



Camp Imua

A program of Imua Family Services

95 Mahalani St., Wailuku, Maui, HI 96793
(808) 244-7467 Fax (808) 242-4762



Camp Imua

CAMPER PARTICIPATION Kit

Mahalo for your interest in being a Camper this year at Imua Family Services, Camp Imua!

Camp Imua is an overnight recreational camp program for school age-children, age 6-20 years, who are differently able and have special needs. At Camp Imua we provide you (the camper) a great opportunity to make friends, develop your independence, and most importantly have a positive fulfilled camp adventure! For many children Camp Imua is an experience they anticipate and return to enjoy for many years and we hope you will too! Camp Imua takes place at Camp Maluhia which is located near the town of Kahakuloa on the West Maui Mountains.

Imua Family Services will provide you with a well-trained volunteer staff who will supervise and support each of our campers during the week of Camp Imua. Trained medical personnel, in attendance at all times, will dispense any necessary medication and care for any minor medical needs. Certified lifeguards will be in attendance during all water activities. Tasty, nutritious, well-balanced meals will be provided with provisions made for special diets. A variety of activities will enable everyone to enjoy arts, crafts, music, drama, dance, games, water activities, swimming, field games, a helicopter ride, campfire activities and much more!

To have your child considered for participation in Camp Imua the following must be completed successfully:

1. A completed application.
2. A Medical Report completed and signed by your child's physician.
3. Two small current photographs of your child (can be the same image).

* We no longer require a copy of your child's current Tuberculosis (TB) status for Camp Imua.

Acceptance - Camp Imua attempts to accept all camper applicants. However, acceptance will be determined by our ability to provide appropriate care for your child, the number of qualified volunteers, and funding levels. If your child regularly has an assistant (an Educational Assistant or a Therapeutic Assistant) to optimize their experiences and learning, we encourage the assistant to attend the Camp Imua with your child. However, it is necessary for the assistant to complete a Volunteer Application which can be found on our website at www.imuafamilyservices.org or email: campimua@imuafamilyservices.org or call 244-7467.

Camp Imua is a dynamic recreational program that does its very best to meet the various needs of each child. However, the program can be too active and different for some children, making it a stressful experience for them. If this occurs for your child during camp, or they become ill, you will be asked to take your child home. If you will not be on island during the time your child is at camp, please have someone available on island to act on your behalf. If you must cancel your child's participation in Camp Imua, please notify Imua Family Services as soon as possible.

Notification of participation will be sent out in early May with a suggested supply list and directions to Camp Maluhia. All questions and inquiries can be directed to Imua Family Services at: (808) 244-7467 or email campimua@imuafamilyservices.org

Applications are accepted year-round.



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Please Attach (2) Photos Here

CAMPER APPLICATION

Complete ALL application forms & attach two small recent photographs of applicant.

ATTENTION: Please provide complete and accurate information about your child so that Camp Imua can provide your child with the best care and experience possible.

Child's Name: _____ **Age:** _____

Child's Nickname if preferred: _____

Nature of Challenge / Disability: _____

Date of Birth: ___/___/___ **Gender:** Male/ Female **SSN:** ___-___-___ **Ethnicity:** _____

Mailing Address: _____
City State Zip

Residential Address: _____
City State Zip

Home Phone: _____ **Cell Phone:** _____ **Alternate Phone:** _____

Email Address: _____

*** To assist with keeping postage costs down we will be doing most correspondence by email**

Child's School: _____ **Grade Entering:** _____ **Referred by:** _____

IN CASE OF EMERGENCY, CAMP STAFF SHOULD NOTIFY:

Mother's/Guardian's Name: _____ **Work Place:** _____

Home Phone: _____ **Work Phone:** _____ **Cell :** _____

Father's/Guardian's Name: _____ **Work Place:** _____

Home Phone: _____ **Work Phone:** _____ **Cell :** _____

Other Emergency Contact (Someone to make decisions about child on parent's behalf):

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell :** _____

Home Address: _____
City State Zip

Child's T-Shirt Size (circle one): Youth S M L Adult S M L XL XXL XXXL

PERSONAL PROFILE:

Child's Hobbies / Interests: _____

Child's current school or therapy program: _____

Describe your child's expectations of this camp experience: _____

Describe your child's known troubles, fears, dislikes or group-living challenges:
(If known to the staff, effort can be made to alleviate challenges, thereby making the child's experience more enjoyable).

PERSONAL CARE (Thoroughly describe what care your child will need):

Describe any Special Care (Bandages, Enemas, etc.) needed:

Describe any other challenges with personal care that the camp staff can assist your child with:

EATING / FEEDING:

Assistance with feeding / eating: No Yes, explain: _____

Difficulty swallowing: No Yes, explain: _____

Special Utensils: No Yes, explain: _____

Straw required: No Yes, explain: _____

Comments regarding eating (restrictions, allergies, likes, dislikes, etc.): _____

WALKING / MOBILITY (Circle all that apply)

Walks Unassisted Walks with Assistance Unable to Walk Uses Crutches
Uses Cane / Walker Wheelchair Needed Bringing Own Wheelchair other: _____

HEARING AND SPEECH:

Does your child have any speech difficulties? No Yes, explain: _____

Does your child have any hearing difficulties? No Yes, explain: _____

Does your child wear a hearing aid daily? No Yes, explain: _____

DRESSING / BATHING / TOILETING NEEDS:

Give complete instructions, if assistance is needed: _____

Does female child need assistance with menses care? No Yes, explain: _____

SUPPORT NEEDED:

What can the staff do to assist your child in their areas of difficulty? Please describe: _____

List anything your child should not attempt: _____

Describe how camp staff and other campers can help make your child's experience a success:

Describe any other information or concerns you have about your child's camp experience:

Caregiver(s) requested (if known): _____

BEHAVIOR / ATTITUDE:

Describe how your child approaches new situations and activities: _____

Does your child interact well with others? Yes No, explain: _____

Is your child usually cooperative? Yes No, explain: _____

Does your child respond well to limits / rules?: Yes No, explain: _____

Does your child have difficulty in large groups?: No Yes, explain: _____

Does your child have difficulty with a lot of activity?: No Yes, explain: _____

Does your child have difficulty with change / transitions?: No Yes, explain: _____

Can your child manage themselves outside of their usual routine? Yes No, explain: _____

Does your child "act out" or become irritable when frustrated?: No Yes, explain: _____

Can your child become aggressive or hurt themselves or others? No Yes, explain: _____

Previous Camp Experience:

Name of Camp	Location	Years Attended	Camper/Staff
_____	_____	_____	_____
_____	_____	_____	_____

Please let us know anything else about your child _____



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CAMP IMUA CAMPER PARTICIPATION CONSENT

I _____ give consent for my child/adult camper _____
(Parent/guardian's name) (Child/adult camper name)

To participate in Camp Imua operated by Imua Family Services taking place at Camp Maluhia, Maui, Hawaii and other designated areas on Maui. In consideration for acceptance for my child/adult camper I hereby release and waive any claim or cause of action which may accrue against Imua Family Services, Boy Scouts of America, any person participating in the Camp Imua program including its volunteers and staff, and any Camp Maluhia employee including any injury to my child's/adult camper's person or property during any activity approved by any of said person. I agree to assume any claim which my child/adult camper in their personal capacity might have against any of said person for injury as herein stated.

I consent to Imua Family Services using any information on my child's/adult camper's application and/or using any images of my child/adult camper. This information or images of my child/adult camper may be used by Imua Family Services for any purpose.

I consent to my child/adult camper being transported to and from outings from Camp Maluhia to designated areas during the time of Camp Imua by a contracted transportation service.

In the event of a medical emergency the Camp Imua staff may transport my child/adult camper or request an ambulance to transport my child/adult camper to a medical facility.

I understand Camp Imua includes a number of different activities. I have indicated the activities in which **I CONSENT TO** having my child/adult camper participates in by checking each activity below. By checking the activities listed below, I hereby release and waive any claim or cause of action against any of the agencies providing these activities.

I agree to have my child/adult camper participate in the following activities (Check all that Apply):

- | | |
|--|--|
| <input type="checkbox"/> Water Slide | <input type="checkbox"/> Supervised Swimming |
| <input type="checkbox"/> Helicopter Ride | <input type="checkbox"/> Supervised Pool / Beach Activities |
| <input type="checkbox"/> Hiking / Running | <input type="checkbox"/> Adaptive Ocean Kayaking |
| <input type="checkbox"/> Exercise / Stretching | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Drama / Theater Activities |
| <input type="checkbox"/> Petting Farm Animals | <input type="checkbox"/> Therapeutic Massage |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Transportation to and from Camp Maluhia to Camp Outings |

Child's / Adult's Name (camper): _____

Parent / Legal Guardian's Name: _____

Parent / Legal Guardian's Signature: _____ Date: _____



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Camper Medical Report

Child's Name: _____

Date of Birth: _____

This form must be completed and signed by a physician and attached to the application.

Child's General Health: Excellent Good Fair Child's Cognitive level: High Average Low

Comments: _____

Please list all routine and "as needed" medications to be administered by Camp Imua Nurses during camp. All routine and "as needed" medication must be brought to camp and dropped off at registration in original "labeled containers" with child's name and medication on the label in a large Ziploc bag so that it can stay together.

Routine Medication	Dose	Frequency	Time of Admin	Purpose
			8am 12pm 5pm 9pm	
			8am 12pm 5pm 9pm	
			8am 12pm 5pm 9pm	
			8am 12pm 5pm 9pm	
			8am 12pm 5pm 9pm	
"As needed" Medication (Ex. Motrin, Tylenol, Benadryl etc.)	Dose	Frequency	Time of Admin	Purpose

List all child's ALLERGIES	MEDICAITONS to be given by the Camp Nurses

Has this child recently been exposed to any known contagious disease? YES NO

If YES, please explain _____

Has this child had any surgeries in the past year? NO YES, please explain _____

Does this child have seizures or convulsions? NO YES, what is the frequency? _____

Is the child medicated for seizures/convulsions? YES NO Does the medication give complete control?

If YES, please explain _____

List any precautions or limitations that this child should take during their week at Camp Imua:

Medical Insurance Provider _____ Policy # _____

Physician Name _____ Physician Phone _____

Physician's signature _____ Date _____



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ACKNOWLEDGEMENT OF RISK AND LIABILITY RELEASE AGREEMENT FOR ANIMAL EDUCATION

Haku Baldwin Center / Maui Animal Aloha Center / Piiholo Stables

Applicant's Name: _____ **Date of Birth:** _____

I hereby acknowledge the following circumstances and risks in connection with the above listed organizations. In regards to animal related education:

1. I realize that working with, handling, or being around animals can be a dangerous activity and that I may be injured.
2. I pursue these activities with full knowledge of the possible danger to me.
3. I acknowledge that I have read and knowingly execute this agreement and knowingly execute this waiver of a right to sue as provided below, recognizing that I have the right to have legal counsel review this agreement prior to my execution of this agreement, and that I agree to assume all risks associated with participation in animal related education.

Further, the undersigned, on behalf of myself or the applicant, do/does hereby forever release, acquit, discharge, and hold harmless the above listed organizations, its officers, trustees, agents, employees, representatives, successors, or assigns, on account of any personal injuries, physical or mental condition(s), known or unknown, to the person of said minor, or legal adult, and the treatment thereof, as a result of or in any way growing out of the acts or omissions of the above listed organizations, its officers, trustees, agents employees, representatives, successors, or assigns including, but not limited to, their negligence or gross negligence, in rendering the services above described, or in any way incidental thereto.

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If applicant is under the age of 18)

Is applicant allergic to any animal(s)? No Yes

If YES, please indicate which animal(s) and describe: _____



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Fundraising for Camp Package

We need to keep tradition of Camp Imua alive!

Camp Imua was founded in 1976 by the late Penny Elkins and has the distinction of being one of the finest camps in the state for children with special needs. Camp Imua is a program of Imua Family Services and is made possible as a result of private and foundation grants and donations by individuals. Many local businesses also support Camp Imua through their generous donations of food, supplies, and services without these donations camp would be impossible.

This year Camp Imua, along with many other nonprofit programs in our Maui community, is struggling to raise the funds necessary to sustain Camp Imua. Fundraising is an ongoing, yearlong effort. Still providing Camp Imua is costly, the average cost of camp is \$1200.00 per camper. Campers are able to attend Camp Imua at no charge, though we do ask that everyone who participates in Camp (Campers, Staff and Volunteers) assist in the necessary fundraising force that takes place year round. Our goal is to raise a minimum support of \$200 per Camp participant. So we are asking to engage you in our efforts to raise necessary funds through Camp Imua fundraising efforts. You will find more information on how you can help in our **Fundraising For Camp Package** included with this application. Remember we are only looking to raise a minimum of \$200.00 in donations from each camp participant; it can be easy, fun and rewarding to help make Camp Imua a reality!

Two ways to help raise funds for Camp Imua!

ONE: Utilize the included Donation Form - Campers and parents can simply reach out to their neighbors, friends and family to ask if they will make a donation to support Camp Imua. All donations received are tax deductible and Imua Family Services will send each donor a receipt with their donation amount. Please use the attached fundraising kit to collect information from each donation received so that we may thank them for their generous support. Remember no contribution is too small, every dollar counts!

TWO: Campers and parents who want to “give their time” by helping at different Imua events to ask for donations can sign up for an opportunity to raise the suggested \$200. We will set up dates and times for these events and will invite you to attend. We will be emailing these opportunities to you as they become available. If you do not currently receive emails from Camp Imua about these events, please call Maile John at 244-7467 ext. 240 or send an email to campimua@imuafamilyservices.org so that we can add you to our email list and keep you posted on upcoming events. We do our best to make fundraising FUNraising!

Camp Imua Donation Instructions:

Use the attached Flyer and Donation Form as a fundraising kit to ask others to support Camp Imua!

- Make checks payable to: Imua Family Services and have them list Camp Imua in memo
- Return to Imua Family Services as Donation Form is completed with cash & checks
- Credit Card donors will be contacted directly by Imua Family Services
- Contact Imua Family Services if you have any questions at 244-7467 ext. 240

MAHALO!





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Your generous donation will allow these children and many more to enjoy Camp Imua! Thank you for your support!



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[] Camper's Name [] Volunteer's Name

Date

Donation Form Instructions

Make all checks payable to Imua Family Services. Credit Card donors will be contacted directly by Imua Family Services. 100% of the donation will go to directly support Camp Imua. Turn in donations and completed form(s) to Imua Family Services.

SPONSOR'S NAME	ADDRESS	E-MAIL ADDRESS	CASH/CHECK CREDIT CARD	TELEPHONE #	DONATION	COLLECTED
Example: <i>Mary Walker</i>	<i>1111 Main Pl., Wailuku, HI 12345</i>	<i>mwalker@hotmail.com</i>	<i>Check</i>	<i>808-123-4567</i>	<i>\$25.00</i>	√

TOTAL:

\$	Verified by
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WE REQUEST THAT EACH CAMPER/VOLUNTEER RAISE A MINIMUM OF \$200

This individual is participating in and raising funds for Imua Family Services' Camp Imua program.

If you have any questions or would like more information, please contact Imua Family Services at 808-244-7467 or visit us at www.imuafamilyservices.org.