



Oasis Differing Ability Camp Summer 2022

*We are building community, equipping disciples,
and modeling care of creation in ways that
reflect the love and grace of God.*

Offering a mixture of fun activities and opportunities for spiritual and personal growth, these sessions are designed for adults with differing abilities that we have been serving for several decades. These camps also provide a great opportunity for rest for caregivers and group homes as well.

This camp experience is highly valued by our Differing Abilities campers; many of who have returned for over 20 years in a row!

| | | |
|---|---------------------------------------|--------------|
| June 19 - 24 | PLAYA | \$500 |
| PLAYA is a special camp for active adults with differing abilities who are full of life and eager to have lots of fun! | | |
| <ul style="list-style-type: none">• Leaders: Kathy Schilter and Salud Rodeman.• Arrive at 3:00 p.m.• Pick up is 1:00 p.m. | | |
| July 3 - 8 | Oasis Differing Abilities Camp | \$500 |
| July 31 - Aug. 5 | Oasis Differing Abilities Camp | \$500 |
| <ul style="list-style-type: none">• Arrive at 3:00 p.m.• Pick up is 1:00 p.m. | | |

Campers are welcome to join us for multiple weeks.

Scholarships are available. You may obtain a form at WIUMCamps.org/scholarships



Oasis Differing Ability Camp 2022

We are building community, equipping disciples, and modeling care of creation in ways that reflect the love and grace of God.

Eligibility

Pine Lake Camp is a positive, Christian environment. We understand that our campers have a variety of strengths, needs, talents, and gifts. We do our best to encourage personal growth with each person by letting them determine their own level of participation. Our staff helps bridge the gap so campers can have a full camp experience.

We have had to make the hard decision to change our eligibility requirements. We know that this will be hard for some families and we are very sorry.

- **All campers will need to be able to take care of their own hygiene and toileting needs.**
 - **Pine Lake staff will be able to assist campers with verbal cues and reminders**
- **We will not be able to assist with major mobility issues**
 - **Pine Lake staff will not do lift assists**

Oasis programs (formerly Special Needs) at Pine Lake Camp are best for people who are:

- Reasonably proficient in activities of daily living.
- Mild to moderately challenged and able to be fully supported by a 1:5 staff to guest ratio;
- Able to sleep through the night; no awake 3rd shift provided.
- Over the age of 18; the average age of campers is 30-55.

Those that don't meet the self-care criteria may bring a trained attendant. Attendants/companions are charged half the camp rate. Individuals with a degree of severe to profound disabilities are not eligible due to the limitations of the volunteer staff.

We reserve the right to evaluate the camper after arrival at camp and send the camper home if he/she is not able to care for his/her own basic daily living needs.

Rules for acceptance and participation are the same for everyone without regard to race, color, national origin, religion, sex, or age.

How to Register

You may register online or by mail. All applicants will be notified of acceptance or denial. Acceptance decisions and lodging assignments for camp are made by the Event Director and camp staff. Camper interviews may be requested by the Event Directors and/or camp staff.

For questions regarding registration, please contact our camp registrar Monday – Friday 9:00-3:00 at 608-296-2720 or Camping@WisconsinUMC.org

Register Online: Visit www.wiumcamps.org/registration

- Three (3) forms will be required before you can check out
 - Household form
 - Waiver, Release, and Consent agreement
 - Activities of daily living
- Health forms may be completed at registration or you may return to complete them at a later date.
 - Health forms completed online will pre-fill for you if you have completed one online in a prior year.
 - Immunization records will be needed to complete the health form

You may leave the online registration site at any point, and return to the same place later if needed.

Register by Mail: Complete the paper registration form. *The Registration Form must be filled out completely in order to determine the camper's eligibility.*

- All participants **MUST** sign the forms themselves unless there is a legal guardian, and then that person may sign the form.
- Attach additional documents if necessary
- Send payment, payable to **WIUM Camps**, and completed registration form to:
 - **WIUM Camps**
W8301 Cty. Rd. M
Westfield, WI 53964

For questions regarding registration, please contact our camp registrar Monday – Friday 9:00-3:00 at 608-296-2720 or Camping@WisconsinUMC.org

Accepted campers will receive a confirmation packet containing a confirmation email/letter, a health form, and a packing list. The health forms may be completed online or on paper and **must** be submitted or **mailed to Pine Lake Camp two weeks prior to the camp start date**. No camper will be allowed to stay at camp without a health form.

Health forms completed online at WIUMCamps.org will autofill in future years.

Personal information concerning campers on registration forms and health forms is used exclusively for the purpose of assuring the participant's week is a safe and fun-filled experience. All information received is confidential.

Cancellation Policy

If you must cancel, every attempt will be made to schedule the camper(s) into another week of camp. If it is not possible to schedule the camper(s) into another camp, there will be a \$50 per person cancellation fee. (This may be waived for health-related reasons.) All other payments will be returned. No refunds will be made on or after the camp start date.

In rare instances, we must cancel a camp. If that happens, you will be notified as soon as possible, and every effort will be made to place campers in an alternate camp. A \$25 credit toward the alternate camp will be given. If an alternative camp cannot be found, then a full refund will be issued.

Payment and Scholarship

Full payment is required before your camp session begins. You may pay with a personal check, money order, or credit card. Visa, MasterCard, and Discover will be accepted. "WI Annual Conference" will be the name appearing on the charge.

WIUM Camps offer a 4-month payment plan to families who register by March 1, 2022. To take advantage of this option, you must complete your registration by March 1 AND make payment by credit card. Payment plan charges will be made on April 1, May 1, and June 1 of 2022. To use the payment plan option, check the payment plan option on the registration form. Other payment options may be available upon request.

A \$35.00 charge is applied for returned checks.

Many local churches have scholarship funds, or you may apply for a Conference Scholarship. Scholarship forms may be included as part of the full payment requirement. Scholarship forms are available at www.WIUMCamps.org/scholarships.

Insurance - Health and Safety

An insurance contract is provided, and the cost is included in the camp fee. This is a supplement to your personal health/medical insurance. Coverage is subject to the terms and conditions of the Master Contract held by The Wisconsin Conference of The United Methodist Church.

Our facilities are smoke-free environments.

Location and Directions

Pine Lake Camp
W8301 Cty Rd M
Westfield, WI 53964
Email: PineLake@WisconsinUMC.org

Pine Lake Camp is located between Portage and Stevens Point, 7 miles northwest of Westfield. The retreat center is air-conditioned and completely accessible. Swimming areas have sandy beaches, and trails extend around the lake for hiking. Wheelchair accessibility is limited, but the beachfront boardwalk and paved roads extend throughout the camp for easier access. The nature center is accessible by a boardwalk and houses a large variety of wildlife displays.

Directions to Pine Lake

- Exit Hwy 39/51 at Westfield and go west on Cty Rd E.
- Take Pioneer Park Road to the right (first right after going under the I-39 overpass).
- At the first stop sign, turn north (right) on Cty Road M/CH. About 3/4 miles north of the stop sign, Cty Rd M turns west.
- Follow Cty Rd M for 7 miles to Pine Lake

Waiver, Release and Consent

CONSENT TO RECORDING AND USE OF PHOTOS AND VIDEO OF CAMPER. Representatives of the camp may record by video, photograph, or other means of reproduction (the Camper's name, voice, image and physical likeness) and may use any such recorded matter for promotional purposes without further consent, notice or compensation.

ASSUMPTION OF RISK FOR CAMP ACTIVITIES. The Camper has my permission to participate in camp and retreat activities, including, but not limited to, swimming and other water activities, canoeing, hiking, ropes courses, rock climbing, campfires, outdoor games, athletic competitions, transportation to and from camp facilities, meals and other activities. **THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.**

WAIVER AND RELEASE. On behalf of myself, the Camper, and our respective family members, heirs and assigns, I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. **THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

By signing below, I, the undersigned, am stating that I am the parent or legal guardian of the Camper whose name is set forth below, and I have the right to contract for such Camper.

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY.

Parent/Guardian's Name (Printed)

Camper's Name

Parent/Guardian Signature

Camper's Signature

Campers Date of Birth

Date:

Date:

COVID-19 Waiver

Dear Parent/Legal Guardian:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of our Organization, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Wisconsin Annual Conference**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Names of Campers:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



2022 Oasis Differing ability camp Registration Form

(formerly Special Needs Camp)

Please complete pages of application.
Complete eligibility and registration instructions are listed on the blue insert.

| | | | |
|---|--|---------------------|--------------------|
| Camper Name (First) _____ (M.I.) _____ (Last) _____ | | | |
| Camper Address _____ | City _____ | State _____ | ZIP _____ |
| Is Camper a Resident of a Group/Family Home: Yes / No _____ | Group/Family Home Name and Address _____ | | |
| Phone Number (please circle one) Home Group/Family Home _____ | Contact Person for Group/Family Home _____ | Email Address _____ | |
| Camper's Date of Birth _____ | Age _____ | Gender _____ | T-shirt size _____ |
| Name (please circle one) Parent/Guardian _____ | Email Address _____ | | |
| Address (please circle one) Parent/Guardian _____ | City _____ | State _____ | Zip _____ |
| Evening Phone (please circle one) Parent/Guardian _____ | Daytime Phone _____ | Cell Phone _____ | |
| Camper's Legal Guardian or Power of Attorney for Healthcare Name: _____ Address: _____ | | | |
| Guardian/POA relation to camper: _____ | Daytime Phone _____ | Evening Phone _____ | |
| Camper's Church Affiliation _____ | Name of Church _____ | Church City _____ | |

Camp Options-Please circle desired choice

| | | |
|--|--------------------|--------------------------|
| PLAYA - June 19 - 24 Camp for active adults | Oasis - July 3 - 8 | Oasis - July 31 - Aug. 5 |
|--|--------------------|--------------------------|

| | |
|----------------------------|---|
| Camp Fee: \$500 | Payment Information: <input type="checkbox"/> Check (payable to: WIUMCamps) <input type="checkbox"/> Credit Card —It isn't advised to write your credit card number on this form. The administrative office will contact you for your card information. The best number to reach you at is: _____. <input type="checkbox"/> Payment Plan — Payment Plan option is available on registrations prior to March 1, 2022 with payment by credit card. |
|----------------------------|---|

| |
|---|
| Name and address or email address of another person who must receive notification of camper confirmations _____ |
|---|

Confidential - Activities of Daily Living

Please answer the following questions honestly and completely; camp staff will have a much better opportunity to make your camper's stay the best it can be. Use additional paper as needed. We reserve the right to evaluate the camper after arrival at camp and send the camper home if he/she is not able to care for his/her own basic daily living needs.

GENERAL BACKGROUND

Has the camper ever been to any camps other than WIUM Camps before? Yes No

Camp Name(s) & when: _____

Is camper employed? Yes No Type of Work? _____

What group experience has the camper had? _____

Name of person completing this form _____ Relationship to camper _____

Seizures:

Camper:

- Does not have seizures
- Grand Mal
- Petit Mal
- Frequency of seizures _____

Diabetic:

Camper is diabetic? Yes / No

- Does camper require insulin? Yes / No
- Camper can administer their own insulin? Yes / No

COMMUNICATION

Camper:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Speaks complete sentences | <input type="checkbox"/> Understands sign language | Camper is able to read |
| <input type="checkbox"/> Speaks single words | <input type="checkbox"/> Uses/understands gestures, points, etc. | <input type="checkbox"/> Well |
| <input type="checkbox"/> Non-verbal | <input type="checkbox"/> Uses pictures or word cards | <input type="checkbox"/> Some |
| <input type="checkbox"/> Understands conversations | <input type="checkbox"/> Uses adaptive systems i.e. communication board | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Understands complete sentences | <input type="checkbox"/> Writes to communicate | Camper is able to write |
| <input type="checkbox"/> Understands 2-3 word phrases | <input type="checkbox"/> Engages in verbal conversation. | <input type="checkbox"/> Well |
| <input type="checkbox"/> Understands single words | <input type="checkbox"/> Is attentive during group activities. | <input type="checkbox"/> Some |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Responds to a simple request. | <input type="checkbox"/> Name only |
| <input type="checkbox"/> Hard of hearing | | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Uses vocalizations, sounds, etc. | | |
| <input type="checkbox"/> Uses sign language | | |

HYGIENE

Camper needs assistance with:

- Camper is able to shower independently
- Shampooing hair
- Soaping
- Adjusting water temperature
- Brushing teeth
- Needs complete assistance in the shower
- Needs verbal cues

MOBILITY

Camper uses the following to assist with mobility:

- No aids
- Manual wheelchair
- Electric wheelchair
- Cane
- Crutches
- Walker

Please explain anything additional we may need to know about showering.

TOILETING

Camper needs assistance with:

- Fully independent. No help necessary
- Independent, but needs reminders to use restroom
 - How does he/she let you know they need to use the restroom? _____
- Needs some assistance using the toilet - please explain. _____
- Uses toilet on a schedule - explain schedule _____
- Incontinent at night
- Does not use toilet at all - uses incontinent briefs, etc.
 - Camper can change his/her own brief. Yes / No

Please explain camper's needs with incontinent briefs. Are they able to change themselves, care for themselves?

Camper is independent in menstrual care? Yes / No / Not Applicable

DRESSING

- Has no difficulty dressing
- Can choose own clothes

Camper can put on:

- Underwear
- Socks
- Shirt
- Pants

Camper can:

- Button
- Snap
- Zip
- Tie shoes

UNDRESSING

- Can undress partially
- Can undress completely

Please describe what assistance is needed to dress/undress:

ACTIVITIES

Camper:

- Swims well
- Cannot swim, but will go into water
- I am unsure how he/she does in the water
- Fears water
- Will not get into water willingly
- Camper has very sun-sensitive skin
- Camper has good fine motor skills
- Needs hand-over-hand assistance

What are the camper's favorite things to do or learn about? _____

Please list any outdoor games/activities that the camper particularly enjoys.

Please list any indoor games/activities that the camper particularly likes (playing cards, painting, etc.)

Activities camper does not like are:

MEALTIMES

- Typical appetite is: Large / Average / Small
- Is able to indicate the amount of food and liquid intake he/she desires? Yes / No
- Takes Portions Independently: Yes / No
- Camper can use: Fork / Spoon / Knife
- Needs food cut: Yes / No
- Drinks from glass/cup: Yes / No
- Requires a straw: Yes / No

BEDTIME ROUTINE

Camper's typical bedtime: _____ Awakens at: _____

Camper sleepwalks: Yes / No

Please explain _____

Camper sleeps through the night? Yes / Seldom / Usually / Never

Explain why camper may not sleep through the night. Note – We do not have the ability to have "third shift" care.

OTHER INFORMATION ABOUT CAMPER

Camper:

- Wears glasses
- Wears contact lenses
- Wears hearing aids
- Wears dentures

BEHAVIOR

Please indicate how often, if ever, the following behaviors occur and how staff should respond.

| Behavior | Never | Seldom | Often | Explain/Details |
|--|-------|--------|-------|-----------------|
| Has good manners | | | | |
| Enjoys social gatherings | | | | |
| Has touch aversion | | | | |
| Prefers to be alone | | | | |
| May wander | | | | |
| Runs away or darts | | | | |
| Uses inappropriate words | | | | |
| Inappropriate sexual behavior | | | | |
| Grabs others | | | | |
| Prone to sudden, dramatic or violent behaviors | | | | |
| Scratches, pinches or hits | | | | |
| Bites others | | | | |
| Self-harm | | | | |

Please describe any behaviors camper has exhibited in new or stressful environments:

What activities, events or situations frustrate, agitate, or excite camper?

How are situations that frustrate, excite, or agitate camper best resolved?

Explain any intervention plan implemented at home or work.

Please describe in detail any other challenging behaviors we should know about

ADDITIONAL INFORMATION

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Any suggestions you may have for assisting the camper's smooth transition to the camp are appreciated.
