

Camp Sertoma 2010

Registration

Registration Process:

- * Registration and Health forms must be completed in full and signed by parent or guardian for each camper.
- * The \$100 non-refundable Camp deposit must accompany registration unless requesting deposit waiver.
- * Registrations will be considered by order received. **Registrations due by June 1, 2010.**
- * Confirmation of acceptance and further Camp information/registration materials will be mailed starting March.

* Questions may be addressed by contacting your local Sertoma Club or by e-mail jen@campconfidence.com or by calling (218) 828-2344 or Emily - VP (866) 948-9063 or 218-297-0159.

Camper Name _____ Sex _____ Age _____ Grade Completed Spring 2009 _____
 Parent/Guardian Name _____
 Address _____ City _____
 State _____ Zip _____ E-Mail _____ Pager _____
 Day Phone/ VP (____) _____ Eve Phone (____) _____ Cell Phone(____) _____

My child will be attending (check one) session of Camp Sertoma:

Completed Grades 1st-7th
July 11th-16th, 2010

Completed Grades 8th-10th
July 18th-23rd, 2010

All campers will be exposed to an environment rich in Deaf and hard of hearing culture and FUN. Campers will be in cabins according to gender.

- | | |
|--|---|
| <input type="checkbox"/> Camper is Deaf | <input type="checkbox"/> Camper is hard of hearing |
| <input type="checkbox"/> Camper attends a Deaf school | <input type="checkbox"/> Camper has a cochlear implant |
| <input type="checkbox"/> Camper knows some ASL or sign language | <input type="checkbox"/> Camper is trying to learn more ASL |
| <input type="checkbox"/> Camper uses ASL for primary communication | <input type="checkbox"/> First time attending Camp Sertoma |
| <input type="checkbox"/> Camper communication is primarily oral | <input type="checkbox"/> Other communication _____ |

- Enclosed is the \$100 non refundable camp deposit.
 Please contact us regarding a deposit waiver.

**** Children requiring one-on-one attention with personal hygiene or behaviors must have a PCA (personal care attendant) attend Camp with them. There is no additional charge for this person while at Camp. Please contact Jenni or Emily with any questions (218) 828-2344 or VP (866)-948-9063 jen@campconfidence.com

Parent/Guardian Authorization:

I hereby grant permission for the above named camper to participate in the Camp Sertoma session listed above.

 (Parent/ Guardian Signature) _____
(Date)

I grant permission to the Camp Sertoma staff to take and utilize photographs or likeness of above named camper for the use of Camp Sertoma promotions and/or future fundraising activities.

 (Parent/Guardian Signature) _____
(Date)

We understand that camp can be a very exciting yet nervous time for a child especially when attending for the first time. Please help us make your child feel as comfortable as possible when they arrive at Camp Sertoma. Thank you.

Name child would prefer on name tag: _____

Has your child previously spent time away from home? If so, where? How long? _____

Please describe you child's personality, character traits:

Please tell us about your child's interests (sports, games, books, crafts, etc....).

Please list any major dislikes your child has: _____

Please list any fears? (Storms, water, etc.): _____

Does your child need any prompting (toileting before bed, brushing teeth, rinsing out shampoo, etc.): _____

Does your child prefer to sleep with a night light? Yes No

Does your child use any of the following services in school? Special Ed Interpreter

Any information that your child or you would like to share that may help make the camp experience the best it can be: _____

How did you hear about Camp Sertoma? _____

Please feel free to contact us with any questions or concerns prior to Camp Sertoma. We will gladly answer any questions you or you child may have about Camp.

Mail Completed Registration and Health Form With Registration Deposit to:

Camp Sertoma
Camp Advisor
P.O. Box 2832
Baxter, MN 56425