

# 2009 Children's Deaf Camp Registration Form

*This form must be printed, signed by a parent or guardian and submitted by mail with the required deposit of \$50. The deposit will be applied toward the registration fee.*

*The registration fee balance is due the day camp begins.*

## **CAMPER'S INFORMATION** (Please type all information in boxes below, then print.)

Name  First name

Address

City  State

Zip  County  Country

Phone   TTY: Yes  No

e-mail

## **PARENT'S/GUARDIAN'S INFORMATION**

Name  First name

Address

Phone   TTY: Yes  No

e-mail

## **EMERGENCY CONTACT**

Name  First name

Phone   TTY: Yes  No

## **MISCELLANEOUS INFORMATION**

Total number of children in household

Number of deaf or hard-of-hearing children in household

Age of Camper  Date of Birth  Boy  Girl

Camper is

Communication skills

School  Grade

Camper is

Camper lives with

Will camper need financial help? Yes  No

Will the child be using an Indy Go Summer Bus Pass? Yes  No

*I have read the [camp rules](#), I understand the camp rules, I promise to obey the camp rules. I understand that if I do not obey the camp rules, the camp director will call my parent or guardian and send me home at my own expense.*

### Signatures

Camper's \_\_\_\_\_ Parent's \_\_\_\_\_

### Health Information for (Camper's Name)

Date of last tetanus shot

Camper has:

- Asthma  Convulsions  Heart Problems  Diabetes  Fainting Spells  
 Bedwetting  Other

Medications required (All medications are given by a registered nurse)

1  Dosage

2  Dosage

3  Dosage

4  Dosage

Allergies

Any restrictions for medical reasons:

- Swimming: reason   
 Sports: reason   
 Other

Doctor's Name   
Doctor's Phone   
Doctor's Address   
Insurance Company   
Insurance account number

**Waiver and Release of Liability Form For Deaf Camps**

The parent and /or legal guardian hereby gives permission to the Indiana Deaf Camps Foundation, Inc. to render first aid, and to obtain any and all medical or surgical treatment, necessary to be administered to my child.

Child's Name   
in the event of an accident, injury, sickness or similar circumstance, until such a time as the undersigned is contacted. This authorization is effective for the time during which my child is participating in the Deaf Camps, including traveling to or from the Camp.

The undersigned also hereby assumes the responsibly for payment of any such aid or treatment and will hold the Foundation and its representatives harmless for any and all costs incurred as a result of such aid or treatment.

The undersigned parent and or guardian also hereby consents and agrees that the Foundation, its officers, board members, counselors and other volunteers will not be liable for any injury sustained by my child while participating in the Camp or any other Foundation activity; and that such entities and persons have no responsibly for lost, stolen or damaged property.

I also give permission for my child's photograph to be used for any promotional activity of the Foundation.

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's  
Signature: \_\_\_\_\_ Address: \_\_\_\_\_

**This Form Must Be Signed by Parent or Guardian  
and Submitted with the required Camp Deposit.**

**Mail to:  
Indiana Deaf Camps Foundation, Inc.  
100 West 86th Street  
Indianapolis, Indiana 46260**