



CAMP INFORMATION FORM FOR 2019 ACCREDITATION VISIT

This form must be completed by any camp requesting a visit in 2019. Return this 2-page form by February 1, 2019. When the visit is assigned, this form will be available to you and to the visitors via a link in the visitor assignment email. The information collected will be used only for arranging the visit. To update your camp's contact information, contact accreditation@ACAcamps.org.

CAMP INFORMATION	
Camp Name:	ACA Camp ID #:
Name of Operating Organization, if different:	
Camp Director Name:	Camp Website:
Is This the Camp's First Accreditation Visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Camp Representative New to the Accreditation Process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office/Winter Physical Address:	
Camp/Summer Physical Address, if different:	
Does your camp operate at more than one site during the summer, excluding trip/travel programs or field trips? (If yes, include a list of the locations for ALL sites.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCREDITATION PROCESS WORKSHOP must be after September 1, 2018, for a 2019 visit.	
Name of person(s) completing workshop on behalf of camp:	
Accreditation Workshop Type: <input type="checkbox"/> In person (location: _____) <input type="checkbox"/> Virtual (webinar with live instructor) <input type="checkbox"/> Online	
Date of Course Completion: / /	
ACCREDITATION VISIT ARRANGEMENTS	
Arrange Camp Visit with (Name):	Position at Camp:
Phone:	Email:
Date Camp Staff Training Begins:	Camp Season Dates:
A visit should be scheduled when camp is operating on its regular schedule, and when as many activities can be observed as possible. Please list/describe any dates that would <u>not</u> work for your on-site visit (changeover days, trip days, visiting days, etc.):	
CAMP WRITTEN DOCUMENT REVIEW	
The camp must compile the Camp Written Document Review standards and have them reviewed by the visitor by May 1.	
Are the camp's written documents (please check one): <input type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Both	
What is your preferred method for conducting the Camp Written Document Review?	
<input type="checkbox"/> Via the My Accreditation web portal <input type="checkbox"/> In person <input type="checkbox"/> Email or other electronic means <input type="checkbox"/> Postal mail	
When will your materials be prepared for your Camp Written Document Review?	
<input type="checkbox"/> Materials are ready now <input type="checkbox"/> Late February <input type="checkbox"/> Early March <input type="checkbox"/> Late March <input type="checkbox"/> Early April <input type="checkbox"/> Late April	
Which modes of operation will be scored on your visit? (Refer to p. 25 of the <i>Accreditation Process Guide, 2019 Edition</i> for more information.)	
<input type="checkbox"/> Day Camp <input type="checkbox"/> Resident Camp <input type="checkbox"/> Short-Term Residential <input type="checkbox"/> Short-Term Day <input type="checkbox"/> Camps Serving Rental Groups	
Which program areas will be scored on your visit?	
<input type="checkbox"/> Specialized Activities (<i>see page 2 of this form</i>) <input type="checkbox"/> Aquatics (ANY swimming or watercraft activities) (<i>see page 2 of this form</i>)	
<input type="checkbox"/> Trip and Travel (three nights or more)	
Do you primarily serve campers with any special - needs or special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your camp operate on a site/property that already has ACA accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the name/ACA camp ID # of your host camp/landlord?	
Please return this form to accreditation@ACAcamps.org by February 1, 2019. Or mail to: American Camp Association, 5000 State Road 67 North, Martinsville, IN 46151	

Camp Name:	ACA Camp ID #:
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Specialized Activities

An activity is considered a specialized activity if:

- It requires the use of equipment, animals, or tools whose use by campers requires supervision by a person skilled in their use;
- It involves camper use of fire or of heat-producing equipment or substances;
- It requires injury protection equipment, such as helmets, goggles, or padding; or
- It requires a specialized skill set or knowledge to do the activity safely.

Refer to pp. 37-38, 217 of the *Accreditation Process Guide, 2019 Edition* for more information on specialized activities.

Check the boxes for any specialized activities offered at your camp. This list is not exhaustive. List any additional specialized activities that are part of your camp program in the spaces provided.

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|---|--|
| <input type="checkbox"/> All-Terrain Vehicles (ATVs)
<input type="checkbox"/> Archery
<input type="checkbox"/> Aviation
<input type="checkbox"/> Backpacking
<input type="checkbox"/> Bicycling/Biking
<input type="checkbox"/> Campcraft/Camping Skills/Outdoor Living Skills
(knife, axe, or other tool use)
<input type="checkbox"/> Camp Stove (use by campers)
<input type="checkbox"/> Caving
<input type="checkbox"/> Ceramics/Pottery/Enameling
<input type="checkbox"/> Challenge Course/Ropes Course
(high or low elements requiring spotting)
<input type="checkbox"/> Cheerleading with Stunts
<input type="checkbox"/> Circus Stunts in the Air (trapeze, tightrope, etc.) Climbing/
<input type="checkbox"/> Rappelling
<input type="checkbox"/> Competitive Sports
<input type="checkbox"/> Edible Plants
<input type="checkbox"/> Fencing
<input type="checkbox"/> Fire-building (by campers)
<input type="checkbox"/> Go-Karts
<input type="checkbox"/> Gymnastics (tumbling, using apparatus)
<input type="checkbox"/> Hockey (broom, ice, roller)
<input type="checkbox"/> Horseback Riding (English, western, pony rides)
<input type="checkbox"/> Ice Fishing | <input type="checkbox"/> Knife, Axe, or Other Tool Use
<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Llama Trekking
<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Motorized Sports
<input type="checkbox"/> Mountain Boarding
<input type="checkbox"/> Paintball
<input type="checkbox"/> Power Tools
<input type="checkbox"/> Pyrotechnics
<input type="checkbox"/> Rocketry
<input type="checkbox"/> Shooting Sports (riflery, air rifle, pellet guns, etc.)
<input type="checkbox"/> Skating (board, ice, in-line, roller)
<input type="checkbox"/> Snow Sports (boarding, skiing, sledding/tubing)
<input type="checkbox"/> Specific Sport-Related Program (such as baseball camp, soccer camp)
<input type="checkbox"/> Wood-burning Tools
<input type="checkbox"/> Woodworking
<input type="checkbox"/> Wrestling
<input type="checkbox"/> Other (please list):

_____ |
|---|--|

Aquatic Activities

Please use the space below to list all aquatic activities offered at your camp. Examples include recreational and instructional swimming or boating, water-skiing, wake-boarding.

If your camp has previously been ACA-accredited, what activities have been added since your last accreditation visit?
