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**Enchanted Hills Camp Registration 2021**

[Alt. Text Description: Right: Enchanted Hills Camp Logo; burgundy crescent moon open to the left with pine tree. Center: “Enchanted Hills Camp Application 2021” in bold surrounded by a rectangle. Right: words “American Camp Association” inside a circle with two human stick figure drawings above the word “accredited”]

# Music & STEM Camp

The **Music** session is for high school and college aged musicians who are blind or have low vision. Participants should already know how to play or sing and have, at minimum, intermediate musical skills (basic chords, scales, tuning, basic instrument maintenance and general musical knowledge) in their instrument(s). Instruments can include, but are not limited to guitar, ukulele, percussion, voice, and other acoustic instruments. This session will be by headed by Enchanted Hills Camp Enrichment Area Leader Masceo Williams. To learn a little more about him, please read the Instructor Biography and Objectives section below.

The **STEM** session is for students 13-20 years old who are blind or have low vision with an interest in Science, Technology, Engineering, and Math (STEM). Campers should have a basic understanding of high school level science concepts, be prepared to participate in a variety of activities across different science disciplines, and most importantly be enthusiastic about STEM! This session will be headed by Hoby Wedler. To learn more about him, please read the Instructor Biography and Objectives section below.

**In addition to the Music and STEM camp curriculum, students will enjoy the beauty and fun of Enchanted Hills Camp, including gatherings around the fireplace, outdoor activities, comfortable accommodations, and more.** All activities and accommodations will be modified to adhere to COVID-19 precautions and guidelines as suggested by the Center for Disease Control and American Camp Association.

# Please check: (Please mark an X after your chosen answer)

# Music \_\_\_\_ Monday, July 26th – Sunday, August 1st

# STEM \_\_\_\_ Monday, July 26th – Sunday, August 1st

**Please Note:  All** campers must be able to take care of their own daily needs with little assistance.

COVID-19 Precautions

Below is a summarized list of the COVID-19 precautions Enchanted Hills Camp will be adhering to this summer. The comprehensive list will be included in your confirmation packet that will be distributed beginning April 1st. These precautions are based off suggestions put forth by the American Camp Association in partnership with the Center for Disease Control and are subject to change as more information about the virus is released in the months prior to camp.

• Spaces at camp will be extremely limited

• All campers and staff will be asked to quarantine and complete a pre-screening process for the 10 days before their arrival at EHC

• Campers will be organized into “households” of 6 students and their counselors. To the furthest extent possible, these groups will be consistent throughout camp. These “households” will live, eat, wash, and do most group activities together.

• If “households” mix for programs or activities, other mitigation measures such as physical distancing and masks may be implemented.

• Larger gatherings of the same “households” will be consistently grouped together and will comply with state and/or local requirements for proper staff-to-camper ratios and minimum staffing requirements

• Larger gatherings inside buildings will be avoided as much as possible. If one occurs, mitigation techniques may include splitting large activities into smaller groups by “household”.

• Staggered dining times may be implemented to allow physical distancing between “households.” Dining outside in “households” will be available, weather permitting.

• Mixing between “households” will be extremely limited in the initial days of camp programming.

• Site staff will be arranged by A and B shifts to minimize interactions whenever possible. Any switching of staff will be carried out after cleaning.

• Parents, guardians, and non-essential visitors will not be permitted on the camp premises without pre-approval/pre-screening.

• Counselors and staff will not leave camp on days or nights off unless in the event of “essential trip”, which will be pre-approved by Tony Fletcher.

**Personal Demographic Information:** (Please fill in all required information, if marked as “optional” please fill what you feel comfortable.)

Camper’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity: (Please mark an X after your chosen answer)   
 Female\_\_\_\_\_ Male\_\_\_\_\_ Other\_\_\_\_\_\_ Non-binary \_\_\_\_\_­ Declined\_\_\_\_\_\_

Pronouns: (e.g. she/her, he/him, they/them, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: (Optional, please mark an X next to all that apply**.** This information is collected so that LightHouse can apply for grants and funding to defray the cost of attending EHC)

Black/African American \_\_\_\_\_ Caucasian\_\_\_\_\_ Latinx/Hispanic\_\_\_\_\_

Eastern European \_\_\_\_\_ Native American\_\_\_\_\_ Middle Eastern\_\_\_\_\_

Pacific Islander/Native Hawaiian\_\_\_\_\_ Asian\_\_\_\_\_

Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - Cell: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone - Home: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - Work : (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Information:**

Referred by: (Please mark an X after your chosen answer)

Teacher\_\_\_\_ Family Member \_\_\_\_ Friend\_\_\_\_

Lighthouse Lately weekly email \_\_\_\_\_ Lighthouse Website \_\_\_\_\_

Facebook/Social Media \_\_\_\_\_ Other\_\_\_\_\_

(If other who or what?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

Type of Residence: Please place an (X) next to the choice that most accurately reflects your residence.

Assisted Living Center \_\_\_\_ Homeless\_\_\_\_ Care Facility\_\_\_\_

House \_\_\_\_ Apartment \_\_\_\_\_ Senior Living/Retirement Community\_\_\_\_

Shelter\_\_\_\_ SRO\_\_\_\_ Declined\_\_\_\_ Other \_\_\_\_

Type of residence if other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Arrangement: Please place an (X) next to the choice that most accurately reflects your living arrangement.

Alone\_\_\_\_ Spouse/Partner\_\_\_\_ Family\_\_\_\_

Roommate\_\_\_\_ Personal Care Attendant \_\_\_\_

Household Income: What is the approximate accumulative monthly income for your household? (Providing a range, i.e 2,000-2,500/month is acceptable): ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is collected so that LightHouse can apply for grants and funding to defray the cost of attendance at EHC.

Please Indicate the number of people living in your household: **­­­**\_\_\_\_\_\_\_\_\_

**CAMP PREFERENCES:** (Please mark an X after your chosen answer)

Do you have a roommate preference?Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, who do you desire as your roommate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please note that these are requests and we will attempt to fulfill them, but we do not guarantee requests. These requests are honored by availability.)*

**Individual Restrictions:** (Please mark an X after your chosen answer)

Do you tire easily? No\_\_\_\_ Yes\_\_\_\_

(If yes please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you participate in walks up to an hour long? Yes \_\_\_\_ No \_\_\_\_

Can you swim independently in a pool of 3-foot depth? Yes \_\_\_\_ No \_\_\_\_

Can you swim independently in a pool of 6-foot depth? Yes \_\_\_\_ No \_\_\_\_

Can you swim independently without a flotation device? Yes \_\_\_\_ No \_\_\_\_

Can you participate in adapted sports such as:

Beep Baseball \_\_\_\_ Basketball \_\_\_\_ Tandem bicycle riding \_\_\_\_

Horseback Riding \_\_\_\_ Goal Ball \_\_\_\_

Any other restrictions we should be aware of?:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Questions**

**VISION:**

What is the cause of your visual impairment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what age did you first experience vision loss?: \_\_\_\_\_\_\_\_\_\_\_

If you have low vision, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you sensitive to bright light and would prefer darker environments?

Yes \_\_\_\_\_ No \_\_\_\_\_

How do you prefer to access print material? (Please mark an X after your chosen answer) Braille\_\_\_\_\_ Recorded Material\_\_\_\_\_ Large Print\_\_\_\_\_ Email\_\_\_\_\_

**COMMUNICATION/ SPEECH:** (Please mark an X after your chosen answer)

Are you able to communicate clearly with and understand spoken language?

Yes \_\_\_\_\_ No \_\_\_\_\_

**HEARING:** (Please mark an X after your chosen answer)

Are you hearing impaired?

Yes \_\_\_\_\_

No \_\_\_\_\_

If “yes’, do you use hearing aids? Left Ear \_\_\_\_ Right Ear \_\_\_\_

Would you like to take advantage of a hearing loop or infrared hearing device?

Yes \_\_\_\_\_ No \_\_\_\_\_

For communication, which do you use?

ASL \_\_\_\_ Finger Spelling\_\_\_\_ Spoken Language\_\_\_\_ Other \_\_\_\_

If other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOBILITY:** Please mark an X after your chosen answer)

While walking between buildings at camp, are you most likely to use:

Battery Wheelchair\_\_\_\_ Non-Battery Wheelchair\_\_\_\_\_ Support Cane\_\_­\_\_ White Cane\_\_\_\_\_ Human Guide\_\_\_\_\_ Guide Dog: \_\_\_\_\_

If you are a wheelchair user; can you use your chair on unpaved trails?

Yes\_\_\_\_\_ No \_\_\_\_\_\_

If you are a wheelchair user; can you transfer independently?

Yes\_\_\_\_\_ No \_\_\_\_\_\_

**DAILY LIVING SKILLS:** While we understand that most campers will not require any special assistance, we’d like to know in advance if you think you will for the following activities. (Please mark an X after your chosen answer)

For dressing: No assistance needed\_\_\_\_\_ Some Assistance needed\_\_\_\_\_

(Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For eating: No assistance needed \_\_\_\_\_ Some Assistance needed \_\_\_\_\_

(Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For bathing: No assistance needed\_\_\_\_\_ Some Assistance needed\_\_\_\_ (Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For toileting: No assistance needed\_\_\_\_\_ Some Assistance needed: \_\_\_\_\_

(Please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Music Camp Instructor Biography and Objectives**

Masceo Williams is an accomplished blind musician with over 20 years of live performance experience and has taught and mentored students during Enchanted Hills summer camp sessions and Music Academy. You can learn more about him and hear his music at <http://www.masceo.net>.

Lawrence E Brown III is a musician/producer located in the El Paso border Metroplex area. In 2015, Lawrence graduated from the University of Texas in El Paso, with a multidisciplinary degree in Music and Communication. During the summer of 2016, Lawrence worked as a training intern at Dancing Dots; under the direction of Bill McCann. Lawrence also participated as a performance coach in the 2017 Music Academy, held at Enchanted Hills Camp. His passion is educating young blind musicians about the importance of Braille music literacy.

**Objectives**

This session will focus less on music literacy and more on performance and “jamming” skills. Jamming, that is, improvising while playing, helps bring together a community of musicians to learn from, share, and appreciate each other’s skills. For those that are new to performing or would like to build their comfort level in performing, this camp is for you. The session will also include a songwriting workshop. We will also be adding more life skills training; including table setting, bussing, Orientation and Mobility skills, and Independent living skills.

**Preparation Notes**

Please have a musical performance piece prepared to perform at the opening day campfire.

Please also prepare a performance (5 minutes are less) for the Redwood Grove Concert.

Campers should bring professional performance attire for the night of the Redwood Grove Concert (no jeans or t-shirts).

If you record or produce on your laptop, please bring it to camp.

**Music Ability Questionnaire**

What musical instrument(s) do you play? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your musical ranking? (Please mark an X after your chosen answer)

Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

How do you read music? (Please mark an X after your chosen answer)

Braille\_\_\_\_\_ Print\_\_\_\_\_

If you answered “Print” to the above question, do you require magnification? (Please mark an X after your chosen answer) Yes\_\_\_\_\_ No\_\_\_\_\_

If you play multiple instruments, please specify the musical rankings for each:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Music Literacy Skills**

Which category best describes the way in which you interact with music?

Large Print\_\_\_\_\_\_

Braille\_\_\_\_\_\_

Auditory\_\_\_\_\_

More then one category\_\_\_\_\_

Please rate your proficiency with the following skills on a scale from 1 to 5, with 1 being no experience and 5 being quite experienced.

Reading literary braille\_\_\_\_\_\_\_

Reading music braille\_\_\_\_\_\_\_

Reading print music notation. (If you need magnification, please briefly comment on how you accomplish the task of reading print music).\_\_\_\_\_\_\_\_\_\_\_

**Reference Letter of Musical Ability and Intent (Required)**

The reference letter must be written by one of the following: student’s music teacher, educator, TVI/braille teacher, or parent. Please use a separate sheet for reference letter(s).

The letter should include answers to the following questions:

1. What instrument(s) does student play?
2. What is the student’s musical ranking (Beginner, Intermediate, and Advanced)?
3. If the student plays multiple instruments, please list musical rankings for each.

1. Does student read music in print or in braille?
2. If print, does he/she require magnification?

1. In your judgment, does the student have the temperament and interest level in music to spend a week of the summer focusing exclusively on learning more about how to read, write, arrange and perform music?

1. Please comment on the student’s overall strengths and weaknesses in music, communication skills, working with a group, etc.

1. Why would this student benefit from a week-long summer music program?
2. What is the student’s personal goal for Music Camp 2021?

**Technology and Literacy Skills**

Please rate your proficiency with the following skills on a scale from 1 to 5, with 1 being no experience and 5 being quite experienced.

Using other screen reader software (please specify) \_\_\_\_\_\_\_

Reading print music notation. (If you need magnification, please briefly comment on how you accomplish the task of reading print music).\_\_\_\_\_\_\_\_\_\_\_

Add any additional comments or concerns related to technology and music literacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEM Camp Instructor Biography and Objectives**

Dr. Hoby Wedler is a “scientist, an entrepreneur, a sensory expert, and is driven by his passion for innovative, creative, and insightful thinking.” A former EHC camper himself, he has been leading chemistry camps for blind and low-vision students since 2011, through his non-profit Accessible Science, and we’re lucky to have him back for yet another summer. This guy truly knows his stuff - in 2016, he completed his Ph.D. in organic chemistry from UC Davis, and in his work, students will find a “unique [blend] of sensory awareness, scientific knowledge and a love for sharing his insights.” You can learn more about our world-renowned instructor on his website, hobywedler.com.

**Objectives**

The overachieving goal of the STEM summer science track is to expose students who are blind and visually impaired to Science, Technology, Engineering, and Math (STEM). During the session, students take part in COVID-safe, hands-on, accessible, and innovative activities to include computing, robotics, biology, virtual workshops with industry professionals, and more. Through these activities, the participants will be given the opportunity to continue their education in a fun and engaging environment while exploring different STEM concepts they may not learn about in the classroom.

**Preparation Notes**

Participants should have a basic understanding of high school level science concepts such as biology, life sciences, chemistry, physics, natural sciences, and environmental sciences.

|  |
| --- |
| PLEASE RETURN  THIS FORM |

**TRANSPORTATION**

**Let us know how you will get to and from camp.**

# (Please mark an X in front of your chosen answer)

**Getting to camp:**

\_\_\_\_ I will get to camp by private car

**$25 to Camp ($50 Round Trip)**

I would like to take the charter bus from:

\_\_\_\_ Berkeley departs @ 1:30 p.m. from Ed Roberts Campus, 3075 Adeline St

\_\_\_\_ \*Sacramento departs @ 1:30 p.m. from Sacramento Valley Train Station Waiting Room, 401 I St

**\***Minimum of 4 riders for Sacramento pick up

**Getting back from camp:**

\_\_\_\_ I will leave camp by private car

**$25 to Return from Camp ($50 Round Trip)**

I would like to take the charter bus back to:

\_\_\_\_ Berkeley arrives @ 11:15 a.m. @ The Ed Roberts Campus, 3075 Adeline St

\_\_\_\_ \*Sacramento arrives @ 11:30 a.m. @ Sacramento Valley Train Station Waiting Room, 401 I St

**\***Minimum of 4 riders for Sacramento pick up

**Driver Release Form**

If the camper is age 17 or under, and someone other than the parent or guardian may be picking them up from camp, the parent or guardian must complete and sign the following driver’s release.

I hereby authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pick up my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , from Enchanted Hills Camp. I understand EHC staff will check the identification of the driver prior to releasing my child.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Info**

**\*\*PLEASE NOTE\*\* IF YOU CHOSE TO ROLL FEES OVER FROM EHC 2020 TO 2021, THEY WILL APPLY TO ANY NEW FEES INCURRED FOR THIS SUMMER. BUT, PLEASE BE AWARE THAT PAYMENTS WILL NOT BE COLLECTED UNTIL A FINAL DECISION REGARDING IN-PERSON SESSIONS HAS BEEN MADE ON APRIL 1ST.**

**IF YOU’RE UNSURE ABOUT THE STATUS OF YOUR 2020 FEES, PLEASE EMAIL EHC@LIGHTHOUSE-SF.ORG**

# (Please mark an X in front of your chosen answer)

\_\_\_ I have already contacted Alyah Thomas, the Enchanted Hills Camp Admin Assistant, at (415)694-7310 and made a credit card payment.

\_\_\_ Enclosed is a check or money order.

\_\_\_ Enclosed is a Department of Rehabilitation Authorization.

**­\_\_\_\_** Rolled over fees from 2020 to 2021

**Send applications and payment to:**

LightHouse for the Blind and Visually Impaired

1155 Market St, 10th Floor

San Francisco, CA 94103

**If you have questions, please contact: Enchanted Hills Camp Admin Assistant at (415) 694-7310**

**Camp Fees\*:**

**$100.00 Music Camp Session Fee \_\_\_\_\_\_\_\_\_\_\_**

**$100.00 STEM Camp Session Fee ­\_\_\_\_\_\_\_\_\_\_\_**

**Charter Bus Fee**

**($25 one way, $50 roundtrip) \_\_\_\_\_\_\_\_\_\_\_**

**$10.00 Camp T-Shirt (Size\_\_\_\_) ­\_\_\_\_\_\_\_\_\_\_\_**

**Total: \_\_\_\_\_\_\_\_\_\_\_**

\***All** **cancellations** **are subject to a $50 non-refundable administration fee.** Cancellations received 30 days or more prior to the start of camp will be refunded, less the administration fee. Cancellations received less than 30 days prior to the start of camp are not refundable.

Self-Disclosed Health Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_

Please indicate the following health conditions:

Yes No Explanation

\_\_\_ \_\_\_ History of heart disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ High blood pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Constipation/diarrhea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Coordination problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Dizziness/fainting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Arthritis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Respiratory problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Circulatory problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Frequent colds/sore throats \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Mental health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Muscle weakness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Kidney problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Headaches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Joint/muscle pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Seizure disorder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Orthopedic problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Vomiting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Shortness of breath \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Diabetes (Type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Traumatic Brain Injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At camp, should we know anything about your vision that may influence your stay at EHC?

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Self-Disclosed Health Form

Who is your Primary Care Physician?

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications, including over the counter medications:

*Drug Dosage Frequency*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Treatments:

*Condition Treatment*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are there any relevant past medical treatments that you have received that may affect your stay at camp? If yes, please describe.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Drug Allergies:**

Are you allergic to any medications prescribed or over the counter medications?

(Please mark an X after your chosen answer)

Yes\_\_\_\_ No\_\_\_\_

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what reaction you have had and how have you been treated in

the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies:

Are you allergic to any foods? (Please mark an X after your chosen answer)

Yes\_\_\_\_ No\_\_\_\_

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what reaction you have had and how have you been treated in the past?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on a special diet? (Please mark an X after your chosen answer)

Yes\_\_\_\_ No\_\_\_\_

If yes, what type of diet are you on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER DISABILITIES:**  (Please put an X in front any of the following that apply)

\_\_\_\_ Cerebral Palsy

\_\_\_\_ Multiple Sclerosis

\_\_\_\_ Diabetes (type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Epilepsy (date of last seizure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Head Injury (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Cognitive Disability (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Developmental Disability (please describe functioning level, living skills, etc.): \_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Mental Health History (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Behavioral Disorder**:** (Self-abuse, biting, hitting, wandering, insomnia,

etc. Please be specific and explain any behavior management routine you would like us to implement at camp) **\*Note a camper who harms another camper or staff member will be immediately dismissed from camp.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ Attention Deficit Disorder or Hyperactivity (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Serious illness or injury that has required hospitalization (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Disclosed Health Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_

Please indicate the following health conditions:

Yes No Explanation

\_\_\_ \_\_\_ History of heart disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ High blood pressure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Constipation/diarrhea\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Coordination problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Dizziness/fainting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Arthritis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Respiratory problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Circulatory problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Frequent colds/sore throats\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Mental health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Muscle weakness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Kidney problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Headaches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Joint/muscle pain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Seizure disorder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Orthopedic problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Vomiting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Shortness of breath\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Diabetes (Type )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Traumatic Brain Injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the primary cause of your vision loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of onset? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your visual impairment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Self-Disclosed Health Form

Who is your Primary Care Physician?

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications, including over the counter medications:

*Drug Dosage Frequency*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Treatments:

*Condition Treatment*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medical Treatment:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Drug Allergies:**

Are you allergic to any medications prescribed or over the counter medications?

 **Yes**  **No**

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what reaction you have had and how have you been treated in

the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Allergies:**

Are you allergic to any foods?  **Yes**  **No**

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what reaction you have had and how have you been treated in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you on a special diet?  **Yes**  **No**

If yes, what type of diet are you on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER DISABILITIES:**  (Please check any of the following that apply)

\_\_\_\_ Cerebral Palsy

\_\_\_\_ Multiple Sclerosis

\_\_\_\_ Diabetes (type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Epilepsy (date of last seizure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Head Injury (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Cognitive Disability (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Developmental Disability (please describe functioning level, living skills, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_ Mental Health History (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ **BEHAVIORAL DISORDER:** (Self-abuse, biting, hitting, wandering, insomnia,

etc. Please be specific and explain any behavior management routine you

would like us to implement at camp) **\*Note: a camper who harms another**

**camper or staff member will be immediately dismissed from camp.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ Attention Deficit Disorder or Hyperactivity (please describe):\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ Serious illness or injury that has required hospitalization (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Self-Disclosed Health Form

**Date of last tetanus shot:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must have been completed in the last ten years

Tuberculosis:

Date of last TB test:

Negative Positive

*(Only applicable if living in a residential facility)*

Do you have any physical conditions requiring restriction(s) on participation in an active recreation program? Please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please Note: If you are signing for a child under 18 years of age, by signing this document you (the parent/guardian) are attesting that all immunizations for your child that are required for school are up to date, including the actual date (month/year) of last tetanus shot.**

Date

Consumer Name (**PRINT**)

Consumer Signature

Parent/Guardian (**PRINT**)

Parent/Guardian Signature

***\*****Please note Self Disclosure must be signed and dated.*

If you have any questions or concerns, please do not hesitate to ask. Our partnership with you needs to be built on open communication, including information that you provide on this application, so your child may have a full and healthy experience at camp.

**Medical Insurance Form**

Name of insured

Name of insurance carrier

Membership number Expiration date (if any)

**LightHouse for the Blind and Visually Impaired**

**Agreement and Understanding of Financial Responsibility**

**For Medically Uninsured Consumers of the**

**LightHouse, Enchanted Hills Camp**

**Camper Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All persons who participate in programs sponsored by the LightHouse are responsible for having their own medical insurance and are liable for their own medical coverage in the event of an injury. Because you do not have medical insurance, it is important that you understand and agree with the following. (Please initial each number if you are in agreement and sign below.)

1. \_\_\_\_\_ Because **I, ,** am uninsured by any medical insurance coverage/group, it is the understanding of the LightHouse for the Blind and myself, that I am responsible for ALL medical fees & medications prescribed/incurred if emergency medical services are necessary and provided by qualified medical personnel.

2. \_\_\_\_\_ When participating in the Enchanted Hills Camp program, and if I am in need of emergency medical services due to injury, the Camp Nurse and Camp Director will instruct that I be sent to **The Queen of the Valley Hospital**, Napa, CA. However, if medical personnel require I be sent to another facility for treatment, the Camp Nurse or Camp Director of the Enchanted Hills Camp must follow their direction.

3. \_\_\_\_\_ I understand I will be unable to attend Enchanted Hills Camp, Napa, CA unless #1 & #2 are initialed.

"I understand and am in agreement with the information on the previous page, and I take FULL responsibility for those items (1 - 3), which have been initialed."

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) Signature

1. Camper Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work

3. Other Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Work

**LightHouse for the Blind & Visually Impaired**

**WAIVER OF LIABILITY & RELEASE**

This Waiver of Liability and Release must be initialed after each section and signed by anyone receiving services from the LightHouse for the Blind & Visually Impaired (LightHouse) at the following locations: 1155 Market Street, Headquarters; LightHouse of Marin; LightHouse of the North Coast; Ed Roberts Campus; Enchanted Hills Camp; in the community, client's home and workplace; as well as, while being transported in a vehicle provided or procured by the LightHouse. Participation in services is prohibited unless this form has been signed and returned to the LightHouse.

This consent shall be valid throughout the time period the individual receiving services or participating in LightHouse program is “Active.” If more than a year passes without activity in ANY LightHouse program or service, a new Waiver MUST be signed.

1) I am in satisfactory physical, mental and emotional condition and may engage in all activities associated with the services I am receiving at my own risk, except those listed in number 7 below. At any time that I am receiving services provided by the LightHouse, I hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, or designated LightHouse staff member. In case of emergency, permission is given to designated LightHouse staff to contact emergency medical services and/or secure treatment for the undersigned.

\_\_\_\_\_\_ (Initials)

2) I hereby state, that even with the best optical correction that I am:

\_\_\_\_ A. Visually impaired (visual acuity between 20/40 and 20/200) and have a vision loss that significantly limits one or more life functions.

\_\_\_\_ B. Legally blind (visual acuity of 20/200 or less in best corrected eye, or visual field of 20 degrees or less).

\_\_\_\_ C. Totally blind or nearly-totally blind (visual acuity of "hand motions," "light perception," or "no light perception.")

I understand and accept the LightHouse reserves the right to require documentation of my vision loss if the LightHouse staff determines such information is considered necessary for assessment and/or the provision of services/training.

\_\_\_\_\_\_\_\_ (Initials)

3) I hereby waive any and all claims that I or my heirs may have against the LightHouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents for any injuries or property damage which may arise while I am receiving LightHouse services, including transportation provided or procured by the LightHouse, at or while en route to any of the locations referenced above in paragraph 1. I acknowledge that this waiver includes any claims for personal injuries or property damage caused by or arising out of the negligence of LightHouse or its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents.

\_\_\_\_\_\_\_\_ (Initials)

4) Are there any medical, mental or emotional conditions and/or medications the LightHouse should be aware of during your participation in

programs/services with the LightHouse?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Exceptions or specifications regarding any of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand this Waiver of Liability and Release, along with the attached Waiver of Liability Relating to Coronavirus/COVID-19 constitute the entire understanding between the parties referenced herein with respect to matters set forth herein. There are no oral representations, arrangements or agreements between the parties referenced herein other than those contained verbatim in the Waiver of Liability and Release and the attached Waiver of Liability Relating to Coronavirus/COVID-19. This Waiver of Liability and Release and the attached Waiver of Liability Relating to Coronavirus/COVID-19 shall be interpreted in accordance with and governed by the laws of the state of California.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if consumer is under 18 years old)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LightHouse for the Blind & Visually Impaired**

**Waiver of Liability Relating to Coronavirus/COVID-19**

1) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread in droplets breathed from one person to another in the air, and/or by contact with contaminated surfaces and objects. People can be infected and show no symptoms and therefore spread the disease. There is no known treatment, cure, or vaccine for COVID-19. COVID-19 can cause serious and potentially life threatening illness and even death.

2) The LightHouse for the Blind & Visually Impaired (LightHouse) has taken measures to prevent the spread of COVID-19. But, it is not possible to eliminate all risk of the presence of the disease. Therefore, if you choose to utilize the LightHouse’s services and/or enter onto the LightHouse’s premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

3) The LightHouse’s premises include but are not limited to 1155 Market Street, Headquarters; LightHouse of Marin; LightHouse of the North Coast; Ed Roberts Campus; Enchanted Hills Camp. This release applies not only to your decision to enter the LightHouse premises, but also to receive services in person from the LightHouse at any location, for example, in the community, client's home and workplace; as well as, while being transported in a vehicle provided or procured by the LightHouse.

4) ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize the LightHouse’s services and enter the LightHouse’s premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the LightHouse’s services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. teleconference)].

5) WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the LightHouse, its Directors, Officers, Employees, Independent Contractors, Volunteers, and/or Agents in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the LightHouse’s services and premises, including transportation provided or procured by the LightHouse, at or while en route to any of the locations referenced above in paragraph 3. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

6) CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if consumer is under 18 years old)

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardsmen Grant**

**\*If child is between the ages of 5-17 years, and lives in San Francisco, Marin, Sonoma, Napa, San Mateo, Santa Clara, Alameda, Solano or Contra Costa county, please read this application.**

Though the LightHouse asks for a $75 camping session fee from all Youth Campers, this is by no means the actual cost of sending a child to camp. The LightHouse generously supplements tens of thousands of dollars each year, to ensure that any child, regardless of family income, can enjoy Enchanted Hills. The Guardsmen, a regional non-profit, shares this vision and each year this fund supports organizations like ours in our pursuit of ensuring that financial restraints don’t prevent a child from enjoying a trip to a camp.

Please review the following table. If your family’s income is less than the amount listed below, the LightHouse is eligible to receive funding from the Guardsmen to help cover the costs of sending your child to camp. We have included the Guardsmen Campership Application on the following page. If applicable, please complete and return it along with the rest of your camp application.

**INCOME ELIGIBILITY GUIDELINE ESTIMATES FOR 2020**

|  |  |
| --- | --- |
| FAMILY SIZE | GROSS FAMILY YEARLY INCOME OR LESS |
| 1 | $28,083 |
| 2 | $38,073 |
| 3 | $48,063 |
| 4 | $58,053 |
| 5 | $68,043 |
| 6 | $78,033 |
| 7 | $88,023 |
| 8 | $98.013 |
| Each Additional family member add: | +$9,990 |

**THE GUARDSMEN CAMPERSHIP APPLICATION**

AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF SESSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #DAYS AT CAMP: \_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER’S INFORMATION:**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_

NAME OF SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE ONE: Male Female IS THE CHILD A FOSTER CHILD? (Circle one) Yes No

WHAT IS THE PRIMARY LANGUAGE SPOKEN AT HOME: (Circle one)

ENGLISH SPANISH CHINESE TAGALOG VIETNAMESE OTHER

WHAT IS THE CAMPER’S ETHNICITY: (Circle one)

AFRICAN AMERICAN ASIAN CAUCASIAN LATINO(A)/HISPANIC PACIFIC ISLANDER

NATIVE AMERICAN EASTERN EUROPEAN MIXED RACE OTHER

HOW MANY PREVIOUS SUMMERS HAS THE CHILD RECEIVED GUARDSMEN FUNDING: \_\_\_\_\_\_

(RETURNING CAMPERSHIP APPLICANTS ARE ENCOURAGED)

**GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME INFORMATION:**

GROSS MONTHLY INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (salary, wages, commission, etc.)

OR

ASSISTANCE PROGRAM ELIGIBILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (national school lunch program,

welfare, AFDC, support, etc.)

NUMBER OF PERSONS IN HOUSEHOLD DEPENDENT UPON INCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WRITE A FEW WORDS DESCRIBING THE CHILD AND HIS/HER BACKGROUND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Parent or Guardian:** In consideration of this campership application for sponsorship by The Guardsmen, I

agree to the following conditions: (1) to allow my child to attend camp; (2) to contribute the amount of money

specified for my child to attend camp; (3) to allow my child to receive such medical treatment as may be

considered necessary by the camp doctor; and (4) The Guardsmen shall not be responsible for any disease,

injury or death to my child while traveling to, from, or while attending camp.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Agency Representative:** By signing this application, you are representing that to the best of your knowledge

the information supplied above is complete and accurate.

Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Camper paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_