



ROLLING RASCALS June 2025

SUNDAY (evening arrive) to WEDNESDAY (evening exit) – JUNE 8-11, 2025

Dear prospective camper and family/caregiver,

Thank you for your interest in the next annual Rolling Rascals Camp. This camp is designed for individuals to experience self-directed mobility and communication in a fun, interactive outdoor environment. Incorporating technology to support participation in meaningful activities is the primary focus. Camp is at NO cost. The number of campers in attendance is based on cabin and staff availability. Each camper is expected to bring at least one parent or caregiver and camp supplies, as provided later. Parents/caregivers will be responsible to dispense all medications. Family members and other team members welcome.

Campers are encouraged to reach their potential. Through outings, games, crafts, and evening events, campers are assisted to explore and engage with others. Many opportunities will be provided for campers to have fun and make new friends.

We anticipate several therapists, including PT's, OT's, and SLP's, as well as other professionals to participate in the activities. A nurse will also be on site. Camper application is attached to this letter.

Please return via **email** to Christina at **RollingRascalsCamp@yahoo.com**.

Thank you for your interest.

Christina Guisbert, PT, ATP/SMS, SEP (304-482-5037)

DATES: Sunday, June 8 (evening arrival) to Wednesday, June 11 (evening exit), 2025. Monday JUNE 9 will be an "Education Day", incorporating individuals into the learning experience as agreeable. This day will include exposure to multiple access methods, various technologies, adaptive equipment, mobility/seating/positioning, and how they relate to each other.

LOCATION Hidden Hollow Camp: 5127 Possum Run Rd. Bellville, Ohio 44813

****Cabins are equipped with lights and electrical outlets.**

****If possible, any evaluations or status updates from therapists, medical professionals would be helpful to include with the application.**



ROLLING RASCALS!
Hidden Hollow Camp OHIO
June 8-11, 2025
CAMPER APPLICATION

General Information

Camper's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Sex: _____ T-shirt size: _____

Name of primary person attending with camper: _____ Relationship: _____

Others attending with camper and relationship: _____

T-shirt sizes for those attending: _____

Does camper attend school? If so, please print the full name of the school, including grade level:

Hobbies/interests: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone number: () _____ Work Phone: () _____

Mobile phone: () _____

Person to notify in an EMERGENCY:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Relationship: _____

Medical History

Diagnosis/Disability: _____

Allergies

Is camper allergic to the following (please check):

Medication ___ Food ___ Latex ___ Poison Ivy ___ Insect Bites-Stings/venom ___ Other _____

If any above is marked, please elaborate: _____

Symptoms with allergies: _____

Assistance

Does the camper require the use of any medical equipment? Please list adaptive equipment:

Toileting/Shower: _____

Transfers: _____

Other: _____

Means of mobility? --walk, manual chair, powerchair? Please provide further details: _____

Does camper have kidney/bowel control limitations during the **Daytime**? Yes () No ()

During **Nighttime**? Yes () No () Please explain: _____

Restrictions/Limitations --Vitamix(es) will be on-site for use.

Does the camper have any diet restrictions? Please list: _____

Does the camper have any limitations on the following (please check):

Swimming ____ (ear plugs/flotation devices to be provided by camper if possible) Sun ____ Heat ____

Strenuous Activity ____ Other ____ Please list other limitations: _____

Medical

Does the camper have/had any of these medical conditions? Please mark **HAD** or **HAS**:

Diabetes ____ Asthma ____ Chicken Pox ____ date: _____

Surgery ____ Measles ____ German measles ____ Seizures ____

Sleeping Disorder ____ HIV ____ Hep B ____ Hep C ____

Hearing Impairment ____ Cardiac ____ Respiratory/COPD ____

Other: _____

Please explain: _____

Are camper's immunizations current? Yes () No (). Date of last tetanus: _____

Current Medication List

Please list all current medications on the following form. (Include over the counter drugs, vitamins, and herbal remedies. Attach additional pages if necessary). Primary caregiver responsible for medication.

| DRUG | DOSE | FREQUENCY |
|-----------------------------|------|-----------|
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| | | |
| | | |
| | | |
| | | |
| | | |
| Special Instructions: _____ | | |
| _____ | | |

ADDITIONAL INFORMATION not included in application: _____

Personal Belongings

Please provide a list of belongings with each camper. Please be as specific as possible in describing items including color and number sent. **PLEASE MARK ALL ITEMS WITH A PERMANENT MARKER.**

DATES of Camp: Ideally, attending for the entirety is recommended for the full experience, but also realize limitations exist. Please indicate times camper will attend and check whether the camper intends to stay overnight:

| | |
|---|-----------------|
| June 8 th : Evening arrival_____ | Overnight _____ |
| June 9 th : Daytime-evening_____ | Overnight _____ |
| June 10 th : Daytime-evening_____ | Overnight _____ |
| June 11 th : Daytime-early evening exit_____ | |

Referring therapist/individual: _____

Please return to your contact therapist or you can email directly to
RollingRascalsCamp@yahoo.com.

**Thank you –get ready for a memorable
experience!**