



THRIVE Family Camp

Special Needs Camper Registration Form

July 4-9, 2010

1724 Main Street • Lake Geneva, WI 53147 • Phone: (262) 248-3600 • Fax: (262) 248-6814 • www.covenantharbor.org

PARTICIPANT INFORMATION

Camper Name: Last, First _____ E-mail: _____

Home Phone: (____) _____ Alternate Phone: (____) _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Place of Worship (optional): _____ City, State: _____

Denomination: _____

Emergency Contact while at camp: Name / relationship: _____ Phone: _____

MEDICAL INFORMATION

Primary Diagnosis: _____

Degree of Mental Retardation: Mild Moderate Severe

Physical Disability (Describe): _____

Does the camper have:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> ADHD / ADD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Aspergers | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Other: _____ |

Please provide details: (i.e. Is the condition controlled with medication? When was the last seizure?) _____

Is the camper able to keep up with an average pace of activities (ex. walking, swimming) or is a slower pace appreciated?

- Little or no rest between activities Some rest between activities A lot of rest between activities

Has the registrant been to camp before? Yes No

If so, where? When? How was the experience? _____

DIETARY NEEDS

- Camper's Diet: Normal Diabetic Low Salt Low Cholesterol Low Fat
- Camper is not allowed to eat: Beef Seafood Eggs Pork Dairy Products
- Other: _____

Please describe any medically-prescribed meal plans or dietary restrictions: _____

Assistance Level: Totally independent Self-feed finger foods Needs help cutting Cannot feed self

Does the camper have difficulty: Swallowing Chewing Drinking

Does the camper require: Special utensils Chopped food Blended (pureed) food

The following information will allow us to plan appropriate activities that will help insure a positive camp experience. Please be specific in your answers, and use another piece of paper as needed. Time spent now will save you time later.

MOBILITY

- Camper requires assistance walking. Yes No
- Camper uses: Support from another person Cane Walker Crutches
- Camper uses a wheelchair. Yes No Manual Electric
- Camper transfers to wheelchair: On own With arm support Other: _____
- Camper supports weight in transferring. Yes No
- Camper can walk up / down stairs unaided. Yes No

ACTIVITIES OF DAILY LIVING

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | On Own | With Assistance | No |
| Camper uses toilet appropriately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capable of washing, showering, bathing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preference of a shower stall or a bath tub? | _____ | | |

COMMUNICATION

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Able to communicate needs either verbally or non-verbally. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognizes and knows own name. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands and responds to Yes / No questions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to relate appropriately to other campers and leadership in a structured program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to function in a program involving swimming, boating, archery, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BEHAVIOR AND PEER RELATIONS

- Physically aggressive Non-compliant Temper tantrums Follows directions
- Verbally aggressive Poor peer relations Wanders / Runs away Oriented to place
- Withdrawn Hyperactive Self-injurious Oriented to time

What is the most effective way to deal with the camper's behavioral challenges? _____

CAMP ACTIVITIES

A variety of activities are available at Covenant Harbor. Please indicate those that are appropriate for your camper.

	Enjoys	Does Not Enjoy	Cannot Participate		Enjoys	Does Not Enjoy	Cannot Participate
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Campfire w/ s'mores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pontoon Boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bounce Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed Boats:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubing behind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ropes Course:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chartered boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Giant Swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any activities not mentioned above that the camper especially likes or dislikes: _____

Our family would appreciate extra help lots of family time a combination of both

Does the camper have strong fears, such as animals, thunderstorms, heights, water, etc.? _____

If yes, please list helpful methods for dealing with the fears. _____

Please list any other information you feel would help this to be the best camping experience: _____

Consent and Release I hereby grant permission to: (1) the above named camper to fully participate in all camp activities conducted on the campus of Covenant Harbor recognizing that some such activities may be physically rigorous, (2) the camp to provide routine health care and secure treatment for the above named camper in case of an emergency, (3) Covenant Harbor to transport named camper as needed, to use a photocopy of this form as my authorization when necessary, and (4) to use the camper's photo in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of parent / guardian or adult camper: _____

Printed Name: _____ Date: _____