



Kiwanis®

Nebraska-Iowa District Foundation

2018 Camp OK Information and Forms

Dear Club Leaders:

It is time to again consider Camp OK as a club project and sponsor a child or children for this wonderful camping experience. This year the camp will celebrate its 31th Anniversary and again be held for up to 120 campers from Sunday, June 03 thru Friday, June 08, 2018 at the YMCA Youth Camp near Boone, IA. A great experience is being planned by the camp directors.

Camp OK is a Foundation sponsored camp for first time campers having completed 5th or 6th grades who show advanced academic skills and/or special abilities in sports and the arts in school and would not be able to attend a week-long camp otherwise. The camp provides experiences with nature, water activities, leadership skills, arts, communications and opportunities to share talents in different subjects. A community service activity is also planned in the city of Boone.

All the forms you need to complete the application process are on the district website: www.ne-ia.kiwanisone.org under the NE-IA Foundation Overview drop down tab.

The following forms are included:

1. CAMP OLYMPIA KIWANIS (Camp OK) Description
2. Introduction Letter for Club Leaders
3. Commitment Form
4. Timeline Checklist
5. Camper Application (two pages)
6. Permission and Health Release (Foundation Form)
7. Bus Transportation Reservation Form (for Lincoln, Omaha, and Atlantic areas)

The Club Commitment Form needs to be returned by March 25, 2018 to reserve a spot for your camper(s). This includes any camper(s) your club has endowed with the Foundation. Space is limited to the first 120 applicants. Additional applicants will be put on a waiting list. At the 2016 Foundation Annual Meeting it was voted to maintain the fee at \$400.00 per camper.

Camp OK is a great opportunity to enrich a child's life. Your club has a chance to make a difference that will last a lifetime. We appreciate your continued support.

Sincerely,

Caya Knudson, NE-IA Camp OK Director

Don Glenn, Camp OK Chair



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Nebraska-Iowa District Foundation

Kiwanis Packet

This Packet is for the Kiwanis member who is in charge of recruiting Camper:

Camp OK TimeLine

1. _____ **March 23, 2018** Club Commitment Forms with \$100 deposit per camper due. The person name on commitment form is the contact we will use for all future Camp OK Correspondence. If you have an endowed camper, the Club Commitment form must still be sent to hold camper spot(s).
Send to:
Caya Knudson
1530 N 27th
Lincoln Ne 68503
2. _____ **May 4, 2018**. Camper forms and application packet is due. Remaining balance for each camper of \$300 is also due. Send Completed packet and balance to Caya Knudson. There will be NO forms accepted after **May 25**. (if they come in later YOU (Kiwanis sponsor) will be responsible for letting the family know their child cannot attend due to forms coming in late)
3. _____ **May 4, 2018** Reservation forms for the bus is due to Don Glenn. Lincoln, Omaha and Atlantic are the bus pick up areas. Once the 55 passenger bus is full, YOU will be responsible for making alternate transportation arrangements
4. **May 12, 2018** Last Day for Refunds, all request must be made in writing to Caya Knudson. Can be emailed to ne.iacampok@gmail.com
5. **May 25, 2018** LAST DAY TO GET FORMS IN!!: letter with more camp information will be mailed to Camper and Kiwanis contact.
6. **June 3, 2018** Campers will arrive at camp between 3:00 and 4:30. Please make sure your camper has transportation. If Kiwanis members are brining campers, they will be expected to stay with camper until it is time to check in. Bus will leave Lincoln at 11:00am, Omaha at 12:10 pm, Atlantic at 2:30 p, and arrives at Camp OK at 3:00pm
7. **June 8, 2018** Campers are picked up at 12:00. Please make sure that your campers have transportation home and they are available to be at camp at 12:00 NOON. The bus leaves Camp OK at noon, arrives Atlantic at 2:30, Omaha 3:50pm, and Lincoln at 5:00pm.

Caya Knudson-Camp OK Director
1530 N 27th
Lincoln Ne 68503
402-217-5781

Don Glenn- Camp OK Chair/Bus Coordinator
2108 Barbara Avenue
Bellevue, NE 68147
402-651-2400



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Nebraska-Iowa District Foundation

Club Commitment and Contract Form

Due March 25, 2018

The Kiwanis Club of _____ is reserving _____ spot(s) at Camp OK to be held in Boone, Iowa. In the best interest of the student(s) and the camp, we will complete the application packet for each camper candidate so that, to the best of our knowledge, the candidate meets the guidelines outlined in the purpose of the camp.

A deposit of **\$100.00** for each camper is required to accompany this Club Commitment Form. The balance of **\$300.00** is due on May, 4, 2018.

*There is no fee for endowment campers, however, this Club Commitment Form still **must** be submitted if your club intends to send an endowed camper this year.*

Refunds: There will be no refund made after May 12, 2017. All requests for refunds must be made in writing to the Camp OK Chairman. Email requests are acceptable, however, they must be sent by the May 09 deadline.

Club Contact

Contact Person _____

Address _____

Primary Phone _____ Home Work Cell

Alternate Phone _____ Home Work Cell-
mail Address _____

Note: The above person will be the one to be contacted on all Camp OK

business. Number of Campers: ___ X \$100.00 = \$ _____

() Check if _____ endowed camper(s)

Send to:

NE-IA Kiwanis District Foundation
Caya Knudson, Camp OK Director
Ne.iacampok@gmail.com

1530 N 27th
Lincoln, NE 68503

Make checks payable to: **NE-IA Kiwanis District Foundation**

Camp OK Bus Information

The Kiwanis District Foundation will be operating a bus (coach) from selected towns to Camp OK in Boone, Iowa. This is an air-conditioned coach with rest room facilities on board. We may stop for snacks or lunch along the way which the Foundation will pay for. Clubs are responsible for completing the Camper Bus Information sheet and paying the fee for each camper. The fee is non-refundable to keep the price as low as possible. If the camper misses the bus, the parent/guardian or Kiwanian will be responsible for getting the camper to or from camp.

PRICING (round trip):

Lincoln: \$75

Omaha: \$70

Atlantic: \$60

Make checks payable to NE-IA Kiwanis District Foundation and send prior to May 30 to:

Camp OK Bus

Don Glenn

2108 Barbara Avenue

Bellevue, NE 68147

Questions: donglenn@cox.net (402) 651-2400

Camp OK Bus Permission Form

Camper Full Name:			
Bus Stop (circle which one)	Lincoln	Omaha	Atlantic
Person Picking up camper:			
Relationship to camper (circle one)	Parent	Kiwanian	Other:
Contact Number:			
Permission to pick up if not by parent/guardian:	I, _____ (parent/guardian) do hereby grant permission to the above person to pick up my child at the bus stop so designated.		

Cut and send to Don Glenn 2108 Barbara Ave, Bellevue, NE 68147 donglenn@cox.net

SCHEDULE:

Going to Camp Sunday, June 3:

Leave Lincoln at: 11:00 am @ Days Inn, Airport Exit (#399) from I-80
 travel 50 minutes
 Arrive Omaha at: 11:50 am @ Fireman's Hall, 60th & Grover, 60th St Exit (#450) from I-80
 stop for boarding 20 minutes Leave Omaha at: 12:10 pm
 travel 1 hour
 Arrive Atlantic at: 1:10 pm @ Conoco station on Highway 71 just south of exit (#60) from I-80
 stop for boarding 20 minutes Leave Atlantic at: 1:30 pm travel 2.5 hours
 Arrive Boone YMCA at: 4:00 pm

Returning Friday, June 8:

Leave Boone YMCA at 12:00 noon
 travel 2.5 hours
 Arrive Atlantic at: 2:30 pm @ station on Highway 71 just south of exit (#60) from I-80
 stop for deboarding 20 minutes Leave Atlantic at 2:50 pm
 travel 1 hour
 Arrive Omaha at: 3:50 pm @ Fireman's Hall, 60th & Grover, 60th St Exit (#450) from I-80
 stop for deboarding 20 minutes Leave Omaha at: 4:10 pm
 travel 50 minutes
 Arrive Lincoln at: 5:00 pm @ Travelodge, Airport Exit (#399) from I-80

CAMPER APPLICATION – Due May 4, 2018

Please print or type.

Camper First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Circle Shirt size: Youth Medium Youth Large Adult Small Adult Medium Adult Large

Other _____

Gender Male Female Date of Birth _____ Grade in School _____

Camper: Please answer the following questions so we can learn about you.

1. What are your hobbies or interests?

2. What are your strengths?

3. Have you ever attended a camp before or been away from home for more than two nights? Write about your experience.

4. Are you planning to attend any other camps this summer? If Yes, list them:

I would like to attend camp for a week, June 3-8, 2018. I will try new activities and learn from others. Rain or shine, I can have fun in a new place with new people. I will follow the directions of staff members so everyone at camp will be safe and have fun. I will exercise good judgment in regard to my own health, safety and well-being while at camp.

Signature of Candidate: _____ Date: _____

Please print or type. Camper Name:

I would like my son/daughter to attend camp the week of June 3-8, 2018. He/she is responsible and will follow directions for the safety of him/her self and others. To help you understand my child and their unique needs or special concerns, I have fully completed this application and the permission and health packet.

Parent Comments:

Signature of parent/guardian: _____ Date: _____

Home Phone Number: _____ Cell Number: _____

Teacher Comments (Optional):

To make this experience a positive memory for all campers, please make any additional comments that you feel would be important for the staff to know.

Kiwanian Comments (Optional):

I would highly recommend this child to be a part of Camp Olympia Kiwanis 2018.

Signature: _____ Date: _____

Please Print

Kiwanian Name: _____

Address: _____ City _____ State _____ Zip _____

Home Number: (____) _____ Work/Cell Number: (____) _____

Sponsoring Kiwanis Club:



Camp OK

Boone Y-Camp Location

Health Form

This Form MUST be completed and returned before May 4,2018

Scan/Email ne.iacampok@gmail.com

Mail: Camp OK 1530 N 27th Lincoln NE 68503

Camper Info

Camper's First Name _____ Middle Name _____ Last Name _____

Gender: Male/Female Birth Date _____ Age at Camp _____ T-shirt Size _____

Grade in school: _____

Parent Info

Parent/Guardian Name _____ Primary Phone Number _____

Parent Email _____ Address: _____

City _____ State _____ Zip code: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Info

1) Name: _____ Relationship: _____ Cell Phone _____

Home phone: _____ Work Phone: _____ City: _____

2) Name: _____ Relationship: _____ Cell Phone _____

Home phone: _____ Work Phone: _____ City: _____

3) Name: _____ Relationship: _____ Cell Phone _____

Home phone: _____ Work Phone: _____ City: _____

Pictures are taken during Camp to use in an end of camp slideshow and on social media updates for the campers and their families. At times pictures are also selected for posters, brochures, and Camp OK information with in the Kiwanis community. If you DO NOT want your camper to be included in photographs, contact the Camp OK Directors at ne.iacampok@gmail.com

Camper Health Records

Does the Camper have any Allergies? _____

Does the Camper have any Food restrictions? _____

Does the Camper have any Activity Restrictions? _____

Does the Camper have and Mental Health Conditions? _____

Does the Camper have any other conditions camp should be aware of? _____

<u>Immunizations</u>	<u>Date</u>	<u>Immunizations</u>	<u>Date</u>	<u>Disease</u>	<u>Date</u>	<u>Disease</u>	<u>Date</u>
Booster		Polio		Measles		Mumps	
Tetanus		Diphtheria		German Measles		Asthma	
Measles		Rubella		Chicken Pox		Other	
Pertussis		Fill out box or attach Immunization records provided by your doctor's office.					
Tuberculin							

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Insurance Company: _____ Policy or Group Name: _____

This is a waiver of permission for treatment, that Des Moines Y-Camp and the Nebraska-Iowa Kiwanis District Foundation, and Kiwanis International, its officers, employees, instructors, and staff of CAMP OK can treat and secure proper treatment in event of medical emergency. Also stating I will not sue Camp OK, Kiwanis Foundation, or Des Moines Y-Camp for any medical attention, personal, or property loss that can occur.

In case of medical emergency, I hereby give permission to the Health aids, and physician selected by the camp or an appointed staff member to hospitalize, secure proper treatment or order injection, anesthesia or surgery for the child named on this health form. I will notify the Camp Director of any serious restrictions related to his or his participation in the Camp OK/Des Moines Y Camp Program. I also assume all responsibility of any medical treatment costs that occur while my camper is attending the Camp OK/ Des Moines Y- Camp Program.

I fully accept and understand the incidental risks, of travel to and from sites and activities, participation at sites, and the non-exclusive risk that can occur while at camp may include but not limited to: personal property damage or loss, personal injury, death, body injury, heart attack, blisters, cuts, lacerations, abrasions, concussions, strains, sprains, dislocations, fractures, cold and heat injury.

In event of illness I give Camp OK/ Des Moines Y-camp permission of administer any medications sent with the child, or over the counter with contact of parent. (When checking in all Medications must be in original packaging with prescription information).

I have read and understand that the Waiver is intended to be as broad and inclusive as permitted by the laws of the States of Nebraska and Iowa and agree that if any part is held invalid, the remaining parts of this Waiver and Release will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

Signature of Parent/Guardian: _____ Date: _____

Camper Confidential Form

Camp OK is always trying to build stronger relationships with the campers. In order to do so we would like to ask you some questions. If you could help us by taking a few minutes and answering the following questions with your child, it will help our leaders get to know your child better.

Parent Fill Out

Camper Name: _____ AGE: _____

Is your camper on any behavior medications? Yes/No Explain: _____

Have any major life-events that occurred recently? Explain: _____

Is your Camper Prone to sickness? Yes/No

Has Camper ever been to Camp before? Yes/No

Is your camper a bed wetter? Yes/No

Does the Camper have any major Fears? Yes/ NO Explain: _____

Is your Camper a sleep walker? Yes/No

Does your Camper have a sibling at Camp? Yes/No Name: _____

Things your camper enjoys doing? _____

Names of any pets at home: _____

Activities your camper participates in _____

Anything else camp should be aware of or you would like us to know about your camper: _____

Camper Fill Out:

When I'm not in school I like to: _____

What are your strengths: _____

The thing I am most excited about camp is: _____

Summer 2018 Parent/Camper Code of Conduct

As a parent of _____ I will...

*communicate questions/concerns to staff in a mature & Private matter.

* read the parent packet so I am familiar with all information

* work with Camp staff in a positive manner on all behavior issues dealing with my child.

* miss my child while they are at camp/ but also work hard to enjoy the time for myself. Not making calls to my camper during the week so they can enjoy every activity to the fullest and wait hear about the adventures on Friday

Parent Signature: _____ Date: _____

Medication Log

Please only fill this section out if your child will be taking any medications during camp. If your child will be getting medications, all bottles must be brought in original container with prescription label.

When packing make sure medications are easy to grab so you can bring them into check it right away!

Medication: _____

Dosage: _____

Times Taken (am, breakfast, lunch, dinner, bedtime) _____

Reason for Taking: _____

Medication: _____

Dosage: _____

Times Taken (am, breakfast, lunch, dinner, bedtime) _____

Reason for Taking: _____

Medication: _____

Dosage: _____

Times Taken (am, breakfast, lunch, dinner, bedtime) _____

Reason for Taking: _____

Medication: _____

Dosage: _____

Times Taken (am, breakfast, lunch, dinner, bedtime) _____

Reason for Taking: _____

