



Camper Application

Basic Information

Name _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____

Primary phone number _____ Secondary phone number _____

Email _____

School System _____ School _____ Grade _____

Parent/Guardian Name _____ Siblings _____

Please circle which camps best suit your child:

Connect with Play Session 1 (ages 4-12) June 15-19, 2009	Connect with Movement Session 1 June 22-26, 2009	Connect with Play Session 2 (Teen) June 29-July 3, 2009	Camp Connect Session 1 (ages 5-12) July 6-10, 2009	Connect with Play Session 3 July 13-17, 2009
Connect with Movement Session 2 July 20-24, 2009	Connect with Play Session 4 July 27-31, 2009	Camp Connect Session 2 (ages 5-12) August 3-7, 2009	Connect with Play Day Camp 1 August 12, 2009	Connect with Play Day Camp 2 August 19, 2009

Payment Options:

Please note that a \$30.00 retainer fee is due with the return of this application. All other camp fees are due 7 days before the 1st day of your child's camp. Please inquire about multiple siblings attending the same camp.

____ Cash

____ Voucher

____ Check/Check # _____

____ Payroll Deduction

Daily Care Information (to be filled out by parent/guardian)

Allergies: Please list any allergies your child has.

Foods: _____ Medications: _____

Insects: _____ Lotions: _____

Other: _____

Toileting: Please indicate your child's level of assistance needed.

___Independent ___Needs prompting ___ Needs partial assistance ___ Needs full assistance

Please explain the type of help your child needs with toileting, if any:

Diet: Please indicate your child's level of assistance needed.

___Independent ___Partial Assistance (food cut up, special utensils) ___Must be fed

Foods they can not have: _____

Any other information needed: _____

Additional Information:

What does a typical day for your child look like (snack & nap times, schedule, etc.)?

How does your child act in a group setting?

Does your child exhibit any behaviors (biting, hitting, etc)?

How do you handle these behaviors when they occur?

If your child has a IEP, may we see it? No _____ Yes _____ If yes, please attach to application.

Individual Camper Emergency Medical Form

(to be filled out by parent/guardian)

Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____

Primary Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____ Policy/Group Number: ____/____/____

Emergency Contact Information

Name: _____ Relationship to camper: _____

Address: _____ City: _____ Zip: _____

Primary phone number: _____ Secondary phone number: _____

Name: _____ Relationship to camper: _____

Address: _____ City: _____ Zip: _____

Primary phone number: _____ Secondary phone number: _____

If either of the emergency contacts cannot be reached, Hattie Larlham reserves the right to seek medical assistance at the nearest medical facility. Hattie Larlham will be held harmless in all legal issues that may result from this action.

Signature _____ Date: _____

Individual Medical Information

List medications camper will need to take during camp:

Medications	Dosage and Frequency	Method of Dispensing (crushed, whole or in applesauce)

Any restriction of activity for medical reasons? Yes _____ No _____

Please elaborate: _____

Has this person had more than a brief minor illness or injury during the past year?

Please elaborate: _____

Has this person had?

___ Asthma/sinus trouble

___ Seizures/Convulsions

___ Earache/ear infection

___ Eye trouble

___ Severe stomach ache

___ Anxiety/Worry or nervousness

___ Fainting spells

___ Unusual eating habits

Name of Dentist/Orthodontist: _____ Phone: _____

Likeness/Information Release Form

Hattie Larlham is always seeking to promote a positive image of children and adults with mental retardation/developmental disabilities. To develop this image, Hattie Larlham creates materials that feature photographs, images, and information of the individuals we serve. Hattie Larlham also uses these materials for its fundraising and marketing purposes.

The materials created by Hattie Larlham include, but are not limited to, the following: newsletters, mailings, articles, brochures, pamphlets, flyers, display photos, posters, videotapes, the Hattie Larlham website, HattieVision, orientation and training materials, training and programming materials for the individuals, educational materials, promotional, marketing and fundraising materials, proposals, grant applications, conference materials, displays, informational handouts, and advertisements. Hattie Larlham may use these materials internally and externally. These materials may appear in, on or at newspapers, magazines, television, radio, trade shows, conferences, fundraising events, Public Awareness events, and other Hattie Larlham sponsored events. People who may see these materials include donors, employees, volunteers, other parents or guardians, other individuals we serve, and the general public.

By signing this authorization you are giving Hattie Larlham and each of its agencies permission to use the photographs, images, and information of you (or your child) for the purposes described herein. You are also waiving any right to inspect or approve the finished materials and consenting to the possible broadcast of these materials now or in the future.

This authorization will expire one (1) year from the date it is signed.

I understand that I may revoke this authorization at any time by notifying Michelle Anderson, Privacy Officer, in writing at the address listed below, except to the extent that Hattie Larlham has already used or disclosed the photographs, images, or information in reliance on this authorization.

I understand that Hattie Larlham may not condition treatment on the signing of this authorization.

I understand that the photographs, images, and information received by the person(s) described above may be further used or disclosed by such person(s).

I hereby authorize Hattie Larlham and each of its agencies to use and disclose _____'s photographs, images, and information as described herein, except as listed below:

My (my child's) photographs, images, and information may not be used or disclosed for:

_____.

My (my child's) photographs, images, and information may not be disclosed to:

_____.

Individual/Parent/Guardian Signature

Date

If this authorization is signed by a parent or guardian, please describe your authority to sign on behalf of the individual _____.

Camp Release Form

I understand Hattie Larlham Camp Programs assume no responsibility for the illness or injuries that my child may sustain because of his/her physical condition or resulting from his/her participation in camp activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge Hattie Larlham, its agents, contract services, volunteers and employees for any and all claims for any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in camp activities.

I give full permission for my child to attend camp at Hattie Larlham and to participate in all activities unless otherwise specified on the health form. In the case of an emergency, I hereby give my permission for medical treatment and hospitalization for my child if deemed necessary by Hattie Larlham staff. I accept responsibility for medical charges that may be incurred on my child's behalf. I am the legal parent/guardian for this child and am authorized to give consent on his/her behalf.

Name of Camper

Name of Parent/Guardian

Date