

# CAMP SUMMERWOOD

June 29 TO AUG 7, 2015

9am-3pm GRADES 1 THRU 8 NO TRIPS

PARTICIPANT NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

SHIRT SIZE (circle one)

**YOUTH:** small medium large

**ADULT:** small medium large X-large

SEX: M \_\_\_ F \_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ GRADE ENTERING IN SEPTEMBER \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE (\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_) \_\_\_\_\_

DOES YOUR CHILD REQUIRE A SHADOW? \_\_\_\_\_ WHY? \_\_\_\_\_

\*\*\*\*PRIMARY DISABILITY/DIAGNOSIS (If Applicable) \_\_\_\_\_\*\*\*\*

PARENT/GUARDIAN NAME \_\_\_\_\_

FATHER'S WORK PHONE (\_\_\_) \_\_\_\_\_ MOTHER'S WORK PHONE (\_\_\_) \_\_\_\_\_

FATHER'S CELL PHONE (\_\_\_) \_\_\_\_\_ MOTHER'S CELL PHONE (\_\_\_) \_\_\_\_\_

PRIMARY EMAIL ADDRESS (Required) \_\_\_\_\_

FEE: Discount period 03/02/2015 to 03/31/2015 \$490.00

Regular period 04/01/2015 to 04/30/2015 \$540.00

(Non Resident) Register 04/1/2015 to 4/30/2015 \$640.00

PAID: CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ MC/VISA \_\_\_\_\_

**\*\*NO REFUNDS WILL BE ISSUED AFTER APRIL 30<sup>TH</sup>\*\***

I UNDERSTAND THIS REGISTRATION DOES NOT INCLUDE TRIPS AND I WILL KEEP MY CHILD HOME ON TRIP DAYS.

SIGNATURE OF PARENT OR GUARDIAN

DATE

**MEDICAL INFORMATION**

PLEASE LIST ANY MEDICATION PARTICIPANT TAKES THAT MAY AFFECT THEIR CAMP EXPERIENCE:

\_\_\_\_\_  
(MEDICATION) (DOSAGE) (FREQUENCY)

DOES PARTICIPANT HAVE ALLERGIES? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAS PARTICIPANT HAD ANY MAJOR ACCIDENTS/INJURIES THAT COULD AFFECT PARTICIPATION? YES \_\_\_ NO \_\_\_ IF YES, PLEASE DESCRIBE: \_\_\_\_\_

ARE THERE ANY DOCTOR'S RESTRICTIONS? YES \_\_\_ NO \_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

CIRCLE ANY DEVICES PARTICIPANT MAY USE/WEAR DURING GAMES:  
CONTACT LENSES / ORTHOPEDIC DEVICES / GLASSES / HEARING AID / PROSTHESIS  
OTHER: \_\_\_\_\_

**MOBILITY INFORMATION**

IS PARTICIPANT ABLE TO WALK? YES \_\_\_ NO \_\_\_

DOES PARTICIPANT USE A WHEELCHAIR? YES \_\_\_ NO \_\_\_

CIRCLE OTHER ASSISTIVE DEVICES USED FOR WALKING:  
CANE / WALKER / BRACE / CRUTCHES / OTHER \_\_\_\_\_

**DIETARY NEEDS**

DOES PARTICIPANT HAVE A SPECIFIC DIET, DIETARY RESTRICTIONS, OR ANY FOOD THAT MAY CAUSE BEHAVIORAL CHANGE? YES \_\_\_ NO \_\_\_ PLEASE EXPLAIN: \_\_\_\_\_

IS ASSISTANCE NEEDED IN EATING? YES \_\_\_ NO \_\_\_ PLEASE EXPLAIN: \_\_\_\_\_

**SAFETY**

PLEASE INDICATE **YES** OR **NO** TO THE FOLLOWING: (CIRCLE ONE)  
WILLING TO STAY WITH GROUP YES NO  
ABLE TO SAY NAME AND PHONE YES NO  
CAN BE HELD RESPONSIBLE FOR OWN BELONGINGS YES NO  
CAN RECOGNIZE DANGER YES NO  
MAY WANDER OR RUN AWAY YES NO

**BEHAVIOR/PERSONALITY (COMPLETE IF APPLICABLE)**

DESCRIBE THE BEST WAY TO GET THE PARTICIPANT INVOLVED IN AN ACTIVITY:

---

DESCRIBE ANY PHOBIAS / FEARS, E.G., FEAR OF DOGS, HEIGHTS, CONFINEMENT:

---

DESCRIBE ANY SETTINGS OR ACTIVITIES THAT MIGHT CAUSE BEHAVIOR DIFFICULTIES, E.G., NOISY SURROUNDINGS, AIRPLANES, DANCE CLUBS, FLASHING LIGHTS, ETC.?

---

DESCRIBE THE BEST WAY TO TRANSITION, INTRODUCE OR EXPLAIN NEW TASKS OR TRANSITIONS:

---

DESCRIBE THE TYPES OF SITUATIONS THAT FRUSTRATE THE PARTICIPANT:

---

DESCRIBE THE BEST WAY TO REDIRECT OR ENGAGE THE PARTICIPANT'S ATTENTION:

---

IS THE PARTICIPANT USING A SPECIFIC PLAN FOR BEHAVIOR? YES\_\_\_ NO\_\_\_ (IF YES, PLEASE ATTACH A COPY OF THE PLAN)

DOES PARTICIPANT ACT OUT? YES NO

PLEASE EXPLAIN:\_\_\_\_\_

DESCRIBE TYPE OF BEHAVIOR MANAGEMENT OR REINFORCEMENT THAT WORKS BEST?

---

WHAT TYPE OF ADDITIONAL ASSISTANCE DO YOU THINK THE PARTICIPANT MIGHT REQUIRE TO PARTICIPATE SUCCESSFULLY IN A RECREATION SETTING?

---

**COMMUNICATION**

DOES PARTICIPANT SPEAK ENGLISH? YES NO

DOES PARTICIPANT USE SIGN LANGUAGE? YES NO

CAN PARTICIPANT READ AND WRITE (ENGLISH): YES NO

SPECIFY OTHER COMMUNICATION METHODS OR NEEDS:\_\_\_\_\_

**PERSONAL CARE**

DOES PARTICIPANT NEED ASSISTANCE IN BATHROOM? YES NO  
ARE REGULAR BATHROOM TIMES NEEDED? YES NO

**SWIMMING**

DOES PARTICIPANT SWIM YES NO  
NEED ASSISTANCE IN WATER YES NO

**\*\*\*PLEASE KNOW IF YOU CHECK OFF CAN NOT SWIM YOUR CHILD  
WILL BE CONFINED TO THE BABY POOL ON SWIM DAYS\*\*\***

NEED ASSISTANCE IN DRESSING? YES NO

PLEASE EXPLAIN:\_\_\_\_\_

**THE ABOVE INFORMATION WILL BE USED TO PROVIDE THE MOST EFFECTIVE PLAN FOR  
PROVIDING THE BEST RECREATION SERVICES FOR YOUR CHILD. ALL INFORMATION WILL  
BE KEPT CONFIDENTIAL.**

-----  
**MEDICAL CONSENT FORM**

CHILD'S NAME\_\_\_\_\_

In the event of serious illness or injury, permission is hereby granted to the physician to proceed with any emergency medical or surgical treatment necessary for the above named participant.

I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED