<u>ROLLING RASCALS</u> June 2026

SUNDAY (evening arrive) to WEDNESDAY (evening exit) – JUNE 14-17, 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 14 (evening arrival) to Wednesday, June 17 (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 14-17, 2026
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, ages please: _____
_____
_____
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 an 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**

_____
_____
_____
_____
_____
_____
_____
_____
_____

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 PERSONAL 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 14th: Evening arrival_____ Overnight _____
June 15th: Daytime-evening_____ Overnight _____
June 16th: Daytime-evening_____ Overnight _____
June 17th: 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!