



Office Use Only
Application Number: _____
Returning Camper: Yes No
Client ID: _____

The Camps at Signal Centers

Camp Signal • Chatter Camp • Vision Academy

*Please include \$25 application fee with your application.

*Application will not be processed until after attendance at an Open House.

Dates: March 12th, April 11th, May 9th

3:30 p.m -5:30 p.m.

*Deadline to turn in completed form: May 15th

* Would you like more information about discounted camp fees: Y N

Participant Info:

First Name _____ Last Name _____

Preferred Name _____

DOB _____ Age _____ Sex: Male Female

Weight _____ Height _____

School Attended _____

Teacher's Name & Number _____

Do you give permission for Camp Signal Staff to discuss your child's needs/interests with current teacher? Yes No

Initials _____

T-shirt Size: Youth: S M L

Adult: S M L XL XXL XXXL

Parent/Guardian Info:

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Type: cell home work

Secondary Phone _____ Type: cell home work

Email _____

Employer _____

In case of Emergency:

In the case of emergency, if the guardian cannot be reached, please contact:

Name _____ Primary Phone _____

Relationship _____ Secondary Phone _____

Health:

Does the participant have allergic reactions? Yes No

If yes, what are those reactions and the protocol? _____

Does the participant:

Wear glasses/contact lenses: Yes No

Run away or is he/she a “runner”? Yes No

Exhibit self-injurious behaviors? Describe those behaviors _____

Use a wheelchair: Yes No Crutches: Yes No Walker: Yes No

Have emotional upsets: Yes No Sometimes

If yes, what usually triggers emotional upsets? _____

What normally calms down the participant, if he/she becomes upset? _____

What are identified rewards or motivators for your child? _____

Is the participant verbal? Yes No Limited Speech

Does he/she have trouble communicating wants and needs? Yes No Limited Speech

If yes, explain _____

Does he/she have a behavior plan? Yes No **If Yes, please provide a copy**

Typical camp activities include dancing, sports, games, cooking, arts and crafts, and more. Please describe or attach any instructions or precautions that should be taken during routine camp activities _____

Please list any camp activities in which the participant may NOT participate:

Medical Information:

Has permission to take over the counter drugs: Yes No

Please list all oral medications the participant takes. Bring all oral medications to camp in original containers marked with the participant's name, dosage, and administration times. Attach additional paper, if necessary. Please make every effort to administer medications to your child **prior** to daily arrival at camp.

Medication Name	Total Dosage per Administration	Total # of Pills per Administration	Special Instructions	Specific Times to Administer

It is agreed that Signal Centers assumes no responsibility for the participant's personal property and is released from liability in connection with camping activities and medication administration, except as covered by the participant's insurance. I understand my participant will be outside participating in various recreational activities.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

Camp Signal Release Form:

Permission is hereby granted for official representatives of Signal Centers and the business or individuals it designates to photograph my child, while participating in the 2019 Camps at Signal Centers. These photos will be used for the sole purpose of promoting, reporting, or publicizing the work and programs of Signal Centers. Such promotion may include the use of my participant's name and picture in newspaper or other print media/promotions, DVDs, television news, and/or the Agency's website. I also give my permission for observations of my child to be conducted and research and statistical data collected, so long as confidentiality of information is maintained.

Participant's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date _____

Copy of Insurance Card

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