



Registration Form

Summer 2016 Camp Challenge

Please check one: DDD paid client Private pay client

Participant's Name: _____
(last) (first) (m.i.)

Home Address: _____
(street) (city) (zip code)

Birth Date: _____ Age: _____ Sex: _____ E-mail address: _____ T-Shirt size: _____

Parent's Name: _____ Home Phone: _____ Work Phone: _____

Emergency Contact (other than parent): _____ Phone: _____

**The following information is to help staff better understand each participant's wants and needs.
Please be as specific as possible with your answers.**

1. Last grade completed: _____ School name: _____ Phone: _____
Teacher who we could contact: _____

2. What assistance does the participant receive at school?
 Inclusion class Special Ed class 1:4 ratio Special Ed class 1:2 ratio Special Ed class 1:1 ratio
• Participant must be able to function in a summer camp setting of 1:4 supervision ratio (staff to participant) or greater.
• Camp Challenge does not accommodate for 1:2 or 1:1 supervision ratios.

3. Has the participant ever had a personal classroom aide? Yes No

4. Will your child be attending summer school? Yes No
If yes, what time will they arrive at camp: _____ What is the last day of summer school? _____

5. Will the participant have vacation? Yes No If yes, when? _____

6. Has participant ever been in Camp Challenge before? Yes No If yes, when? _____

7. Does participant read and/or write? Yes No

8. What is the participant's disability? (Please check all that apply to participant):
 cerebral palsy MIMD MOMD Down syndrome
 hearing impaired visually impaired spina bifida learning disabilities
 burn injury spinal cord injury paralysis AIDS/HIV
 head injury depression juvenile arthritis fetal alcohol syndrome
 autism/Asperger's bi-polar cancer sickle cell anemia
 diabetes cystic fibrosis amputation seizure disorder
 ADD ADHD hemophilia communication impairments
 Other: _____

9. Does participant have allergies? Yes No
If yes, please list: _____

10. Can participant walk? Yes No
If **yes**, does participant: Need assistance? Use crutches? Use a walker? Walk Independently?
If **no**, does participant: Use a manual wheelchair? Use an electric wheelchair? Propel self in chair?

11. Does participant wear braces or other type of AFO? Yes No
If yes, what type and for what period of time? _____

Registration Form (continued)

12. Does participant have seizures or blackouts? Yes No
 If yes, please describe: _____

13. Have you ever known the applicant to:

Interact well with others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Be cooperative with peers and adults?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Express his/her needs?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit age-appropriate behaviors?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Hit or strike others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Use foul language?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit self destructive behavior?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
React aggressively to criticism?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly

Comments on the above: _____

14. Does participant display any unusual behaviors? Yes No
 If yes, please describe. What things work at home or school? (Be specific): _____

15. Has the participant ever been removed from a program for any type of behavioral reasons? Yes No
 If yes, please describe? _____

16. Does the participant need hygiene assistance? Yes No
 If yes, what assistance is needed? _____

17. Does the participant use diapers/pull-ups? Yes No
 Is the participant potty-trained? Yes No
 Does the participant need assistance using the bathroom? Yes No If yes, please describe in detail. _____

NOTE: Camp Challenge staff will only be able to provide very limited toileting assistance.

18. What adaptive equipment will participant bring to camp? Please describe in detail. _____

19. Does participant feed him/herself? Yes No If no, please describe in detail. _____

20. Does participant have visual impairments? Yes No If yes, please describe in detail. _____

21. Does participant have hearing impairments? Yes No If yes, please describe in detail. _____

22. Describe any communication difficulties: _____

23. Describe how participant participates in small groups: _____
 Large groups: _____

Registration Form (continued)

24. Camp activities participant is interested in? (Please check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Swimming | <input type="checkbox"/> Community Integration |
| <input type="checkbox"/> Games | <input type="checkbox"/> Video Games | <input type="checkbox"/> Special Guest |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Science | <input type="checkbox"/> Water Days |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Movies | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> On Stage Show |
| <input type="checkbox"/> Other: _____ | | |

Please list any other pertinent information that would help our staff in working with the participant. (Be specific, and please attach additional pages(s) if necessary.): _____

Please take some time to describe the participant's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive response to:

Negative response to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff Notes (to be filled out by camp staff only): _____

Camp Participant's Name: _____

Emergency Contact and Alternate Pick-ups

Summer 2016 Camp Challenge

In case of emergency, please contact: (Please print)

PARENT CONTACT

Name: _____

Cell Number: _____

Home Number: _____

Relationship: _____

SECOND CONTACT

Name: _____

Cell Number: _____

Home Number: _____

Relationship: _____

List any physical problems/conditions or allergies to food or medications known: _____

Doctor's Name: _____ **Phone Number:** _____

Please bring all medication in original containers.

Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up participant.)

If someone other than myself will be picking my child up from class I will **notify staff in writing** and that person will be required to show photo ID before my child will be released to them.

	Name	Relation to Participant	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



Camp Participant's Name: _____

Sunscreen and Swimming Permission Slip

Sunscreen Permission Slip

I, _____, the parent/legal guardian of

(child's name) _____

give permission for a Camp Challenge leader of the same sex as my child to apply sunscreen to my child in the presence of another Camp Challenge leader.

The purpose of sunscreen is for the safety of the participants and encouragement of proper protection from the sun before open swimming and/or any outdoor activity.

Parent/Guardian Signature: _____

Date: _____



Swimming Permission Slip

YES! I, _____, the parent/legal guardian of

(child's name) _____

give permission for my child to attend the swimming field trips scheduled for the Camp Challenge Program. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. **If my child has seizures, I will send a red shirt for him/her to wear in the pool. I understand no child may be left at the school on swim days.**

Participant's swimming ability is:

- Cannot Swim Beginner (floatation required) Intermediate Advanced

Parent/Guardian Signature: _____

Date: _____

or

NO! My child, _____,

will NOT swim and I understand that I will be responsible for picking him/her up each swim day before 12:30 p.m. at the school.

Parent/Guardian Signature: _____

Date: _____



Camp Participant's Name: _____

Will the participant take medication while at camp? Yes No If yes, please complete the following section.

Camp Challenge Medication Form

Please note: A separate medication sheet must be kept for each medication given to your child during camp hours. Please make copies of this form as necessary and include them with the registration packet. It is the parent's responsibility to bring the child's medication to Camp Challenge in the correct quantities/amounts.

As the parent/guardian of participant listed above, I give consent for the Site Supervisor, Program Coordinator, or his/her designee, to see that my child/ward receives the medication as listed below:

Medication Name: _____

Dose: _____ Time to be given: _____ at Camp

Special Instructions: _____

Any side effects: _____

Parent/Guardian Signature: _____ Date: _____

Please note: Participants are not to carry medications on their person or in their backpack at any time during camp hours, or on any bus ride. **The only exceptions to this policy are the following: EPI Pen/Inhaler/Diastat release.**

OFFICE USE ONLY

Participant's Group: _____

Date	Initials	Comments	Date	Initials	Comments
June 6	_____	_____	June 27	_____	_____
June 7	_____	_____	June 28	_____	_____
June 8	_____	_____	June 29	_____	_____
June 9	_____	_____	June 30	_____	_____
June 13	_____	_____	July 4	_____	JULY 4th HOLIDAY
June 14	_____	_____	July 5	_____	_____
June 15	_____	_____	July 6	_____	_____
June 16	_____	_____	July 7	_____	_____
June 20	_____	_____	July 11	_____	_____
June 21	_____	_____	July 12	_____	_____
June 22	_____	_____	July 13	_____	_____
June 23	_____	_____			

Signature of staff administering medication: _____

Staff title: _____

A=participant absent R=refused to take medication X=no program today 0=no medication sent to program

NOTE: Please duplicate this sheet for each medication taken at camp.



Camp Participant's Name: _____

Medication Release Form

EPI-Pen/Inhaler/Diastat Release Form (If applicable)

If your child must carry an EPI pen or inhaler on their person in case of medical emergency, this permission form must be signed by the parent/guardian.

As the parent/guardian of participant listed above, I give my permission for an EPI pen or inhaler to be carried on their person at Camp Challenge. I understand the medication must have the correct prescription label on it with the dosage information on the medication itself. This exception is only for EPI pens and inhalers.

Parent/Guardian Signature: _____ Date: _____

Note: If the participant demonstrates irresponsibility in carrying/using the medication, the Site Supervisor will hold the medication and the parent/guardian will be notified.





Camp Participant's Name: _____

School Contact Form (If Applicable) Summer 2016 Camp Challenge

PARENTS: To ensure the participant has an optimum camp experience, please fill out the following.

I give my permission for City of Chandler Camp Challenge staff to (check all that apply):

_____ Visit with my child's teacher by phone

_____ Observe my child at school

School: _____

Teacher's Name: _____ Phone Number: _____

Camp Challenge does not provide enhanced ratio programs; participant must be able to function successfully in at least a 1:4 ratio at all times.

Parent/Guardian Signature: _____ Date: _____



Camp Participant's Name: _____

Policy Acknowledgement

Summer 2016 Camp Challenge

PARENTS: Please read the attached information regarding our Camp Challenge policies. When you have read them, please sign this acknowledgement sheet.

I, _____, the parent/legal guardian of the participant(s) listed above have read and understand the **Parent Guide, Late policy, Behavior policy** and the **Refund policy**. I have also filled out the registration packet as **COMPLETELY** as possible and to the best of my knowledge.

All the staff members at Camp Challenge may rely on the information contained herein to make a decision as to whether or not this applicant may safely participate at Camp Challenge. The City of Chandler reserves the right, in its absolute discretion, to terminate this program, or anyone's participation in the program, at any time, for any reason, including but not limited to any participant's failure to comply with any staff or program coordinator's directives.

I give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler.

Parent/Guardian Signature: _____ Date: _____

