



806 Snow Hill Road
 Salisbury, MD 21804
 410-742-5052 V/TTY
 866-948-9438 VP

CAMP ADVENTURE

August 19-22, 2010 Ages 5-12 \$155.00
 Ages 13-17 \$165.00

Camper Information

Camper's Name _____ Phone/TTY/VP _____
 Address _____ City/State _____ Zip Code _____
 Birth Date _____ Grade _____ Male _____ Female _____

Mother/Guardian Name _____
 Address _____ City/State _____ Zip Code _____
 Home Phone/TTY/VP _____ Work Phone/TTY/VP _____
 Cell/Blackberry _____ Email _____

Would you like to receive email updates on future activities from DILA? Yes No

Father/Guardian Name _____
 Address _____ City/State _____ Zip Code _____
 Home Phone/TTY/VP _____ Work Phone/TTY/VP _____
 Cell/Blackberry _____ Email _____

Would you like to receive email updates on future activities from DILA? Yes No

Who will pick up Camper? _____

Your Child will be released only to the following in addition to the parent/guardian:

Name _____ Relationship _____
 Address _____ City/State _____ Zip Code _____
 Home Phone/TTY/VP _____ Work Phone/TTY/VP _____
 Cell/Blackberry _____ Email _____

Emergency Information:
 Please list a person other than the parent/guardian who is able to be reached in case of emergency.
 Name _____ Relationship _____
 Address _____ City/State _____ Zip Code _____
 Home Phone/TTY/VP _____ Work Phone/TTY/VP _____
 Cell/Blackberry _____ Email _____

Camper Information

The next few questions will help the Camp Adventure staff provide a safe and suitable environment for your child.

Is your child? (please pick one) Deaf Hard of Hearing Hearing CI CODA Sibling of deaf

What is your child's primary mode of communication? ASL Signed Exact English Oral
PSE No Sign

What is your child's sign language skills? Superior Advanced Intermediate
Beginner Not Sure No Sign

Can your child participate in all activities? Yes No

If no, what activities must be avoided _____

Does your child need any special accommodations? Yes No

If yes, what accommodations are needed _____

Please check any of the following that apply:

<input type="checkbox"/> Hearing Aid/CI	<input type="checkbox"/> Uses Crutches	<input type="checkbox"/> Needs help dressing
<input type="checkbox"/> Wears Braces	<input type="checkbox"/> Menstruates	<input type="checkbox"/> Needs help eating
<input type="checkbox"/> Wears Diapers	<input type="checkbox"/> Assistance walking	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Uses Wheelchair	<input type="checkbox"/> Assistance w/toiletry	_____

Is your child on medication? Yes No

If yes, how often? _____

Will the medicine need to be administered while your child is at camp? Yes No

If yes, please fill out medication administration form.

Are there any significant medical problems that we need to be aware of? Yes No

If yes, please explain _____

Does your child have any allergies or diet restrictions? Yes No

If yes, please explain _____

Does your child have specific fears? Yes No

If yes, please explain _____

Has your child been camping before? Yes No

If yes, what was his/her experience _____

What are your child's favorite indoor/outdoor activities? _____

May we have your permission to use photographs of your child for camp publicity purposes? Yes No

Is your child exempt from immunizations for religious or medical reasons? Yes No
If yes, please explain _____

Date of camper's last tetanus immunization? (mm/dd/yyyy) _____

Do you have any additional comments that would help us to know or assist your child better? _____

Indicate your child's t-shirt size: Youth: ____YS ____YM ____YL ____YXL
Adult: ____AS ____AM ____AL ____AXL

How did you hear about CAMP ADVENTURE?

____ Delmarva Youth ____ Friend ____ Other _____
____ Child's school ____ DILA Website
____ Billboard ____ DILA Newsletter

Emergency Care Consent Form

In case of illness or accident while my child is under the care and supervision of the Camp Adventure staff, I the undersigned, hereby consent to Deaf Independent Living Association, Inc.'s (DILA) authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital of their choosing should they feel it is advisable or necessary. I also agree to pay all of the cost and fees associated with an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the camper is registered in the Camp Adventure program.

Name of parent/guardian _____ Date _____

Name of Physician _____ Phone _____

Address of Physician _____

Hospital preference _____

My child's medical records are located at _____

Health Insurance Company _____
ID# _____ Group# _____
Expiration date _____ Policyholder's name _____

Signature of parent/guardian Date

Permission to Apply Sunscreen

I give the camp staff of the same sex permission to apply sunscreen to my son/daughter when requested by the parent/guardian.

Signature of parent/guardian Date

Waiver

I _____, have registered my child, _____ to participate in Deaf Independent Living Association, Inc. (DILA)'s Camp Adventure at Camp Pecometh. I fully recognize that there are risks, which include injury or death which my child may be exposed to while participating in camp. I release DILA and all of its related and unrelated agents from any claims, demands and causes of action as a result of my child's participation. I also understand that should my child become injured or experience death, that I will be responsible for all of the medical care costs associated with such incident that is not covered under the current camp liability insurance.

I _____ (parent/guardian name) hereby affirm that I have read and fully understand the above statements.

Signature of parent/guardian Date

Financial Information

The cost of Camp Adventure is \$155 (ages 5-12) and \$165 (ages 13-17). This can be paid by check payable to DILA, 806 Snow Hill Road, Salisbury, Maryland 21804. A \$15 late fee is charged after June 30, 2010. Master Card and Visa credit cards are accepted by using www.dila.org and make an online donation for the amount due. Please place your child's name in the memo section of the form with the word Camp. Payment must be received to secure camper's spot. Any questions, please contact Eddy Morrison at 410-742-5052 V/TTY or 1-866-948-9438 VP. SPACE IS LIMITED. FIRST COME FIRST SERVED.