



# 2010 Camp Sue Osborn Camper Application

Camper's Name: \_\_\_\_\_

### Camp Dates for 2010

**Day Camp:** June 28, 2010 – July 2, 2010 AND July 5, 2010 – July 9, 2010

**Residence Camp:** Sunday, July 18, 2010 through Saturday, July 24, 2010

Camp Sessions: (Check only one)

- Day Camp (2 weeks) – \$225.00**    
  **Residence Camp (1 week) – \$250.00**    
  **Both Camps – \$450.00**

**\$25 non-refundable deposit is due with application and is part of the full camp fee.**

**Balance of camp fee is due by June 15<sup>th</sup>.**

*Please make checks payable to CAMP SUE OSBORN. You may choose to pay the entire fee with your registration.*

**FINANCIAL ASSISTANCE:** Financial Assistance/Campership may be available for your camper. If you need financial help, you must complete a separate CAMPSHIP FORM and return it before the May 15<sup>th</sup> deadline.

- Check here if you are applying for a campership.  
 Check here if you have included the CAMPSHIP FORM with this application.  
 Check here if another organization or school district will be sponsoring this camper's fees.

Name of organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please carefully read and complete all pages of this application. Failure to submit all forms may result in our inability to process the application and your camper may be placed on a waiting list.**

**No applications will be accepted after May 15<sup>th</sup>.**

**Please submit the following items by May 15<sup>th</sup>:**

- Camper Information (completed by parents)
- Release Form (completed by parents)
- Activity Restriction Form (completed by parents)
- Emergency Authorization Form (completed by parents)
- Medication Authorization Form (completed by parents)
- Medical Information Form (completed by *physician*)
- Camper Care Form (completed by parents)
- Teacher Report Form (completed and returned by teacher)
- Current color photograph of your child
- \$25 deposit - non-refundable for accepted campers
  - Make checks payable to Camp Sue Osborn.

**Submit all completed forms to:**

**Camp Sue Osborn  
8090 Broadmoor Road  
Mentor, OH 44060**



# 2010 Camp Sue Osborn Camper Application

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_

Camper's School: \_\_\_\_\_ School District: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Category of disability (Please list all disabilities and be specific): \_\_\_\_\_

Does this camper have a one-on-one aide at school?  YES  NO

Will this camper be coming to camp in a wheelchair?  YES  NO

Does this child need to be restrained, for behavior reasons, at any time?  YES  NO

*For United Way statistical reporting only:*

RACE:  African American  Asian  Caucasian  Latino  Native American  Other

Annual Household Income:  under \$15,000  \$16,000 - \$30,000  \$31,000 - \$50,000  
 \$51,000 - \$70,000  \$70,000 - \$90,000  over \$90,000

### T-SHIRT ORDER

All campers receive a free t-shirt at camp. Each child will receive ONE t-shirt, regardless of camp sessions attended. Please check only one:

CHILD SIZES:  medium  large ADULT SIZES:  small  medium  large  XL  XXL

# 2010 Camp Sue Osborn Camper Application

## RELEASE FORM

Please read and sign each of the following releases.

### INFORMATION RELEASE

The Camp Director may receive information from or exchange information with my child's teacher, resource and school staff, coordinator, and physician. This information may be used to determine program placement, eligibility, and planning. It may also be shared with other staff members/volunteers as pertinent to the care of my child.

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

### PICTURE APPROVAL

Check one:  I give approval for my picture to be taken at camp for newspaper articles, films, scrapbooks, etc.  
 I **do not** give approval for my picture to be used in camp-related newspaper articles, films, scrapbooks, or any other published form of camp communications.

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

### TRANSPORTATION AGREEMENT – For Day Camp Only

I grant permission for \_\_\_\_\_ to be transported in a school bus  
NAME OF CHILD  
without liability for the driver or the owner of the vehicle. I agree to have my child at the bus stop at the designated time each morning and to responsible for his/her pick-up in the afternoon.

**Please choose your preferred pick-up AND drop-off point:**

#### **Lake County**

Pick-up (AM): Harvey Madison Willoughby South Mentor HS Mt. Carmel

Drop-off (PM): Harvey Madison Willoughby South Mentor HS Mt. Carmel

#### **Geauga County**

Pick up (AM): Middlefield CVS St. Anselm's Church Burton Library Chardon Library Montville P. O.

Drop-off (PM): Middlefield CVS St. Anselm's Church Burton Library Chardon Library Montville P. O.

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



# 2010 Camp Sue Osborn Camper Application

## ACTIVITY RESTRICTIONS

NAME OF CAMPER	has permission to participate in:	
Jungle gym / Swing set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slip n' Slide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hiking to river	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Horseback riding (with hands-on supervision)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming (shallow end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming (deep end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water slide (deep end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water slide <i>with</i> staff member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diving board (deep end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unrestricted physical activities: (Kickball, jumping activities, rolling, running, tumbling, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jumping with assistance in inflatable	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2010 Camp Sue Osborn Camper Application

## EMERGENCY AUTHORIZATION

Camper's name: \_\_\_\_\_

**Please read this entire page carefully and fill out all parts completely.**

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while at camp *when parents or guardians cannot be reached* and to provide camp counselors with pertinent information on doctors.

In the event that reasonable attempts to contact me at ( ) \_\_\_\_\_ or to contact

\_\_\_\_\_ at ( ) \_\_\_\_\_ are unsuccessful,  
name of emergency contact

I hereby give my consent for:

1. The administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ or

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_ or

in the event the designated preferred practitioners are not available, by another licensed physician or dentist.

2. The transfer of the child to \_\_\_\_\_ or any hospital  
preferred hospital

reasonably accessible.

Neighbor/Friend/Relative to contact if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

My child **MAY NOT** be seen by or leave with: \_\_\_\_\_.

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





# 2010 Camp Sue Osborn Camper Application

## MEDICAL INFORMATION FORM

To be completed by *physician* for ALL campers.

Camper's Name: \_\_\_\_\_

Diagnoses (Please name all.) \_\_\_\_\_

### Medications to be administered (Prescription medications, cough drops, aspirin, Tylenol, cough syrup, etc.)

<u>Name</u>	<u>Quantity</u>	<u>Times</u>

Possible reactions that, if they occur, should be reported to physician:

Medication to be continued as above until (date): \_\_\_/\_\_\_/\_\_\_.

Does child have allergies or food restrictions?  Yes  No If yes, describe.

Does child have seizures?  Yes  No If yes, provide type and date of last seizure.

Indicate level of mobility:  walks  manual wheelchair  power wheelchair  walker  braces

Additional information regarding mobility:

Any recent surgery / anticipation of surgery?  Yes  No If yes, provide date and reason.

List any other health concerns (vision, hearing, scoliosis, asthma, shunt, catheterization etc.):

Physician's Signature:	_____
Physician's Name:	_____
Address:	_____
City, State, ZIP:	_____
Phone:	_____



# 2010 Camp Sue Osborn Camper Application

## CAMPER CARE FORM

CHILD'S NAME	AGE	GRADE	DIAGNOSIS (List any and all that apply)
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Please answer the following questions as thoroughly as possible.  
The information you provide will help camp staff to better know how to care for your child.

**Communication** Please describe your child's skills in the following areas:

Receptive language (what your child understands)

Expressive language (what your child states verbally)

Does your child use any communication devices?  Yes  No If yes, please explain.

Does your child use sign language?  Yes  No If yes, please explain.

**Bathroom**

Does your child require any special equipment or consideration?  Yes  No If yes, please explain.

***(PLEASE SEND ANY SPECIAL BATHROOM EQUIPMENT WITH CAMPER AND INCLUDE IDENTIFICATION TAGS.)***

**Food/Diet**

Does your child have a special diet due to allergies or medical concerns?  Yes  No If yes, explain.

**Dressing Skills**

Does your child require any help with dressing?  Yes  No If yes, please explain.

(Questions continued on reverse side.)



## 2010 Camp Sue Osborn Camper Application

CAMPER CARE FORM, page 2

Child's Name: \_\_\_\_\_

### Behavior/Fears

Describe any behavior problems, fears, or emotional concerns your child may have. How do you handle these?

### Interests

What are your child's interests?

### Swimming Pool

What is your child's attitude toward swimming?

Describe any help your child may need before/during/after swimming.

Does your child require any special equipment?

**(PLEASE SEND ANY SPECIAL BATHROOM EQUIPMENT WITH CAMPER AND INCLUDE IDENTIFICATION TAGS.)**

Are there any additional precautions we need to consider?

### Sleep/Bedtime Routine

Does your child sleep through the night? Does he/she experience nightmares?

Describe how you handle bedtime routines.

Does your child require any special equipment for sleeping?  Yes  No If yes, explain.

**(PLEASE SEND ANY SPECIAL EQUIPMENT WITH CAMPER AND INCLUDE IDENTIFICATION TAGS.)**



## 2010 Camp Sue Osborn Camper Application

CAMPER CARE FORM, page 3

Child's name: \_\_\_\_\_

### General

Are there any additional precautions we should take in caring for your child?

Does this child need to be restrained at any time?  Yes  No (If "Yes," please describe in detail.)

Does this child have a behavior plan in school?  Yes  No  
(If "Yes," please enclose a copy for information purposes.)

Do you have any concerns about how your child gets along with other children?

Please check which of the following best describes your child:  
 very active  normally active  less active

If there are any other information, details, or reports that would be helpful to camp staff (i.e. family issues, extensive medical issues, etc.), please include it here. Feel free to attach a separate page, if needed.