



2011 Camp Sue Osborn Camper Application

Camper's Name: _____

Camp Dates for 2011

Day Camp: July 5, 2011 – July 9, 2011 and July 12, 2011 – July 15, 2011

Residence Camp: Sunday, July 24, 2011 through Saturday, July 30, 2011

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. Balance of camp fee is due by June 15th.

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 CAMBERSHIP FORM and return it before the May 15th deadline.

- Check here if you are applying for a campership.
 Check here if you have included the CAMBERSHIP 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 15th.

Please submit the following items by May 15th:

- 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**



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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: _____ Graduation year: _____

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

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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: _____



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ACTIVITY RESTRICTIONS

_____ has permission to participate in:

NAME OF CAMPER _____

Jungle gym / Swing set

Yes

No

Slip n' Slide

Yes

No

Hiking to river

Yes

No

Horseback riding (with hands-on supervision)

Yes

No

Swimming (shallow end)

Yes

No

Swimming (deep end)

Yes

No

Water slide (deep end)

Yes

No

Water slide *with* staff member

Yes

No

Diving board (deep end)

Yes

No

Unrestricted physical activities:
(Kickball, jumping activities,
rolling, running, tumbling, etc.)

Yes

No

Jumping with assistance in inflatable

Yes

No

Parent / Guardian signature: _____ Date: _____



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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 _____ preferred hospital or any 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: _____



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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:	_____

CAMPER CARE FORM



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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.)



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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.)



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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.