Application for Reservation at Camp Discovery

(Please fill out every line completely – especially medical forms)

Name of Camper Applicant _____ T-Shirt Size: _____

Address of Applicant _____

City _____ State _____ Zip _____

Female ☐ Male ☐ Date of Birth (accepted ages 7-80) _____

Height _____ Weight _____ Age _____

Phone Number (h) _____ (c) _____

*****Please attach a recent photograph of camper*****

Name of person to contact in the event of an emergency.

Name _____ Relationship to Camper _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (night) _____

E-Mail Address for Confirmation notice _____

Name of Caretaker (if different than above) _____

Phone Number _____ E-mail _____

Name of Father _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Name of Mother _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Name of Guardian _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Registration will open on March 1st, 2026.

Dear Parent or Guardian,

As per this application, you have indicated your interest and intention to send us a Camper. The Camper will be under our care and supervision for six days and we need your help to insure his or her safety and enjoyment at Camp Discovery.

We ask that you complete this application and attach any additional information you feel we should know about your Camper. You know them best and know the best approaches to various situations. The more specific information you provide, the better the care we can give the individual Camper.

PLEASE DO NOT LEAVE ANY BLANKS AND BE AS SPECIFIC AS POSSIBLE

Please **rank the following weeks 1st, 2nd, 3rd**, according to your Camper's more desired weeks. (If your Camper will be attending multiple weeks, rank the multiple weeks with the same ranking.) Weeks are available on first come, first serve bases; we will try to accommodate requested weeks, but if we can't, we will be filling up each week from the earliest to the latest.

Registration will open on March 1st, 2026.

Camping Dates:

- ☐ Week 1: June 07 – June 12
- ☐ Week 2: June 14 – June 19
- ☐ Week 3: June 28 -- July 3
- ☐ Week 4: July 5 – July 10 (Junior Week)
- ☐ Week 5: July 12 – July 17
- ☐ Week 6: July 19 – July 24

The camp sessions will be scheduled on a *"First Come, First Served Basis."* You may call Chester Lowe at 615-504-1727 or email at vicepresident@jayceecamp.org for reservation inquires.

Camper fee is **$625.00 per week. Applications and camper fees must be received by May 16th to ensure the requested week.** Applications will still be accepted after this date, but your requested week may have to change. **All camper fees must be paid before one (1) week prior to intended arrival date or you may lose your spot.** Please indicate below how you will pay the camper fees:

A 3% processing fee will be added to all online card transactions)

Make all checks payable to:
Tennessee Jaycee Foundation, Inc.
($625.00 per camper, per week)

Mail Application(s) and Check to:
Tennessee Jaycee Foundation, Inc.
2072 Catalina Way
Nolensville, TN 37135

☐ Check attached for the amount of

$ _____ on Check # _____

☐ Website payment of $ _____

(Camp Payment to Tennessee Jaycee Foundation, Inc.)

Has Applicant been to Camp Discovery before? ☐ Yes ☐ No

If so, #of times? _____ Last time? _____

If this is your first time, how did you hear about camp?

IMPORTANT THIS FORM MUST BE SIGNED BY THE PARENT/LEGAL GUARDIAN

Date:

I give consent for (name of applicant) to attend Camp Discovery.

In consideration for the acceptance of the applicant, we hereby release any claim or cause of action which may occur against CAMP DISCOVERY, the Tennessee Jaycee Foundation, Inc, and the Tennessee Jaycees and any employee of either one and any other person acting with the permission of either, arising out of any injury to his/her person of property during his/her stay at the Camp, in transit to and from said Camp, or during any activity approved by any said persons, and we agree to assume any claim which said child in his/her personal capacity might have against any of said persons for injury as herein stated.

As a contribution to the fight for people with disabilities and for good and valuable consideration, permission is hereby granted to the Tennessee Jaycees, Tennessee Jaycee Foundation Inc, or Project Camp Discovery, to use any photograph(s) of (name of Applicant) for education, publicity, fund raising purposes, and in any of all publications and other types of news and social media limitations or reservations. To opt-out, please communicate your campers wishes with the director upon arrival.

Name of Parent/Legal Guardian:

Address:

City/State/Zip:

Phone Numbers: Home Work

Email address:

X

Signature of parent or legal guardian is **Mandatory**

X

Signature of witness is **Mandatory.**

If someone other than Parent / Guardian has filled out the information in this form:
This application had been filled out by: (Pease Print)

Name Title

Address:

City/State/Zip:

Phone Numbers: Home Work

Email address:

Name of Camper

History of Disability and Condition of Applicant

What is the medical diagnosis? (use medical diagnosis- intellectual disability, autism, cerebral palsy, injury, etc.)

Extend and degree of disability? (Describe fully)

Daily Living Activities

What care will applicant need in relation to: (describe fully).
Regretfully, we are unable to accept campers who require tube-feeding and/or constant one-on-one care.
Refer any questions regarding whom can/can't attend to the Camp Director.

Eating

To what extent will applicant need help in feeding?

Difficulty swallowing solids? ☐ Yes ☐ No Thin Liquids? ☐ Yes ☐ No Thick Liquids? ☐ Yes ☐ No

Requires Straw? ☐ Yes ☐ No Special Utensils? ☐ Yes ☐ No

Special diet (please be specific)

Other Comments pertaining to eating? (likes, dislikes, food allergies, etc.)

Hearing & Speech

Does applicant hear well? ☐ Yes ☐ No If no, does applicant wear a hearing aid? ☐ Yes ☐ No

Can applicant verbally make his/her needs known? ☐ Yes ☐ No

If no, please describe the type of communication used.

Toilet Needs

Does applicant need assistance? ☐ Yes ☐ No If yes, give complete instructions.

Does applicant have a: Catheter? ☐ Yes ☐ No Colostomy? ☐ Yes ☐ No Ileostomy? ☐ Yes ☐ No

Regretfully, we are unable to accept campers who require catheter, colostomy, and ileostomy.
Refer any questions regarding whom can/can't attend to the Camp Director.

Walking (Please indicate with a Yes or No)

Can walk completely on own? ☐ Yes ☐ No Unable to walk? ☐ Yes ☐ No

--If assistance is needed, do you need a cane? ☐ Yes ☐ No

or Crutches? ☐ Yes ☐ No or a Walker? ☐ Yes ☐ No

Is Gait affected? ☐ Yes ☐ No Needs support from counselor to walk? ☐ Yes ☐ No

--Requires a wheelchair? ☐ Yes ☐ No If Yes, Manual ☐ or Electric ☐ ?

Can propel on own? ☐ Yes ☐ No Required for all transport or just long distances? ☐ Yes ☐ No

Dressing/Undressing/Washing/Bathing/Toileting

Does applicant perform these functions themselves? 100% ☐ 75% ☐ 50% ☐ 25% ☐ less ☐

Please give a list or description of assistance needed:

Activity Limitations

List what applicant should **NOT** attempt:

(Don't leave blank and please be thorough and specific - if doctor's orders, include signed statement from same):

Potential Behavior Issues

Under what conditions, if any, does your camper exhibit aggressive or violent behavior and how frequently does such behavior occur? *Please be specific and thorough for the safety of the camper and our counselors*.

The Camp Director reserves the right to send campers home early who exhibit behaviors which could harm staff or other campers, including themselves.

Miscellaneous Information

Please state any other problems in personal care that we should know about:

Does applicant have any special interests, hobbies, skills, etc.?

Medical Summary

No Camper will be accepted with a condition deemed contagious.

Note: This form must be **filled out and signed by a physician within a 12-month period** prior to the first chosen camping session.

Name _____ Birthdate _____ Gender _____

Social Security # _____ Type of Insurance _____

Insurance Co. _____ Policy # _____ Contact # _____

Family Physician:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family Pharmacist:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

The above names individual has been invited to spend a week at **Camp Discovery**, a recreation residential camp that serves people with intellectual and developmental disabilities. Please have their physician carefully fill in or verify the information requested below.

Health History

This section to be filled in by parent/guardian and approved/verified by the physician at the time of examination.

Condition	☐	Approximate Date	Condition	☐	Approximate Date	Condition	☐	Approximate Date
Ear infections	☐		Hay Fever	☐		Chicken Pox	☐	
Rheumatic Fever	☐		Ivy Poisoning	☐		Measles	☐	
Heart Trouble	☐		Insect Stings	☐		Mumps	☐	
Convulsions	☐		Infectious Hepatitis	☐		Asthma	☐	
Diabetes	☐		Kidney Trouble	☐		Poliomyelitis	☐	
Bronchitis	☐		Mononucleosis	☐		HIV+ (AIDS)	☐	

If diabetic, does camper require insulin injections? Yes ☐ No ☐ Not Diabetic ☐

Any operations or serious injury during the last year? Yes ☐ No ☐ When?

What?

Has there been any recent exposure to contagious diseases? Yes ☐ No ☐ When?

What?

Problems with constipation? Yes ☐ No ☐ Bedwetting? Yes ☐ No ☐ Fainting? Yes ☐ No ☐

Any specific activities to be encouraged?

SPECIAL CARE: Suggestions from parents/guardians as to bandages, enemas, special utensils, etc

Parent/Guardians Authorization: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper as names above.

Legal Guardian's Signature**

(If camper can legally make his or her own decisions, Camper may sign above)

Date

Mail Medical Summary to:
Tennessee Jaycee Foundation
2072 Catalina Way
Nolensville, TN 37135

UNSIGNED FORMS WILL NOT BE ACCEPTED*

Medical Examination

To be completed by a licensed physician. A history and physical (HP) from the patient's physician can replace this page, if desired.

CODES:	S- Satisfactory	X-Not Satisfactory	O- Not Examined

Height	Weight	Blood Pressure	HGB Test	Urinalysis	Blood type
Eyes Glasses /contacts	Ears Aid	Lungs	Nose	Throat	Teeth
Heart	Abdomen	Hernia	Extremities	Posture (spine)	

Allergies

Does applicant have allergies? Yes ☐ No ☐ If yes, please list:

1 | 3 | 5

2 | 4 | 6

General Appraisal:

For Females Only

Has this person menstruated? Yes ☐ No ☐ If yes, is her menstrual history normal? Yes ☐ No ☐

If not, has she been told about it? Yes ☐ No ☐ Special Considerations?

Recommendations and Restrictions while at Camp

(Is there anything the camper should not do that would aggravate a medical condition? Is there anything the camper is encouraged to do to help their health?)

Medications and Vitamins: (To be brought to Camp in original prescription bottles - no prepackaged meds- with Medical Summary form along with written instructions for each medication and vitamin). (Can be provided on separate page) (If none, write "None" on line provided).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Swimming: Yes ☐ No ☐ Other physical activity limitations:

Seizures or Convulsions? Yes ☐ No ☐

If Yes, Type of Seizure?	Frequency	Last Occurrence	Is it Controlled?
Absence Seizure			
Tonic Seizure			
Atonic Seizure			
Clonic Seizure			
Myoclonic Seizure			
Tonic-Clonic Seizure			
Focal Aware Seizure			
Focal Impaired Awareness Seizure			
Focal to Bilateral Tonic-Clonic Seizure			
Gelastic & Dacrystic Seizure			

If Yes, single occurrence or seizure disorder?

If Seizure Disorder, provide history and diagnosis regardless of last time of seizure.

Immunizations

Tetanus Toxoid ☐ Date

Tuberculin Test ☐ Date

Polio Vaccine ☐ Date

Covid-19 Vaccine* ☐ Date

*We strongly suggest all campers who can get the vaccine to get it and show proof before arriving to camp. If the camper is unable to receive the vaccine, you will be asked to sign a waiver upon arrival for liability purposes.

Emergency Situations

To assist the counselors and nurses to assess situations, please answer the question "What does an emergency look like for me?," for this specific applicant:

Physician:

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Date Examining Physician's Signature

Examining Doctor's Name: Phone

Address City State Zip