



Nebraska-Iowa Kiwanis District Foundation

President
MARY M. LANGDON
612 Glenview Drive
Des Moines, IA 50312-2528
Res. 515-277-5476
Mobile: 515-988-3640
FAX: 515-277-3690
Email: rglangdon@earthlink.net

Vice-President
WARREN H. SPENCER
14441 Oak Lane
Waverly, NE 68462-1546
Mobile: 402-525-7286
Res. 402-786-3074
Email: spencerwarren-h@charter.net

Secretary-Treasurer
J. DONALD GLENN
11765 Amos Gates Drive
Bellevue, NE 68123-1177
Res. 402-291-9177
FAX: 402-291-9177
Email: donglenn@cox.net

Immediate Past President
LAWRENCE E. ZISKA, JR.
6202 Belvedere Blvd
Omaha, NE 68111-1273
Bus. 402- 778-1326
Res. 402-451-3189
Email: zziska@aol.com

January 12, 2006

Dear Kiwanian:

It is time again to be considering Camp OK and sponsoring a child or children to this wonderful camping experience. This year we will be holding one camp for up to 120 campers from Sunday, June 11 through Friday, June 16, 2006, at the Eastern Nebraska 4-H Center near Gretna, Nebraska. The cabins, lodges and 4-H staff are all ready, which should contribute to another positive camping experience.

All camp activities are highlighted in the enclosed brochure and activities will include classes in geography, travel, cultures, and nature. We will also perform service projects.

A packet is enclosed to help you complete the paper work, which includes:

1. A timeline showing when items must be completed, **(PLEASE NOTE THE DATES)**
2. A Club Commitment and Contact Form,
3. Kiwanis Contact Form,
4. Teacher Recommendation Form,
5. Camper Application Form,
6. Medical and Information Sheet.

The Club Commitment Form needs to be returned by March 15, 2006, 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.

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,

Don Glenn
Secretary-Treasurer

Enclosures

CAMP OK TIMELINE

DO NOT SEND THIS FORM IN

Use this form to check off your progress on planning Camp OK.

1. _____ **March 15, 2006.** Club Commitment Sheet is due. Send to Don Glenn with **\$100** deposit per camper. If it is an endowed campership, the Club Commitment Sheet must still be sent to hold the spot(s).

2. _____ **May 1, 2006.** Application Packet is due. Remaining balance for each camper of **\$200** is due. Send completed packet and balance to Don Glenn (see address below). The packet consists of the following forms for each camper:
 - a. _____ Kiwanian Recommendation completed by a Kiwanian.
 - b. _____ Teacher Recommendation completed by the camper's teacher.
 - c. _____ Camper Application completed by the camper
 - d. _____ Camper Medical & Information Sheet
 - e. _____ Health History Information Sheet

- No camper will be accepted until **all** the forms and fees are in.**

3. _____ **May 1, 2006.** Last day for refund. All requests must be in writing (email ok) to Don Glenn.

4. _____ **May 15, 2006.** Acceptance letter and camp information will be mailed to Camp OK Contact by Don Glenn. There will be a camp information packet for each camper.

5. _____ **Sunday, June 11, 2006.** Campers arrive at camp between 3 p.m. and 4:30 p.m. Please make sure that your camper(s) have transportation arranged to camp.

6. _____ **Friday, June 16, 2006.** Campers are picked up at 12 noon. Please make sure that your camper(s) have transportation arranged for going home.

NE-IA Kiwanis District Foundation
Don Glenn, Secretary-Treasurer
11765 Amos Gates Drive
Bellevue, NE 68123-1177
(402) 291-9177 (h)
donglenn@cox.net

PLEASE RETAIN THIS FORM FOR YOUR USE

DO NOT SEND THIS FORM IN

CLUB COMMITMENT & CONTACT FORM

Due March 15, 2006

CLUB COMMITMENT

The _____ Kiwanis Club is reserving _____ spot(s) at Camp Olympia Kiwanis. In the best interest of the students 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. The balance of **\$200.00** is due on May 1, 2006.

There is no fee for endowment campers, but you must still send in this sheet to hold a spot.

Refunds: There will be no refund made after May 1, 2006. All requests for refunds must be made in writing to the Foundation.

CLUB CONTACT.

Please designate one individual to be the contact between the club, the Foundation, the school and the camper. This will be the individual we will send all future Camp OK information to. Please print all information. If an email address is given, all correspondence will be to that email address.

Contact Person: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Number of Campers _____ X \$100. enclosed: \$ _____

check if _____ endowed camper(s)
(number)

Send to: NE-IA Kiwanis District Foundation
Don Glenn, Secretary-Treasurer
11765 Amos Gates Drive
Bellevue, NE 68123-1177

Make Checks Payable to: **The Nebraska-Iowa Kiwanis District Foundation**

CAMPER APPLICATION -- Due May 1, 2006

(to be completed by the camper)

Please answer the following questions in complete sentences, so we can learn about you. Please print your answers.

1. What are your hobbies or interests?
2. List your strengths.
3. Have you ever attended a camp before? _____ Write about your experience.
4. Are you planning on attending any other camps this summer? _____ List them:
5. Explain your favorite project this past year.
6. How do you deal with your weaknesses?

I would like to attend camp for a week, June 15-20, 2003. This will be my first camp experience. I am willing to 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.

Signature of Candidate: _____ Date: _____

Please print:

Camper Name: _____

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

Sponsoring Kiwanis Club _____

I would like my son/daughter to attend camp the week of June 11-16, 2006. He/she is responsible and will follow directions for the safety of his/her self and others. All medical records are complete to allow for the staff to meet the needs of my child.

Signature of parent/guardian: _____ Date: _____

KIWANIS CONTACT --Due May 1, 2006

(to be completed by a Kiwanian)

These questions are to be asked during the interview of the student being considered. Please record the responses to help staff members get to know the candidate. The more complete the answers, the more useful the information will be. Please print all responses

Camper Candidate _____ Grade _____

1. Why do you want to attend a week-long camp?
2. Have you ever been away from your family for a weekend or longer? How did you feel being away from them?
3. What are your strengths in school?
4. Do you belong to any clubs at school or outside of school? Please list them below.
5. How do you handle situations that don't go just as you planned or as you were told they would go.
6. What would you say is the biggest contribution you could make to the camp?

As the Kiwanis Contact for Camp OK, I have interviewed my club's candidate for this camp and have reviewed the students' and teachers' comments to make sure all requirements have been met. I would highly recommend this child to be accepted for a bunk at our District's camp.

Signature: _____ Date: ____/____/____

Please Print

Kiwanian Name: _____

Address: _____ City _____ State ____ Zip: _____

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

Kiwanis Club _____

Camper Medical and Information Sheet – DUE May 1, 2006

Name _____

_____/_____/_____
Date of Birth

Gender: Male Female Grade Completed: 5th 6th

Campers will receive a Camp OK T-shirt.

Please check the **ADULT** size you need: Small Medium Large Extra Large

Yes No My child knows how to swim.

Yes No My child may participate in water activities.

Yes No Permission is given to the Nebraska-Iowa Kiwanis District Foundation, as sponsors of Camp OK, and to Camp OK staff to use any photographs, slides or videos for my camper in Kiwanis brochures or other publications promoting Camp OK, the Foundation or Kiwanis International.

Yes No There are flag ceremonies, inspirational time, and singing graces at mealtimes. All campers are expected to participate in these activities. Camp OK does not promote any religion nor expect campers to conform to any religion. Do you want your camper to participate in these activities?

Any medications brought to camp must be in original containers and given to the nurse in a plastic bag with the camper's name on the bag at the time of check-in. Medications should be clearly marked with the camper's name and reason for the medication. Please list any medications that your camper will be bringing to camp:

My child has my permission to attend Camp OK. I have read and understand the purposes of the camp. I further understand that first aid will be available, that the campers will be supervised, and that if a serious injury or illness occurs, we will be notified. If it is impossible to contact the emergency contact, or us, we give permission for emergency treatment and/or surgery as recommended by the attending physician.

Signature of parent or guardian

_____/_____/_____
date

Emergency Contacts: We must have two different contacts with both day and night phone numbers.

Parent/Guardian

_____(_____)_____
Day Phone

_____(_____)_____
Night Phone

Address

City

State

ZIP Code

SECOND CONTACT

If parent/
guardian
cannot be
reached,
call:

Name

_____(_____)_____
Day Phone

_____(_____)_____
Night Phone

Address

City

State

ZIP Code

Insurance Information

Is the Camp OK participant covered by family medical/hospitalization insurance? Yes No

Medical Insurance Company: _____ Policy No.: _____

Name of Insured: _____ Relationship to Participant: _____

Participant's Medical Identification No.: _____

Medical Care Provider-Name of Family Physician or Health Care Facility

_____(_____)_____
Phone Number

Due May 1, 2006

Health History Information CAMPER NAME:

Does the participant currently have or have had any of the following. Check "yes" or "no" to each question. Please explain any "yes" answers (noting the number of the question) in the space below or on an additional sheet of paper, if necessary.

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had recent injury. Illness or infectious disease? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have diabetes or hypoglycemia?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness or condition?----- | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have asthma? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been hospitalized/had surgery within past 2 years ---- | <input type="checkbox"/> | <input type="checkbox"/> | 13. Had mononucleosis in the past 12 months? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have frequent headaches? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 14. Had seizures? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had a head injury and/or knocked unconscious? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 15. Had frequent ear infections?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has passed out, been dizzy, and/or had chest pain
during or after exercise? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 16. Wear glasses, contacts or protective eyewear?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had heart-related problem (high/low blood pressure,
shortness of breath, murmurs, etc.)? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have an orthodontic appliance? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Had muscular/skeletal problems (arthritis, hernia,
Recent fractures, back/joint problems)/ ----- | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have problems with sleepwalking? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had stomach/intestinal problems (ulcers, jaundice,
indigestion, diarrhea/constipation)? ----- | <input type="checkbox"/> | <input type="checkbox"/> | 19. If female, have an abnormal menstrual history?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have any skin problems (itching, rash, acne)/ ----- | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have a history of bedwetting?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 21. Had an eating disorder? ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 22. Had emotional difficulties for which professional
help was sought?----- | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give details (i.e. reactions, special instructions, special equipment, procedures): (Attach additional pages if necessary)

Date of last physical exam: _____

Conditions, Restrictions or Allergies (Please list all)

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Medicine allergies	
Allergies (food, latex, etc.)	
Conditions (diabetic, asthma, etc.)	
Restrictions (earplugs while swimming)	

Immunizations

Which of the following has the participant had? Measles Chicken Pox German Measles Mumps Hepatitis
Please give date for last immunization for:

DTP: ___/___/___ Hepatitis B: ___/___/___ Varicella Zoster: ___/___/___
 Rubella: ___/___/___ TD (Tetanus/diphtheria: ___/___/___ Polio: ___/___/___
 Measles (hard or red measles or rubeola): ___/___/___ Haemophitus influenza (HiB): ___/___/___
 Last TB mantoux test: ___/___/___ Result: _____

Events at camp

Camp starts at 3 p.m. on Sunday and ends at 12 p.m. on Friday. Sunday is packed full of get-to-know-you camp activities.

Monday through Thursday mornings will be mini workshops on worldly topics. Some could include geography, travel, and a glimpse at different cultures. The afternoons will be filled with nature activities. There will also be cool down time with water activities like swimming, canoeing, and the water slide.

An important part of Kiwanis is service to the community, no matter what community you are in. During the stay at camp each camper will participate in a service project. Some of past years projects included painting and scraping, dismantling an animal cage, camp grounds clean up, and trail maintenance.

Area Kiwanians are encouraged to attend and get to know the campers.

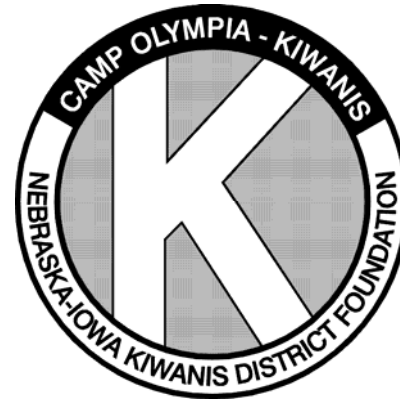
Each evening there will be a program. They could include dancing, singing, a motivational speaker, night hikes, and a talent show put on by the campers.

Friday morning concludes with camp cleanup and sorting out belongings in cabins. Then a program will be held at 10 a.m. recognizing all campers before departing.

www.nikiwanis.org/foundation

Camp Olympia Kiwanis

Sponsored by
The Nebraska-Iowa
Kiwanis District Foundation



June 11-16, 2006
Eastern Nebraska 4-H Center
Gretna, Nebraska

Purpose

This Kiwanis Sponsored camp is for first time campers having completed 5th or 6th grade that would not be able to attend a week-long camp otherwise and show advanced academic skills in school.

Goals of the Camp

The camp will provide experiences with nature, water activities, leadership skills, and opportunities to share talents in different subjects.

Camper Qualifications

It is our intent to meet the needs of students having the following qualifications:

1. The student has never attended a camp before and is not planning on attending any other camps this summer.
2. The student has completed the 5th or 6th grade.
3. There is clearly a financial need.
4. The student shows gifted or talented skills in school.



Facts about the camp

The camp is staffed by certified teachers, a certified nurse, Kiwanians, college students, and 4-H camp staff.

Campers stay in cabins with a staff member. Each cabin has its own bathroom with a shower. Five pair of bunk beds are in each cabin.

Campers are responsible for his/her own sleeping bag and pillow.

All meals are prepared and served by the 4-H staff. There is an air-conditioned lodge for meals and inclement weather. Some of the evening programs will also take place in the lodge.

On site are many hiking trails, a confidence course, and a campfire ring. Campers are bused to Louisville for canoeing and swimming. Some years there is a field trip to a local attraction.

