

# 2017 Special Olympics Overnight Sports Camp



Special Olympics Delaware's Overnight Sports Camp is a three-day, two-night camp featuring sports training, traditional camp activities and socialization held at Camp Barnes, located near Bethany Beach in southern Delaware. Camp is offered to all qualified Special Olympics Delaware **athletes**. This year Special Olympics Delaware is again offering two overnight sessions. Athletes may apply for acceptance into **ONLY 1 of the 2 following camps:**

**SESSION 1: SATURDAY, AUGUST 5-MONDAY AUGUST 7**

**SESSION 2: SUNDAY, AUGUST 13 – TUESDAY, AUGUST 15**

**Applications are being considered now for both camps.** *Space at both camps is limited and a completed application does not mean acceptance into camp. Openings will be filled based on the following criteria:*

**Criteria for Acceptance:**

*Athletes, at a minimum:*

- 1. Must be a current registered athlete of Special Olympics Delaware.*
- 2. Must have trained and competed in a Special Olympics Delaware event within the past year (Summer Games 2016 through Basketball 2017). Priority will be given to athletes who have trained and competed in 2 or more sports during this time period with an **Area Program (Wilmington, Newark, MOT, Sussex, or Kent)**. Athletes who have only competed in school programs will be placed on a waiting list, if they meet all other requirements.*
- 3. Must be willing to participate in all activities offered throughout the duration of camp.*
- 4. Must be able to be relatively independent in daily life skills and follow directions of staff and counselors.*
- 5. Athlete(s) who live in a group home and are selected for camp may be required to have a staff member attend camp as a counselor.*

*\* Recommended minimum age for attending camp is 13 years old.*

**Registration Procedure:**

- 1. Fill out the attached application and return to SODE by **April 14, 2017.***
  - a. Any application that is not completely filled out or received after the date will not be accepted.*
  - b. Receiving application before the deadline does not guarantee acceptance athletes must meet the minimum requirements.*
  - c. Attendance at prior camps does not guarantee acceptance into this year's camp.*
- 2. Must have a current valid Athlete Medical on file with Special Olympics Delaware.*
  - a. If an athlete's medical is set to expire prior to camp he/she must have an updated medical before July 31, 2017 or have a Doctor's appointment scheduled prior to camp to ensure the medical will be updated.*
- 3. Campers will be notified if they have been selected by May 12, 2017.*

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## APPLICANT MAY ONLY APPLY TO AND ATTEND ONE CAMP

*Circle which camp you are applying for:*

SESSION 1: SATURDAY, AUGUST 5-MONDAY AUGUST 7

SESSION 2: SUNDAY, AUGUST 13 – TUESDAY, AUGUST 15

### Athlete Information *(please print or type)*

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Full Name: (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Has this athlete attended SODE overnight camp before? \_\_\_\_\_

Please list any other overnight camps the athlete has attended: \_\_\_\_\_

Does this athlete live in a group home? \_\_\_\_\_

If yes, are other athletes from this group home applying for camp? \_\_\_\_\_

List names of those who are applying from this group home \_\_\_\_\_

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NOTE: *Athletes who live in a group home and are selected **MAYBE REQUIRED** to have a member of that group home attend camp*  
If selected, please list the name of group home staff member that will be staying with athlete(s) at camp:

Circle which sports this athlete has trained and competed at the State level within an AREA PROGRAM (not school):

- |                    |                                 |                            |
|--------------------|---------------------------------|----------------------------|
| 2016 Summer Games  | 2016 Cycling Classic            | 2016 Golf State Tournament |
| 2016 Fall Festival | 2017 State Bowling Tournament   |                            |
| 2017 Winter Games  | 2017 Team Basketball Tournament |                            |

Please list other Activities athlete participated in for Special Olympics during the past 12 months including school events:

### Additional Contact Information

Is the athlete completing this information form their own legal guardian?  Yes  No

#### Parent/Legal Guardian/Group Home Staff Member

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Athlete Name: \_\_\_\_\_

### Special Olympics Area Information

Area Name: \_\_\_\_\_

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## Behavior

Please check any boxes listing behavior exhibited by this athlete:

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- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bites self or others                | <input type="checkbox"/> Elevated sexual interest    | <input type="checkbox"/> Overly dependent on others   | <input type="checkbox"/> Teases others           |
| <input type="checkbox"/> Cries or becomes upset easily       | <input type="checkbox"/> Exaggerates pain/illness    | <input type="checkbox"/> Overly fearful               | <input type="checkbox"/> Temper tantrums         |
| <input type="checkbox"/> Difficulty changing routines        | <input type="checkbox"/> Excessive cursing/vulgarity | <input type="checkbox"/> Pulls own hair or others     | <input type="checkbox"/> Throws objects          |
| <input type="checkbox"/> Difficulty with authority           | <input type="checkbox"/> Excessive physical touching | <input type="checkbox"/> Resistant to changes in diet | <input type="checkbox"/> Uncomfortable in crowds |
| <input type="checkbox"/> Difficulty taking direction         | <input type="checkbox"/> Hits self or others         | <input type="checkbox"/> Seeks steady attention       | <input type="checkbox"/> Wanders/runs from group |
| <input type="checkbox"/> Elevated emotional needs            | <input type="checkbox"/> Mental health issues        | <input type="checkbox"/> Seeks steady entertainment   |  |
| <input type="checkbox"/> Other ( <i>please list</i> ): _____ |  |   |  |

List details to help explain areas above and specific methods to resolve behavior difficulties: \_\_\_\_\_  
\_\_\_\_\_

Does this athlete understand dangerous situations? (ie: running in parking lot, entering water without supervision, why acting out is dangerous)  Yes  No

Does this athlete require a 1:1 in the following at anytime:  School or Work  Home If Yes, Why:

List any circumstances that will increase the likelihood of negative behavior. (ie: loud noises, animals, the dark)  
List situation and behavior displayed

Please provide any information that we should know that will help this athlete should a situation occur:

Does this athlete have a sensory or comfort object that helps alleviate stress?  Yes  No  
If Yes, please describe (If possible, athlete may bring object to camp):

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## Travel Experience

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- Does this athlete have emotional discomfort when traveling (homesickness, anxiety, mood swings)?  Yes  No  
*If yes, please explain:* \_\_\_\_\_
- Has this athlete taken a trip without a family member/legal guardian present?  Yes  No
- Will this athlete be able to carry/move their own luggage (suitcase) and equipment?  Yes  No

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If athlete has been to SODE Overnight Camp before has he/she ever had any behavioral issues while at camp? (ie: parent needed to be called, athlete was sent home)

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### Self-Help Skills

Please check the box in each area which best describes this athlete:

Dressing	Grooming	Mealtime	Toileting
<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent	<input type="checkbox"/> Completely independent
<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance	<input type="checkbox"/> Needs minimal assistance
<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance	<input type="checkbox"/> Needs significant assistance

For any skills marked as needing minimal or significant assistance, please provide details to explain needed level of support:

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How long does the athlete take to get out of bed, groom & dress each morning? \_\_\_\_\_

**In evaluating this athlete’s behavior and self-help skills, what level of support would be required to be successful?**

- Would require minimal support to be successful. *Athlete is relatively independent and/or lives on his/her own.*
- Would require moderate support to be successful. *Supervision within a group of 4 athletes and 1 counselor would be acceptable.*
- Would require significant support to be successful. *Supervision on a 1-to-1 basis would be needed.*

1. Some situations and behaviors may require us to ask parents/guardians or caregivers to provide one-on-one supervision for the duration of the camp. In the event that we ask for someone to provide supervision and accompany that athlete you must be able to provide someone who will stay with the athlete for the duration of the camp, or the athlete will not be accepted into camp. This will be done to ensure the safety of the athlete and everyone else at camp as well as allow the athlete to get the most meaningful experience from camp.
2. If the athlete has a behavior plan either through work, day-center or school, that plan must accompany this application when submitted.
3. If the athlete has a sensory or comfort object that will help alleviate any stress during camp, it must accompany the athlete to camp.
4. Parents/Guardians will be notified immediately when athletes are exhibiting negative behavior during camp and may be asked to pick-up their athlete prior to the end of camp.

By signing below, I agree to the above behavior policy implemented by Special Olympics Delaware for camp.

\_\_\_\_\_  
 Parent/Guardian Signature      Date      Relationship to Athlete

*Athlete Name:* \_\_\_\_\_

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## Medical Overview

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Please check all that apply to this athlete:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Depression                         | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Special Diet                        |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Surgery ( <i>within last year</i> ) |
| <input type="checkbox"/> Autism          | <input type="checkbox"/> Down Syndrome ( <i>see below</i> ) | <input type="checkbox"/> Non-verbal       | <input type="checkbox"/> Uses Cane, Walker, etc.             |
| <input type="checkbox"/> Broken Bones    | <input type="checkbox"/> Glasses/Contacts                   | <input type="checkbox"/> Seizures         | <input type="checkbox"/> Uses Wheelchair                     |

If athlete has Down Syndrome, has an x-ray been taken to evaluate Atlanto-axial instability?  Yes  No

*If yes, was the x-ray positive for Atlanto-axial instability?*  Yes  No

Does athlete have any physical restrictions that may prevent him/her from participating in any camp activities?

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Does athlete use a CPAP machine or any other equipment to assist in his/her breathing?

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## Dietary Restrictions

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Please list any dietary restrictions for this athlete:

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*Athlete Name:* \_\_\_\_\_

# 2017 Special Olympics Delaware Overnight Sports Camp

## Signatures

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As a parent/guardian, I understand that I am responsible for all of the following: transporting the athlete to and from camp, attending meetings, assisting in the registration process, updating medical files, and/or any facet that would involve properly and efficiently preparing my athlete for this camp; and I am prepared to take on these responsibilities.

\_\_\_\_\_  
Parent/Guardian Signature      Date      Relationship to Athlete

Person completing application (if other than Parent/Guardian):

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

By signing this application you are acknowledging that all information is accurate to the best of your knowledge. If any information is inaccurate or considered to be false the athlete's selection to camp will be jeopardized. This may also include removing the athlete, if selected, from camp and not allowing attendance at future camps.

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### Return completed applications to:

Special Olympics Delaware  
2017 Special Olympics Sports Camp Selection Committee  
619 South College Ave.  
Newark, DE 19716-1901

Fax: 302-831-3483

**ALL applications must be received on or before April 14, 2017 to be considered for acceptance**  
**Space is limited so apply early. Receipt of application does not guarantee acceptance.**