



# 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

Camp Imua is a free-of-charge over night recreational camp program for school age children, age 6-20 years, who are differently able and have special needs. Camp Imua provides children a great opportunity to make friends, develop independence, and have lots of fun while families are given a well-deserved respite. For many children Camp Imua is an experience they return to enjoy for many years and eagerly anticipate. Camp Imua takes place at Camp Maluhia which is located near the town of Kahakuloa on the West Maui mountains.

A well-trained volunteer staff, will supervise and support each child (camper) 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.

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 through private and foundation grants and donations by individuals. Many local businesses also support Camp Imua through their generous donations of food, supplies, and services. While families are not charged for Camp Imua, you are invited to make a donation to assist with the cost of camp.

**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. Your child's current Tuberculosis (TB) status (done within two years prior to the start of Camp Imua).
4. Two small current photographs of your child (can be the same image).

**Acceptance** - Camp Imua attempts to accept all 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](http://www.imuafamilyservices.org) or email: [campimua@imuafamilyservices.org](mailto: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](mailto:campimua@imuafamilyservices.org)

**Applications are accepted year-round on a first come first served basis.**



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**Please Attach (2) Photos Here**

## CAMPER APPLICATION

*Complete ALL application forms & attach documentation of current TB status & 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.**

**Applicant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Applicant'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:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Applicant'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:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Father's/Guardian's Name:** \_\_\_\_\_ **Work Place:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Occupation and Address:** \_\_\_\_\_

**Date of most recent TB clearance:** PPD (skin test) \_\_\_\_\_ X-ray: \_\_\_\_\_

**(Attach a copy of TB clearance to application – TB clearance must be done within the two years prior to program event for acceptance)**

**Applicant'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 applicant 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: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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 participate 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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Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

## Camper Medical Report

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

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

Comments: \_\_\_\_\_

Legibly list all routine and "as needed" medications to be administered by Camp Imua Nurses during camp. (As needed medication is Motrin, Tylenol, Benadryl etc.) All routine and "as needed" medication must be brought to camp registration in "labeled containers" – with campers name and medication on label. Please place medications in large Ziploc bag with child's name.

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	
			8am 12pm 5pm 9pm	
"As needed" Medication	Dose	Frequency	Time of Admin	Purpose

List all child's ALLERGIES and MEDICAITONS that can be administrated by the Camp Nurses.

Allergies	Medications

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 \_\_\_\_\_

Date of most recent Tetanus shot: \_\_\_\_\_

Date of Most recent Tuberculosis clearance \_\_\_\_\_ X-ray \_\_\_\_\_

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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