



Camp ARROW 2025 is scheduled for Sunday, May 31st through Friday, June 5th. Campers will arrive between 1:30 pm and 3:30 pm on Sunday. Parents and family members are invited to our awards ceremony, which will be held at **3:00 pm** on Friday. Campers will leave to go home after the awards ceremony. Camp ARROW is held at the Camp Tygart facility near Hahira, Georgia.

Due to the everchanging situation with COVID-19, it is possible that protocols may change prior to camp. You will need to sign a COVID-19 liability waiver (included in the application). We will also require campers to monitor symptoms prior to camp. If your camper is accepted, more details will be provided with the acceptance packet. If you have more specific questions, you are welcome to contact us by emailing info@camparrow.org, or by contacting a co-director.

The camper application includes forms that need to be filled out by the parent/guardian, teacher, and physician. There is also paperwork for horseback riding that needs to be signed by the physician.

Application Deadline: All forms must be submitted by **March 27th**. Campers will not be accepted until we have received the parent application, teacher form, and physician form. The horseback riding forms are required for riding horses, but not for camp acceptance.

Please visit our website for more information: www.camparrow.org.

Submit applications via email to info@camparrow.org

Or by mailing to: Camp ARROW, P.O. Box 647, Thomasville, GA 31792

Camp ARROW Camper Application 2026
Parent Form

Child's name _____ Name Called _____

Is child in foster care? no yes

Address _____

City _____ State _____ Zip Code _____

County _____ Home phone _____

Mother's name _____ Employment _____

Work phone _____ Cell number _____

Father's name _____ Employment _____

Work phone _____ Cell phone _____

Emergency number(s) other than above:

Name _____ Number _____

Relationship _____

Name _____ Number _____

Relationship _____

For non-emergency questions before camp, what is the best way to contact you? (circle one) text phone call email

Please provide the best phone number and email for questions.

Phone _____ Email _____

Please check all that are applicable:

___cerebral palsy (wheelchair)

___Down syndrome

___cerebral palsy (walks)

___autism

___hearing impairment

___visual impairment

___mild intellectual disability

___seizure disorder

___moderate intellectual disability

___emotional/ behavioral

___severe/profound intellectual disability

disability

___other: _____

Weight _____ Height _____ T-shirt size: YS YM YL AS AM AL XL 2X

Birth date _____ Age _____ Sex _____

Please check which best describes your child in the following areas.
Remember, the more information you provide, the better prepared our staff members will be to care for your child. Thanks!

Eating:

My child is independent.

My child needs help with: _____

Diet:

normal diabetic blended/pureed

My child is a picky eater. Describe: _____

List any dietary restrictions: _____

List any food allergies: _____

List adaptive eating equipment used: _____

Adaptive Devices:

none

braces: describe what type and when worn: _____

helmet glasses hearing aid

shunt walker wheelchair

others: _____

Communication:

verbal sign language gestures

communication board PECS

other _____

Mobility:

My child is independent.

My child needs help with: _____

Hearing:

normal partial loss total loss

Vision:

normal partial loss legally blind

Dressing:

___ My child is independent.

___ My child needs help with: _____

Toileting:

___ My child is independent.

___ My child needs reminders or to be taken on a schedule.

___ My child wears pulls ups/ diapers.

___ My child needs help with: _____

Bathing:

___ My child is independent.

___ My child needs help with: _____

Brushing Teeth:

___ My child is independent.

___ My child needs help with: _____

Bedtime:

___ My child goes to bed with no problem.

___ My child needs help with: _____

___ My child wakes during the night.

___ My child needs a night light.

___ My child has difficulty falling asleep.

___ My child wets the bed.

___ Describe any special positioning: _____

Typical bedtime: _____

Typical waking time: _____

Does your child get carsick easily? _____

Describe any previous camp experiences your child has had (Camp ARROW or other camps): _____

List indoor activities your child enjoys: _____

List outdoor activities your child enjoys: _____

Does your child have any fears? yes no

Describe: _____

Describe any sensory sensitivities your child has (i.e. sounds, lighting, etc.):

Behavior:

Is your child considered a runner? yes no

Explain: _____

Does your child have behavioral difficulties (tantrums, aggressive behaviors)? Please describe behaviors and how you handle these behaviors at home. _____

Can you give any additional information that as a parent you think would help our staff make your child's camp experience more enjoyable?

When we are in the pool, we have maximum supervision at all times. Life jackets are provided. Counselors swim with campers and hold them if needed.

Does your child enjoy being in a pool? yes no

Can your child swim? yes no

May your child use the pool? yes no

Insurance:

Is your child covered by private insurance? yes no

Company _____

Policy Number _____

*Please include a copy of your child's insurance card.

Is your child covered by Medicaid? yes no *Please include a copy of your child's Medicaid card.

List all medications your child takes on a regular basis:

Medication	am/ amount	noon/ amount	pm/ amount	bedtime/ amount
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*If additional space is needed please attach a separate page.

We have two or more full-time nurses on staff throughout the week of camp. We also have a camp doctor on call for campers and staff. Campers will receive first aid and/or medical assistance and care as necessary while at camp. This care may include a number of topical and some oral agents that we keep in stock; most are listed below. We may also give a prescriptive medication if our camp doctor makes that recommendation. **If your child has an allergy, sensitivity, or has had a previous allergic reaction to any medications please list them for us:**

Parents will not always be contacted for minor first aid treatment. In case of serious illness/injury, the nurses will render first aid and/or administer medications as prescribed by our camp doctor and parents will be contacted. If the situation is emergent, 911 will be called for transport/evaluation by Emergency Medical Services and you will be contacted. If necessary, your child will be transported the hospital.

Some of the medications we stock for camp: Acetaminophen, Ibuprofen, Benadryl, Miralax, Dermoplast spray, Neosporin/polysporin ointment, antacid tablets, glycerin suppositories, eye drops (eg. Visine), etc.

Please sign below indicating your consent for our camp nurses to administer over-the-counter medications as necessary for your child.

Parent Signature

Date

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATED TO
CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization, a national emergency by the President of the United States, and a state emergency by the Governor of Georgia. **COVID-19 IS EXTREMELY CONTAGIOUS** and is believed to spread mainly from person-to-person contact.

Camp ARROW, Inc. (“Camp ARROW” or the “Camp”) has put in place preventative measures to reduce the risk of the spread of COVID-19 at the Camp. However, by signing this agreement, I acknowledge that Camp ARROW **cannot guarantee** that my child will not become infected with COVID-19 while participating in Camp, and that attending the Camp and participating in the programs and services offered **could increase** my risk of contracting COVID-19.

By signing this agreement, I acknowledge the extremely contagious nature of COVID-19 and, on behalf of myself and my family, voluntarily assume the risk that I may be exposed to or infected by COVID-19 by working at the Camp, with possible further exposure to me and my family, and that such exposure or infection may result in personal or bodily injury, illness, temporary or permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 either by entering the Camp or by participating in the programs offered there may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Camp ARROW, the Board of Trustees, staff members, campers, and volunteers (collectively, **“Camp ARROW Parties”**).

On behalf of myself and my family, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself and my family (including, but not limited to, personal or bodily injury, illness, temporary or permanent disability, and death), damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with working at the Camp or by participating in programs and services offered there (collectively, the **“Claims”**). On my behalf of myself and my family, I hereby release and indemnify Camp ARROW, and each of them, from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto, and covenant not to sue the Camp Parties, or any of them, for any Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Camp ARROW Parties, or any of them, whether a COVID-19 infection occurs before, during, or after I enter the Camp. I further agree on behalf of myself and my family that this agreement to assume the risks and to waive the Claims is cumulative of any other rights, remedies, and defenses that the Camp ARROW Parties may have, whether by statute or common law, and is not in lieu of them.

I further understand that the State of Georgia has enacted legislation restricting liability for premises owners such that:

Any person entering the premises waives all civil liability against the premise’s owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.

I understand and agree on behalf of myself and my family that this restriction applies to my entry into and stay in the Camp.

I further consent, on behalf of myself and my family, for Camp ARROW to take my temperature condition to entry into or remaining at the Camp and further acknowledge and agree that Camp ARROW may deny access to the Camp, or require me to quarantine, if I have an elevated temperature or a positive COVID test, as shown by the temperature test or COVID test, as taken at or at the direction of Camp ARROW.

Applicant Signature or Guardian of Applicant

Date

Camp ARROW
Post Office Box 647
Thomasville, GA 31792

PHYSICIAN FORM

This form must be completed before a camper can be accepted. For returning campers, we can accept a copy of any physical done within one year of camp if the child has not had surgery, a major illness, or new medications in that year. Otherwise, have this medical form completed and signed by your child's physician.

Camper's name _____

Doctor's name _____

Office address _____

Office phone number _____

The above named child has requested to spend one week at Camp ARROW. It is a week-long residential camp for children with two or more disabilities. We have maximum supervision and a 24-hour nurse at the camp. Please answer each question to the best of your knowledge.

1. Diagnosis of disabilities/ medical conditions _____

2. Has there been recent exposure to a contagious disease? _____

Has this child been diagnosed with a contagious disease? _____

If yes, please explain _____

3. Check each of the following the child has had:

_____ measles _____ mumps _____ diphtheria

_____ chicken pox _____ scarlet fever

other _____

4. Does this child have a seizure disorder? _____

Type _____

Frequency _____

Medications for present seizures _____

5. Has this child had recent surgery? _____ Describe _____

6. Does this child wear braces or corrective devices? _____
Explain _____

7. Does this child have allergic reactions to any medications? _____
If yes, please list medications and the reactions to look for _____

8. Does this child have any allergies (pollens, foods, etc.)? _____
If yes, please explain _____

9. We provide life jackets and maximum supervision while using the pool. Are there any restrictions regarding the use of the pool with this child?

10. Date of last tetanus shot _____

11. List any precautions that need to be taken during daily camp activities.

12. Date of last physical examination _____

13. Please list any medications needed to be administered at camp by our nurse:

Medication	amount	am	noon	evening	bedtime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Any additional information regarding medications to be administered:

15. May we contact you if we have any questions or concerns regarding this child? _____ Phone number _____

Signature of Doctor _____ Date _____
Print your name _____

Parents: Please sign your consent here to authorize members of Camp ARROW Board of Trustees to contact your child's teacher if needed to gain information beyond what is included on this form in order to help us understand your child's needs.

Parent Signature: _____ Date: _____

Teacher Form

Please have your child's teacher complete this form and mail it to: Camp ARROW, P.O. Box 647, Thomasville, GA 31799 or give this to the parent or guardian to mail with the remaining application. Thank you!

Child's Name _____ Teacher _____

School _____ Phone number _____

May we call you during the week of camp? _____ If yes, please give us your phone number _____ THANKS!

The child named above has been diagnosed with the following:

___ mild intellectual disability ___ moderate intellectual disability

___ severe intellectual disability ___ profound intellectual disability

___ orthopedic impairment (describe: _____)

___ emotional/ behavioral disorder

___ other health impairment (diagnosis: _____)

___ traumatic brain injury ___ visual impairment

___ autism ___ speech impairment

___ cerebral palsy ___ hearing impairment

___ other: explain _____

Present grade placement _____ Level of academic performance _____

Describe his/her expressive language skills _____

Describe his/her receptive language skills _____

Is he/she on medications while at your school? _____

Please list medications/times administered: _____

Describe his/her feeding ability _____

Describe his/her toileting ability _____

Describe any sensory sensitivities and how you accommodate for these at school: _____

Is this student considered a "runner"? _____
If there are specific times of day or situations in which this behavior is observed most, please explain. _____

Describe any significant behavioral issues (tantrums, aggressive behavior, verbal outbursts, etc.): _____

Describe general behavioral management system used: _____

Describe specific method used to deal with significant behavioral issues: _____

List reinforcers: _____

Does this child make transitions easily? _____ If not, what has proven to be beneficial? _____

Area(s) in which he/she is most successful? _____

Any additional information you feel would be beneficial to the Camp ARROW staff to ensure this student is successful during camp week: _____
