



Camp Abilities Long Island Eligibility Criteria

Children who attend Camp Abilities must possess the following in order to participate:

- 1) They have a visual impairment (must have a vision teacher)
- 2) They are predominantly independent (helping with tying shoes, bathing, toileting, or picking clothes is fine)
- 3) They possess verbal or sign communication skills appropriate within 2 years of their age
- 4) They display behaviors that allow them to function in a group setting that does not affect other group members;
 - Must NOT run away (this is a college campus and this behavior is dangerous for everyone, any child who runs away will be sent home immediately)
 - Must not kick.
 - Must not bite.
 - Must not display defiant behavior (this includes refusing to stand in a line, refusing to participate in a variety of activities, refusing to abide by the bed time)
- 5) They do not possess a medical problem that requires a nurse for constant supervision (we only have 1 nurse so we cannot afford to have a child that requires all of their time)
- 6) Parents must disclose ALL necessary information that will allow us to provide a safe environment for the week

Athletes will be ineligible and sent home if they display the following:

- fleeing/run away behaviors
- biting/scratching/hitting behaviors
- medical needs that require constant nursing supervision or communicable diseases;
- defiant or conduct disorders
- mobility limitations that prohibit them from ambulating 1/2 mile or inability to participate in the sport activities

Please read the following carefully:

If you are interested in being sponsored by the NYS Commission for the Blind, please contact your child's Consultant or Transition Counselor **before** submitting this application.

If you will not be sponsored by the NYS Commission, you will be required to pay a nonrefundable \$50 deposit at registration. Please make your deposit at the link below and send your confirmation email to campabilitieslongisland@gmail.com.

[Make your deposit here](#)

**Camp Abilities Long Island
July 10 - July 13, 2024**

Child's Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Age:** _____ **Gender:** _____

Preferred Pronouns: _____

CHILD'S Email: _____

Please list your child's **NYSCB Transition Counselor/Consultant** (if applicable):

Name: _____

Email: _____

**Have you already contacted your counselor/consultant about attending
Camp Abilities Long Island? Yes / No**

Parent/Guardian Information:

Full Name: _____

Parent's Phone: _____

PARENT'S Email: _____

Preferred method of contact (circle): Email / Call / Text

Will your child need to be picked up at the train station or airport?

Yes _____ **No** _____

Is your child independent: Yes / No

Can they feed themselves?: Yes / No

Can they dress themselves: Yes / No

Can they toilet themselves: Yes / No

Ambulatory: Yes / No

Description of visual impairment:

Describe additional disabilities:

Please give a detailed description:

Please add additional pertinent information regarding needs/behavior:

HEALTH QUESTIONNAIRE

We would like to have as much information on your child's visual impairment as well as any other information on any other disability your child may have. Please take the time to answer the questions below. This will be beneficial for the counselors and specialists working with your child to understand their needs better.

Please check which classification your child falls into:

_____ **Class B1:** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.

_____ **Class B2:** From ability to recognize the shape of a hand up to visual acuity of 2-/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.

_____ **Class B3:** From visual acuity 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.

_____ **Class B4:** From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

Please answer the following questions: Please use the space provided only if you need to provide additional information. Please be as specific as possible!

1. My child has **difficulty going from dark to light** places? Yes / No

Explain: _____

2. My child has **difficulty going from light to dark** places? Yes / No

Explain: _____

3. My child has a **good sense of peripheral vision?** Yes / No

Explain: _____

4. My child has **good sense of central vision?** Yes / No

Explain: _____

5. My child has **tunnel vision?** Yes / No

Explain: _____

Disability (*mark all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Emotionally Challenged |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other _____ |

Behavior (*mark all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Hits others |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Socially Isolated |
| <input type="checkbox"/> Loud or Abusive Language | <input type="checkbox"/> Inappropriate Sexual Behavior |

Describe your child's Cognitive Ability:

Describe your child's Communication Skills:

Mobility: Walks without assistance _____ Walks with use of cane _____
Walks with other device _____ Explain _____
Uses a wheelchair _____

Specify type and degree of assistance required in each area:

Eating:

Dressing:

Grooming:

Bathing:

Toileting:

Bedtime routine:

Uses protective undergarments or feminine products?:

Additional information about the athlete that you would like to share with the staff?



Parental Permission Form

Please sign and return at the time of registration.

Camp Abilities is for children who are blind, visually impaired or deaf-blind. Campers must be between the ages of 9-19 who are verbal and independent in self care.

Please fill out these forms and send back to **campabilitieslongisland@gmail.com**.

There is a required down payment of \$50.00 due at the time of registration for anyone not being sponsored by the NYS Commission for the Blind.

Any Questions? Please Contact:
Taylor McDonnell, Director
631-432-0569
campabilitieslongisland@gmail.com

_____ **I accept these conditions and that all the information above is my own.**

Parent Signature: _____

Date: _____

Athlete Signature: _____

Date: _____