550 per applicant)

NOTE: Please contact NorCal for more information on limited campership tuition assistance for first time low income Deaf campers.

HURRY!

**Space is
Limited!!**

All completed applications with payment are accepted on a first come, first serve basis, until filled or by June 1, 2020.

**Camp Grizzly dates for Campers is August 2 - 8, 2020
(Youth ages 7-15)**

Refund Policy :

- Refund minus \$100 non-refundable fee by May 1st, 2020.
 - No refund after May 1st, 2020. No exceptions.

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To request an application, contact us or check our website:

Camp Grizzly

NorCal Services for Deaf & Hard of Hearing
4044 N. Freeway Blvd., Sacramento, CA 95834
North Highlands, CA 95662

VP (916) 993-3048 * V/TTY (916) 349-7500 * Fax (916) 349-7580

www.campgrizzly.org

CampGrizzly@norcalcenter.org

Camp Grizzly 2020

Camp Grizzly

Camp Grizzly, sponsored by NorCal Services for Deaf & Hard of Hearing offers a week-long Youth Leadership program dedicated toward enriching the lives of America's Deaf, hard of hearing and Koda youth.

NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing is a non-profit, community based organization founded on the belief that all Deaf and hard of hearing people can be empowered and educated to lead independent, fulfilling and productive lives when given equal access and opportunities. Headquartered in Sacramento, NorCal has over 40 staff and 4 outreach offices throughout Northeastern California. For more information about NorCal, call (916) 349-7500 Voice or (916) 993-3048 VP or check our website at www.campgrizzly.org.

Diversity Statement

Diversity, equity and inclusion are part of NorCal Services for Deaf and Hard of Hearing's overall mission, and are integral to Camp Grizzly's achievement of excellence in camp experience. Our commitment to diversity, equity and inclusion, as demonstrated by our staff and the agency and Board of Directors align well with our "Of, by and For Deaf" philosophy. Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to fully participate, with respect to their cultural, ethnic and religious practices.

Camp Location

Camp Grizzly is located at Camp Lodestar an ACA approved camp and retreat facility in Wilseyville, California in Calaveras County, just an hour east of Jackson.



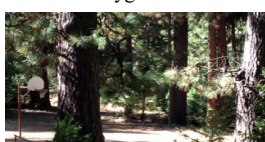
Arts & Crafts



Playground



Campfire



Basketball

Transportation

Transportation to/from camp is the responsibility of parent/guardian. Camp Grizzly does not provide transportation. Carpooling is suggested. Call for assistance if needed.

Guest Speakers

Camper/CITs are provided with an opportunity to meet and interact with Deaf, hard of hearing and Coda (child of deaf adult) role models.

Outdoor Education

Camper/CITs acquire invaluable outdoor skills, including learning how to preserve and appreciate nature and wildlife, basic first aid, water safety and recreation/water sports activities.

Youth Leadership Camp Program

Rotation of Group Activities

Throughout the camp session, camp groups rotate among different activities.

Recreation Activities:

Hands-on training and participation of recreational activities including swimming, archery, hiking, basketball, volleyball, kayaking, fishing, Frisbee golf, ropes course, and arts &rafts.

Camp Olympics:

Camper/CITs and staff compete in the camp Olympics, utilizing their mastery of various skills. ALL campers and staff are recognized for their accomplishments - no matter how great or small. Everyone is a winner at Camp Grizzly!

Group Sessions:

- Health and Safety
- Sign Language Fun
- Cultural Diversity
- Team Building

Cultural Pride Meetings:

Camper/CITs participate in small group socials with other campers and adults of similar backgrounds to discuss Deaf heritage and culture as it relates to them.

Team-building Activities:

Scavenger hunts, campfire skits, low and high ropes course and other outdoor team sports/activities.

Awards Ceremony:

All campers/CITs are recognized for their accomplishments while at Camp Grizzly!

Camp Grizzly 2020 THEME is "Pirates o/t Caribbean"!!

Campers/CITs and staff will have an opportunity to make theme related crafts during the arts & crafts activity. On Friday night we will be "Movin' & Groovin'" to the beat of Camp Grizzly's AWESOME music system. Campers cherish this last night of camp!

Camper Show for Families:

All campers/CITs will perform skits, signing songs, etc. for families of Campers from **10am-11am** on the last day of camp (Saturday, August 8) after check-out at the outdoor stage area.

*Counselor-In-Training (CIT) Program:

Camp youth ages 16 – 18 will be mentored to become future camp counselors through Camp Grizzly's "Counselor-in-Training" program (CIT). CITs are required to attend the CIT orientation held during the staff orientation on **Aug 1 - 2, 2020** at no extra cost. **Drop off and Pick up to/from camp is parents responsibility. Carpool upon request.** CIT Orientation includes information on roles and responsibility, problem solving techniques, safety, 1st Aid, communication and leadership training. During the week, CITs will work with younger children supervised by Camp Grizzly counselors. CITs will participate in a group outing focused on building teamwork and environmental awareness and participate in all other activities as provided to campers during the week at Camp Grizzly.

ADMISSION CRITERIA:

To qualify for admission, camper/CIT must:

- Be fluent or familiar with sign language
- Be between 7 and 18 years of age
- Be Deaf, Hard-of-hearing or Hearing with a Deaf sibling or parent. Have the ability/maturity level to function independently and follow instruction in a rustic camp setting with a ratio of two counselors per 8-10 campers



TO APPLY:

- Complete and sign entire application package
- Include all requested attachments: (Medical form signed by doctor can be sent separately and received by our office no later than July 1, 2020)
- Mail or drop off completed application **with** tuition payment/deposit to NorCal office in Sacramento, CA.

Tuition: \$485 per Camper/CIT by May 1st, 2020
Late Tuition Rate \$550 after May 1st, 2020

TUITION INCLUDES:

- Three meals and one snack a day
- Lodging
- Camp Grizzly T-shirt
- Group Photo and Certificate
- All Activities



DEADLINE:

- First Come, first served basis upon acceptance of completed applications, tuition fee and space availability.
- Late applications are accepted only if space is available (please call and check with us).

TUITION ASSISTANCE PROGRAM (TAP):

Please note tuition is already set at a **reduced** rate thanks to our generous sponsors/donors. Additional financial assistance may be available depending on funding availability and family income verification. Contact our office directly for an application.

MONTHLY PAYMENT PLAN:

TO PARTICIPATE:

- Camp Tuition is ***\$485 by May 1st, 2020**
- **\$550 Late Tuition Rate after May 1st, 2020 depending on available space**
- To start monthly payment please pay \$100 non refundable deposit with completed application with final payment due no later than May 1st, 2020 to avoid late fee rate.

REFUND POLICY:

- Refund is given except \$100.00 processing fee until May 1st, 2020
- No refunds after May 1st, 2020, No exceptions.

MEDICAL SERVICES:

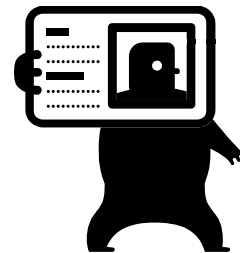
First aid and minor medical care are provided by RN and First Aid & CPR certified staff.

ALL emergency medical attention will be routed to a nearby medical center or hospital. (Parent/Guardian will be notified.)



PLEASE NOTE:

- Camper/CITs medications must be kept and dispensed by the camp healthcare supervisor. **NO** medication is to be kept by individual campers.
- Prescription and OTC drugs **MUST** be in the original container with dosage instructions and the physician's name intact.
- Basic non-prescription, over-the-counter medications are available at camp.
- Proof of current health insurance is required. A photocopy of the front and back sides of the health insurance ID card and current immunization record **MUST** be submitted with the application.
- Campers/CITs will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.), **cold/flu** like symptoms and abnormal temperature. Your child **will not** be admitted to camp with these conditions or any fever per Camp Health Policy and Healthcare Regulations and no refund will be given.



For more information, please contact:

Camp Grizzly
4044 N. Freeway Blvd.
Sacramento, CA 95834
(916) 993-3048 VP * (916) 349-7500 TTY/V
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2020 CAMPER APPLICATION
Deadline: First come first served!

Application Checklist:

- ___ Camper Application
- ___ Physical Examination/History form completed by physician (must be received no later than July 1, 2020).
- ___ Liability Release Agreement Form
- ___ Parent/Guardian & Camper Agreement Form
- ___ Medical Release Form
- ___ Copy of both sides of current Health Insurance and Immunization Card (**Required**)
- ___ If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, pick-up/drop-off, etc.
- ___ Camp Tuition Fee or minimum non-refundable deposit \$100.00
- ___ Current **COLOR** Photograph (2.5 x 3 inches minimum) of camper. (*Required*)



Important Note: Application package will be returned if incomplete, missing attachments, and no tuition/deposit paid.

REFUND POLICY:

- By May 1st, 2020, refund except \$100 processing fee
- No Refund after May 1st, 2020, no exceptions.



TUITION: *\$485 by May 1st, 2020
***\$550 Late rate after May 1st, 2020**

PAYMENT OPTIONS:

- ___ Payment plan (email reminders will be sent)
- ___ Check or Money Order payable to: **NorCal Services for Deaf and Hard of Hearing**
- ___ Credit Card (MasterCard or Visa only)
- ___ PayPal at **www.campgrizzly.org**

MC [] or VISA [] # _____

Charge how much?: \$ _____ Expiration Date _____ / _____ / _____
Month Day Year

Print Name _____

Signature _____

2020 Camper Application (ages 7-15)

COLOR
Picture
Required
2.5 x 3 inches
minimum

Child Full Name: _____

Home Address: _____

City _____ County: _____ State _____ Zip _____

Home Phone: _____ VP/Voice CELL: _____ Text/Voice

Parent/Guardian Name: _____

Email: _____

Birth date: _____ Age: _____ (at time of camp)

Gender: [] Male [] Female

INFORMATION ABOUT YOUR CHILD:

Prior camp experience? [] YES or [] NO WHERE?: _____

Prior Overnight experience? [] YES or [] NO Good: _____ Bad: _____

School Name: _____ City: _____ State: _____

Hobbies, interests and talents: _____

Benefits that you seek from this camp? _____

Any other pertinent information about your child? _____

Are there any cultural or religious practice your child to be honored or maintained at camp? If yes, Please state what they are here: _____

Swimming ability: (circle one)

Non-swimmer Poor Average Excellent

Sleeping habits? (circle one)

light sleeper heavy sleeper sleepwalks bed wetter

Is your child able to follow directions and be safe?

____ Yes ____ No

Assistance needed to perform regular daily activities (i.e., bathing, feeding, dressing, toileting, etc)?

____ Yes ____ No

Ability to participate independently in all camp activities (i.e., swimming, archery, campfire, etc)?

____ Yes ____ No

Type of reinforcement that works best ?

Praise Recognition Reward Special Privileges

Other _____

Primary Communication Mode: (circle all that apply)

ASL PSE SEE CUED ORAL

OTHER: _____

(Camper will be taught and encouraged to sign)

Is your child: (circle one)

DEAF

HOH (Hard of hearing)

KODA (child with deaf/hard of hearing parents)

SODA (sibling of Deaf/hard of hearing family member)

Child's T-shirt size: (circle one below)

Youth: Small Medium Large
(6 - 8) (8 -10) (10 -12)

Adult: Small Medium Large

Adult: X-Large 2X-Large 3X-Large

**** If Camper needs special accommodations, please call or email us. ****

2020 LIABILITY RELEASE FORM AND PARENT/GUARDIAN & CAMPER AGREEMENT FORM

Permission to Participate

I understand and certify that my child's participation in the Camp Grizzly program is completely voluntary and I have familiarized myself with the camp's program including all activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, kayaking, ropes course, archery and other outdoor activities.

I acknowledge that although NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for his/her own safety and the safety of other camp participants.

Parent or Guardian's Signature

Date



Release of Claims

I understand that my child's participation in Camp Grizzly Program can expose my child to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge NorCal Services for Deaf & Hard of Hearing its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that my child may suffer while participating in the Camp Grizzly program, including but not limited to, any claims arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation, supervision or conduct of any Camp Grizzly activity, whether planned or unplanned. I specifically agree to release and hereby release NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, or officers, agents, employees and volunteers.

Parent or Guardian's Signature

Date

Parent/Guardian & Camper Agreement

Camp can be exciting and adventurous. It can also be stressful, living with 8 - 10 people and being away from home. Camp Grizzly is concerned that care and attention is given to ALL campers as equally as possible. Staff will work to minimize discipline problems and handle them individually. Your support of our policies will promote camp safety and camp fun!

The camper has read and agreed to abide the following camp policies:

- Be considerate of the safety and feelings of others.
- Use sign language at all times.
- Obey camp rules including prohibition of the possession of any illegal substance (drugs/alcohol), weapons, or other items deemed inappropriate by the Camp Manager. Willful and/or repeated disregard for camp rules, or possession of illegal substance, weapons or other inappropriate items and inappropriate behavior such as harassment, bullying, profanity, no touching of person and property will be grounds for possible immediate dismissal.
- Respect and care for campgrounds and property. In the event that camp property, or the property of others is damaged as a direct result of camper's behavior, the parent/guardian will pay for damages. Payment is due at the time that the camper is picked up.

Camper Signature

Date

The Parent/Guardian Agrees to the following:

I hereby certify that the application is true and correct to the best of my knowledge.

I hereby consent to this release of any photographs and videotapes taken of my child for use by NorCal Services for Deaf & Hard of Hearing/Camp Grizzly for publicity and fundraising purposes.

I agree to immediately pick up or arrange for pick up of my child upon notification of dismissal. I understand there will be no refund.

I agree to pay for any property damage sustained to the camp or another camper/staff caused by my child's behavior.

I agree to pay for any cost incurred for late pick-up on the last day of camp.

Parent/Guardian Signature

Date

**2020 Camp Grizzly Youth Leadership Camp
MEDICAL RELEASE FORM
(To be completed by camper parent/guardian)**

Camp Grizzly personnel will make every effort to reach parents/guardians in the event of an emergency or need for outside professional medical care.

As necessary for my child (print full name) _____, I authorize Camp Grizzly personnel to:

- provide routine health care;
- administer medication including over the counter medication as necessary,
- order X-rays, routine tests, treatment,
- release any records necessary for insurance purposes;
- provide or arrange necessary related transportation for my child (at my expense).

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to:

- secure and administer proper treatment including hospitalization and/or
- order xrays, routine tests, injection, anesthesia and/or surgery for my child as named above.

I understand that any medical expenses will be billed directly to my insurance carrier or me. I hereby release the Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, and subcontractors, from any and all liability for bodily injury, cost of medical treatment, or any other injury incurred as a result of the administration of emergency treatment. This form may be photocopied for use outside of the camp, for the purposes describe herein.

List Allergies/Special Instructions: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

**** ALL address, phone number and insurance info must be filled out COMPLETELY ****

Child's Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: [] Female [] Male

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____

Work Phone: _____ Evening Phone: _____ Cell/Text Phone: _____

FAX Number: _____ Email Address: _____

ALTERNATE EMERGENCY NOTIFICATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Text Phone: _____ Email: _____

INSURANCE INFORMATION:

Primary Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

Other Insurance _____ MR#: _____ Policy#: _____

Address: _____ Phone: _____

Name of Insured _____ Child's Relationship to Insured: _____

[] NO Health insurance.

Name of Dentist: _____ Phone: _____

Address: _____ Email: _____

Family Physician: _____ Phone: _____

Address: _____ Email: _____

***** REMINDER: Provide copies of both sides of current Health Insurance Card. *****

**2020 Camp Grizzly Youth Leadership Camp
PHYSICAL EXAMINATION & HISTORY FORM**

(Please Print):

Full Name of Applicant: _____ Date of Exam: _____

Birth Date: _____ Gender: M _____ F _____ Hair Color _____ Eye Color _____

Height: _____ Weight: _____ Blood Pressure: _____ Temperature: _____

GENERAL QUESTIONS ON HEALTH HISTORY:

Frequent Ear Infection	____ Yes	____ No	Asthma	____ Yes	____ No
Cardiovascular Disorders	____ Yes	____ No	Chicken Pox	____ Yes	____ No
Epilepsy/Seizures	____ Yes	____ No	Measles	____ Yes	____ No
Diabetes	____ Yes	____ No	Meningitis	____ Yes	____ No
Bleeding Disorders	____ Yes	____ No	Autism/Aspergers	____ Yes	____ No
ADD/ADHD	____ Yes	____ No	Hepatitis (A,B,C)	____ Yes	____ No
Have a history of bed-wetting?	____ Yes	____ No	Skin (Rash, etc.)	____ Yes	____ No
Ever had an eating disorder?	____ Yes	____ No	Other: _____		
Have seen a mental health professional?	____ Yes	____ No			

Please explain any "yes" answers above: _____

Ever had surgery ? If yes, provide dates: _____

Ever been hospitalized? Provide dates: _____

Loss of consciousness, convulsions or concussion? _____

Any recent injury, illness, or infectious diseases? _____

Please provide information about the child's behavior and physical/emotional well-being that would assist the camp: _____

Does your child require a special diet?: Vegetarian Gluten Free Religious/Cultural Diabetic Other

Please describe: _____

ALLERGIES: Food: _____ Drug: _____

Please describe the allergy reaction and management: _____

MEDICATIONS: Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only.

Name of Prescription:	Dosage:	Specific times taken:	Reason:

My child does not take regular medication

IMMUNIZATION REPORT: (Please record the specific date (month/year) of the most recent booster doses for Tetanus.)

Vaccine: Tetanus (DPT/ TD/ T):	Date of Last Booster:	Tuberculosis (TB) Vaccine Date:	Skin Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Chest Xray
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ARE ALL IMMUNIZATIONS CURRENT? ____ YES ____ NO ****YOU MUST ATTACH A COPY OF UPDATED IMMUNIZATION RECORD****

*****NOTE:** Your child will be checked for head lice and any type of contagious fungus (ie: ringworm, etc.) or fever. Your child will not be admitted to camp with these conditions per Camp Health Policy and Regulations and no refund will be given.

To be completed by child's physician:
I have examined the camp applicant named above. In my opinion, the applicant's current health condition **does** **does not** preclude his/her participation in an active camp program. The applicant is under my care for the following condition and/or treatment:

Signature of Licensed Medical Personnel: _____

Print Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax number: _____

2020 Camp Grizzly

Authorization To Drop off/Pick up child at Camp

Print Name of Child(ren): _____

I hereby give the following person(s) my permission to drop off or pick up my child from Camp Grizzly for any reason.

Name(s):	Relationship:	Cell/Text Contact Info:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Your child will not be released to anyone other than to the authorized persons named above.

Parent/Guardian Signature: _____

Print Name: _____ Date signed: _____

Text/Cell #: _____