



2025 CAMPER APPLICATION

A \$50.00 application fee is ***required*** with each application.
Make check payable to: Camp CaPella

Please read carefully.

Incomplete applications will not be processed.

Please **do not** omit information.

Important Information:

- All camp sessions are subject to change.
- Applications are reviewed carefully and information requested is used by staff to determine if Camp CaPella is a good fit for your camper.
- Campers are accepted and placed in what we believe will offer them the best camp experience possible.
- If you have any questions and/or concerns, please do not hesitate to reach out.

Return completed application to: If you would

Camp CaPella
PO Box 552, Holden, ME 04429
Email: info@campcapella.org

For Questions:
Call: Camp at 207-843-5104 or
Email; info@campcapella.org

If you would like to talk in detail about your camper's application, please call the Camp Director, Mikele Block, at 207-631-1837 or email at mikele@campcapella.org

Camper Eligibility Policy

Please read carefully; In order to attend Camp CaPella, all campers must be able to meet the following requirements. Contact us if you have questions about your camper's eligibility.

The camper:

- Must have a primary diagnosis of an intellectual and/or physical disability, and is otherwise unable to attend a traditional summer camp program.
- Day campers start at the age of 5. Overnight campers start at the age of 8. There will be separate weekly sessions for campers based on age.
- Must be able to interact with others, individually or with assistance, and participate in the camp program.
- **Must be free of physically aggressive behaviors.**
- Must be able to adapt to staff supervision ratio of one staff to three campers. We are prepared to provide 1:1 care when needed for personal care, such as feeding, toileting, bathing, etc. **We do not have the resources to serve campers who require constant 1:1 supervision and/or care throughout their stay at camp.**
- Applicants who will be accompanied by a medical caregiver because of their specific medical needs will be considered on an individual basis.

I agree that _____ meets the above requirements to attend
(Camper Name)
Camp CaPella.

Print Name

Relationship to Camper

Signature

Date

Camper Information (print clearly)

Name: _____

Diagnosis: _____

Age: _____ D.O.B. _____ Gender: Male ___ Female ___

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School or Program Attended: _____

Where does this camper live and who should we contact if we need to speak with the camper?

Does camper require 1:1 support in school and/or program setting? YES NO

Guardianship Status: ___ Self ___ Other: _____

Emergency Contact: _____

Case Manager Name: _____

Agency: _____

Case Manager Email: _____

Office Phone: _____ Cell Phone: _____

I give permission for Camp CaPella to speak with case manager if needed.

Signature _____ Date _____

Camp CaPella provides each camper with the official 2025 Camper T-Shirt at no additional cost. Please indicate the appropriate shirt size for your camper below:

Camper Shirt Size: S M L XL 2XL 3XL Youth Adult

Parent/Guardian Information

Name: _____

Relationship to Camper: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email: _____

Preferred Method of Contact: _____

Best Time To Contact: _____

Parent/Guardian Information

Name: _____

Relationship to Camper: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Email: _____

Preferred Method of Contact: _____

Best Time To Contact: _____

If parent/guardian cannot be reached, who can we contact, in order of preference:

Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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Name	Relationship	Phone Number(s)
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While at camp, parent/guardian will be:

_____ At home

_____ On vacation and may be reached at _____ dates _____

Persons camper can be released to:

Persons camper MAY NOT be released to:

Please Note: As you complete the camper application, please keep in mind that Camp CaPella is an accessible recreational opportunity in which campers participate in a wide variety of activities that may include swimming, boating, recreational games, music, arts-n-crafts, as well as daily special events. During these activities we will provide a 1:3 staff to camper ratio.

If camper requires 1:1 supervision in order to participate, for safety or behavior, you **must** provide an individual support person to attend with your camper.

Please carefully consider all questions and do not omit information. Incomplete applications will not be processed.

Feel free to use additional paper if you need more space.

PLEASE CHECK THE FOLLOWING STATEMENT AS IT APPLIES TO YOUR CAMPER

_____ I feel comfortable this camper will participate in camp activities in a safe and appropriate manner and will be adequately cared for by our 1:3 staff to camper ratio.

_____ I feel, at certain times, a 1:3 ratio will not be adequate supervision. Please list reasons for additional assistance below.

_____ I feel this camper is always in need of 1:1 supervision. An individual support person will accompany this camper. Please complete additional information below.

My camper will need additional assistance at times for: _____

An individual support person will attend with my camper. YES NO

Name of support person: _____

Agency: _____ Phone: _____

Health, Behavior, Skills and More

To be completed by primary caregiver and submitted with application. Please print clearly.

Mobility (please check all that apply)

<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Uses Wheelchair	<input type="checkbox"/> Transfer Assistance
<input type="checkbox"/> Ambulatory with assistance	<input type="checkbox"/> Manual chair	<input type="checkbox"/> Independent
<input type="checkbox"/> Staff assistance	<input type="checkbox"/> Can propel self. Y N	<input type="checkbox"/> 1 person pivot
<input type="checkbox"/> Cane/Walker	<input type="checkbox"/> Power chair	<input type="checkbox"/> 2-person pivot
<input type="checkbox"/> AFO (Type: _____)		<input type="checkbox"/> Hoyer Lift

If your camper requires assistance with Mobility, please describe how we can assist your camper appropriately:

Activities of Daily Living/Personal Care (please check all that apply)

	Independent	Verbal Prompts	Hand Over Hand	Total Assist	Describe Assistance Needed
Dressing					
Tie shoes	_____	_____	_____	_____	_____
Button/Zipper	_____	_____	_____	_____	_____
Showering					
Shampoos hair	_____	_____	_____	_____	_____
Wash with asst	_____	_____	_____	_____	_____
Teeth	_____	_____	_____	_____	_____

If your camper requires assistance with ADL's (dressing, showering, brushing teeth), please describe how we can assist your camper appropriately:

Toileting: Independent Requires Assistance with Wiping Needs Reminders/Prompts

Aids Used: Depends Bedpan/Urinal Toilet Chair Other: _____

Bladder Control: Continent Occasional Accidents Incontinent Catheter: _____

Bowel Control: Continent Occasional Accidents Incontinent

If your camper requires assistance with toileting, including any toileting programs, please describe how we can assist your camper appropriately:

***Please note that you will be responsible for providing appropriate and necessary supplies for the camper's time with us**

If your camper requires assistance with communication, including phrases we can use that may be helpful to your camper, please describe how we can assist your camper appropriately:

Have there been any life changes you would like to share with us that may be helpful to ensure a successful camp session? (i.e. new home, new school, marriage, divorce, death, health changes, etc.)

Behavioral Information (please check all that apply)

Has a behavior support plan (please attach a copy)

History of:

Verbal aggression

Physical aggression toward others

Biting

Hitting

Kicking

Other: _____

Wandering/Running away from group

Self-injurious behaviors

Picking/Scratching

Head banging

PICA (please explain) _____

Biting

Other behaviors to be noted: _____

No behavioral issues

Please list any behaviors we may see at camp: _____

How often do behaviors occur? _____

Swimming Level: please check one
 Non-swimmer/does not like water

Beginner

Intermediate

Advanced

Swimming comments: _____

Nighttime Routine (please check all that apply)

(Please note: A minimum of two counselors sleep in the bunkhouse with campers. There is no awake overnight staff.)

No concerns, sleeps through the night

Wakes to toilet independently

Wakes to toilet with assistance

Wanders at night

Wakes early; please note time: _____

Requires medication to help sleep

Requires bedrails

Requires adjustment/repositioning at night, please describe: _____

If your camper requires additional assistance at bedtime, to fall asleep or prepare for sleep, or during the nighttime hours, please list how we can appropriately support your camper below:

TRANSPORTATION:

Transportation for day camp will meet at Brewer Walmart Monday to Friday. Pick Up and Drop Off Times might vary depending on how many campers will require transportation. We will notify you of these times as your camp session draws near.

Please let us know:

I will use transportation. _____ I will not use transportation. _____

Undecided at this time. _____

2025 Summer Camp Schedule

Space is limited. Please indicate a FIRST and SECOND Choice, Day or Overnight

Overnight Camp Sessions run from Sunday evening to Friday at Noon.

Day Camp Sessions run from Monday to Thursday, 9:00am to 4:00pm.

Note: Friday at noon we will have a cookout and ceremony starting at noon to 2pm.

Please circle if you are applying for Day or Overnight and your First and Second choice (if applicable)

AGE GROUP	OVERNIGHT	DAY	CHOICE (circle one)	
Adults 21+ <i>Hawaiian Luau Week</i>	June 15 to 20	June 16 to 20	First	Second
Adults 21+ <i>Carnival Week</i>	June 22 to June 27	June 23 to 27	First	Second
18 -25 yr. <i>Pirate Week</i>	June 29 to July 4	June 30 to July 4	First	Second
10 - 12 yr. <i>Under the Sea Week</i>	July 6 to 11	July 7 to 11	First	Second
12 -15 yr. <i>Safari Week</i>	July 13 to 18	July 14 to 18	First	Second
15 - 18 yr. <i>Outdoor Explorer Week</i>	July 20 to 25	July 21 to 25	First	Second
5 - 10 yr. <i>Disney/Superhero Week</i>	July 27 to Aug 1	July 28 to Aug 1	First	Second
Adults 21+ <i>Holiday Week</i>	Aug 3 to 8	Aug 4 to 8	First	Second
Adults 18+ <i>A Week at the Oscars/Movie Theme</i>	Aug 10 to 15	Aug 11 to 15	First	Second

If overnight camp session is full, would you be able to attend day camp? YES NO

Did you attend Camp CaPella in 2024? YES NO DAY or OVERNIGHT?

Did you attend Camp CaPella prior to 2024 YES NO If yes, when? _____

Camp Fees

The cost to attend one week of **overnight camp is 2000.00, Day camp is \$1500.** Camp fees include meals and snacks unless a special diet is required.

It is our policy to never turn away a camper based on ability to pay. We do ask all of our campers to contribute a **minimum co-pay** of \$500. We understand that this may not be feasible for some of our campers and their families and any contribution you can afford will be greatly appreciated.

We are more than happy to make payment arrangements and offer suggestions to help you raise your camp fees.

Please let us know how much you anticipate to-pay towards camp fees. Please check your answer.

I can pay Overnight camp of \$2000 _____ \$2000 with payment arrangements _____

I can pay Day camp of \$1500 _____ \$1500 with payment arrangements _____

I can pay half _____ \$1000/\$750 Half with payment arrangements _____

I can pay the minimum \$500 co-pay _____ \$500 co-pay w/ payment arrangements _____

I can pay a portion of my camp fees _____ Indicate how much you hope to pay _____

I will need to make payment arrangements _____

Additional comments: _____

Note: Camp CaPella has done an actual cost analysis of Campership. Due to the increasing costs across the board, we have determined that per camper per week the cost to provide camp to our campers is actually 2497.00. Our Mission has always been to provide camp regardless of the ability to pay. We continue this mission today and just want all our folks to have a clear view of our budget requirements. Camp CaPella believes in financial transparency and will continue to make sure we are here for all of our Campers well into the future.

Permission Forms:

Photo Release: Do you give Camp CaPella permission to video tape or photograph this camper while attending camp for 2025 for future promotional purposes? YES NO

Please Note: Photos taken are for Camp CaPella Use Only

Transportation Release: Do you give permission for Camp CaPella staff to transport your camper for emergency purposes? YES NO

Medical Release: In the case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event I cannot be reached, I give permission to Camp CaPella to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery or injections of medication for me/this participant. Permission is given to transport me/this participant for medical assistance as deemed necessary by Camp CaPella staff. I understand I am responsible for payment of all medical treatments. The medical forms within this application may be photocopied for camp use. YES NO

Please list preferred hospital for medical treatment:

Immunizations: Are there any immunization exemptions due to religious, medical or other reasons? YES NO

If yes, please explain: _____

*I understand and accept the risks of my camper not being fully immunized. I understand if there is an outbreak, I will be required to pick up my camper from the camp program.

Parent/Guardian Signature

Date

I have reviewed this completed application. All information provided is correct to the best of my knowledge, and the participant herein described has permission to engage in all activities except as noted.

By signing below, I understand the guidelines as outlined within this application and agree to follow them.

Signature of Camper/Parent/Guardian

Date



Liability Release

Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Liability Waiver

Although precautions are taken to ensure the safety of all participants, participation in this outing is at your own risk. Camp CaPella will not be responsible for any bodily injury or any loss or damage of any kind.

To the fullest extent permitted by law, the participant agrees at their own cost to defend, indemnify and hold harmless Camp CaPella and its officers, directors, agents, representatives, managers, employees and affiliates from and against any and all claims, suits, liens, judgments, damages, losses and expenses including reasonable attorney fees and legal expenses and costs arising in whole or in part and in manner from the acts, omissions breach or default of participant, in connection with their participation in this event. This agreement is continuous until terminated by either party with written notice.

Signature of Participant (or guardian if under 18)

Date

Valid for one year from date signed

ALL CAMPERS WILL RECEIVE THEIR 2025 CAMP CAPELLA CAMPER T-SHIRT, IF THEY OR REALLY ANYONE WOULD LIKE OTHER CAMP CAPELLA GEAR PLEASE CHECK OUT OUR ONLINE STORE.

<https://www.packforcamp.com/collections/camp-caPELLA-LOGOWEAR-STORE?ref=capella>

OUR STORE HAS MANY ITEMS TO CHOOSE FROM INCLUDING BUT NOT LIMITED TO T-SHIRTS, HATS AND HOODIES. ALL ITEMS COME WITH THE CAMP CAPELLA LOGO ON THEM!

LOOK AND SEE IF THERE IS ANYTHING YOU, YOUR CAMPER OR FAMILY MIGHT LIKE.



Please note that none of the store items will be available at Camp Capella.

