

Indiana Children's Deaf Camp Registration Form

This form must be signed by parent/guardian and the required deposit of \$50 must be received by June 15. The deposit will be applied to the camp fee.

Camper Information

First name _____ Last name _____

Home Address _____ City _____ State _____ Zip _____

County _____ Country _____

Phone _____ V/VP/text _____ Camper is: Deaf _____ Hearing _____ HOH _____
(Circle one)

Camper communication skills: ASL _____ Oral _____ Other _____

Birth date _____ Age at time of camp _____ Camper is: boy _____ girl _____

School _____ Grade in Fall _____

Camper is: Caucasian _____ Asian _____ African-American _____ Hispanic _____
Native American _____ Other _____

T-Shirt Size: Youth SM _____ Youth M _____ Youth Lg _____ Adult Sm _____ Adult M _____ Adult Lg _____ Adult XL _____

Camper lives with: 2 parents _____ female parent _____ male parent _____ grandparent _____ other _____

Will the camper need financial help? Yes _____ No _____

Parent(s)/Guardian with legal custody to be contacted in case of emergency

Name _____ Relationship to camper _____ -

Preferred Phone/pager _____ V/VP/text _____ Deaf _____ Hearing _____ HOH _____
(circle one)

Emergency Contact # 1

***must be OTHER than parents**

Emergency Contact #2

***must be OTHER than parents**

Name _____

Name _____

Phone V/VP/text _____
(circle one)

Phone V/VP/text _____
(circle one)

Waiver and Release of Liability Form for Deaf Camps

I, the parent/legal guardian of _____ give my permission to the Indiana Deaf Camps Foundation, Inc. to render first aid, to give over the counter medications as needed, and to obtain medical treatment or surgical treatment in the event of an accident, injury, or illness, until such time as I am contacted. This authorization is effective for the time during which my child is participating in Deaf Camp including transportation to or from camp. I assume responsibility for payment for any aid or treatment and will hold the Foundation and its representatives harmless for any costs incurred. I also agree that the Foundation, its officers, board members, counselors, and other volunteers will not be liable for any injury sustained by my child while participating in Camp activities and that Deaf Camp has no responsibility for lost, stolen, or damaged property. I understand that my application may be rejected for any reason and that my child may be sent home for infraction of the camp rules.

I understand that my child's picture may be used in publicity unless I check here: _____

If you have checked here, we will not use your child's picture on our website or publicity but we have no control over pictures taken by other campers and staff that may be used on social networking sites.

Parent Name (printed) _____

Parent Signature _____ Date _____

(Over)

Health Information

This must be completed before we accept your application.

General Health: (check those that apply)

☐ Allergies To what? _____ Reaction _____

☐ Asthma or shortness of breath

☐ Seizures

☐ Diabetes

☐ Fainting or dizziness

☐ Heart problems

☐ Bedwetting (must send pull-ups)

☐ Camper is not potty-trained and needs assistance in bathroom (will not be accepted at camp)

☐ Sleepwalking

☐ Recent surgery or other health problems

If checked, please explain _____

*Due to policy changes, lice checks will be administered at registration.

Emotional and Social Health (circle yes or no)

Has the camper:

- | | | |
|---|-----|----|
| 1. Been treated for ADD or ADHD? | Yes | No |
| 2. Been treated for emotional or behavioral difficulties? | Yes | No |

If yes, please explain _____

Medications:

Name	Reason for Taking	Dosage	When given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Important – all prescription medications must be brought to camp in their original bottles with a current and correct Dr. order on the bottle.**

*Non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

☐ Camper can participate in any camp activities without restrictions.

☐ Camper has the following restrictions for camp activities:

Dr. name and phone _____

Insurance information _____

I have read the camp rules. I understand the camp rules. I promise to obey the camp rules. I understand that if I do not obey the camp rules, the camp director will call my parent or guardian and send me home at my own expense.

Camper's signature _____