

CAMP SUMMERWOOD

June 29 TO AUG 7, 2015

9am-3pm GRADES 1 THRU 8 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 \$615.00

Regular period 04/01/2015 to 04/30/2015 \$665.00

(Non Resident) Register 04/1/2015 to 4/30/2015 \$765.00

PAID: CASH _____ CHECK# _____ MC/VISA _____

****NO REFUNDS WILL BE ISSUED AFTER APRIL 30TH****

I UNDERSTAND SHOULD I CHOOSE NOT TO ALLOW MY CHILD TO ATTEND A PARTICULAR TRIP, I WILL KEEP THEM HOME THAT DAY.

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