

BOUNCE OUT THE STIGMA[®] CAMP REGISTRATION 2017

3 PAGES

CONTACT INFORMATION

Camper Name 2017 Camp Attending			Sex :	Male	Female	Age	Birthdate
	Grade:		Shirt Size:				
Camper Home Address			Contact Phone Number:				
			Home	Cell			
Parent/Guardian			Address (if different from above)				
Parent E-Mail Address							
Secondary Contact (emergency)			Relationship to Camper		Phone Number		

CARE INFORMATION: *In certain circumstances (marked w/ *), complete page 2 of this form as applicable*

Allergies?	Yes	No	Special Dietary Needs? If so- list below					
	If Yes: Describe allergy and reaction:							
Seizures?	Yes	No	Type?			Average length of seizure?		
	* If yes, go to page 2		Triggers?			Needed Intervention:		
Asthma?	Yes	No	Triggers?			Needed Interventions:		
Behavioral Issues?	Yes	No	Identify behavioral issues below:					
	* If yes, go to page 2		Physical aggression		Verbal Aggression		Leaving Group/Walks Off	
			Tantrums		Non-Compliance with Requests		Bullying Other: _____	
Medications During Camp?	Yes	No	Note Medication, Purpose and Dosage Below:					
			Medication	Purpose		Dosage		
Adaptive Device Needed?	Yes	No						
	* If yes, go to page 2							
Supervision Needs:	Identify Most Appropriate Supervision Level for Your Child (Note: 1:1 supervision must have a family member or family- approved friend with the camper for the duration of the camp day as 1:1 staffing is not provided) * See Page 3 for Clarification							
	1:1 Parent Present		* 2:1 Staff Ratio		* 3:1 Staff Ratio			
Toileting Assistance Needed?	YES	NO	If yes, please specify need:					
Please provide any health or care instruction needed but not noted above:								

CONSENTS

Health Care/ Insurance: Each camper must provide his/her own medical insurance. Parent (s) or guardians will be billed for any medical care given at a medical facility during the course of camp. In the case of illness or injury, parent will be notified immediately at the above noted contact number.

Parent/Guardian Signature:

Date:

Photography/Media Release: I grant permission to BOTS to take photographs or video of my child and to use and distribute for publication any and all such photographs, video, news releases and stories for the purpose of educating the public about the camp or about camp services. I hereby relinquish any right, title and interest I may have in such

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media materials and BOTS the right to use these products.

Parent/Guardian Signature:

Date:

SEIZURE CARE:

Question	Parent/Guardian Response
1. How often does your child have seizures?	
2. How does your child rebound following seizure?	
3. What constitutes a seizure emergency for your child?	
4. Has your child been hospitalized for continuous (status) seizures? If so, please list most recent event.	
5. Does your child have a vagus nerve stimulator for seizure activity? If so, are there special instructions?	

BEHAVIORAL ISSUES:

BOTS STATEMENT: *Bounce Out The Stigma Camp promotes a non-violent and fun environment where we want everyone (including volunteer staff) to feel safe. Physical aggression cannot be accommodated at BOTS camp.*

Question	Parent/Guardian Response
1. If your child has shown physical aggression toward other children in an “open environment” such as school or another camp or recreational activity, please describe the situation and the type of aggression exhibited.	
2. If your child has aggression issues, what is the best calming technique in dealing with them?	
3. Describe the behavioral issues that BOTS staff can expect to deal with during the camp week.	

ADAPTIVE EQUIPMENT:

Please list below any adaptive device your child needs during camp (examples including but not limited to: glasses, hearing aids, walker, wheelchair)

Adaptive Device Needed	Use/ Special Instructions

***IMPORTANT NOTICE:**

In an effort to ensure your child’s experience and your expectations are met, ALL First time Campers who have not attended a prior Camp or Clinic must have a parent or guardian present for the first FULL day of camp. Please Initial That You Will Be Attending _____

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Parent/Guardian Signature: _____

Date: _____

BOTS REGISTRATION CONTINUED

PAGE 3

PLEASE USE THIS AREA FOR ADDITIONAL SPECIAL INSTRUCTION NEEDED OR INFORMATION YOU FEEL WE SHOULD BE AWARE OF - IF NONE PLEASE WRITE NONE.

*Camp Ratio

1:1 Requires Parent Present to Assist Child

2:1 Child Needs Assistance to Follow Verbal Direction and Instruction and Requires Constant Attention. Requires Great Deal of Assistance with Basic Motor Skill Exercises.

3:1 Child Can Follow Verbal Instruction and Can Operate Basic Motor Skill Exercises.

I have read all three pages of the Bounce Out the Stigma Registration Form and have answered all questions to the best of my ability. I agree that in the event of inappropriate behavior or an adverse medical condition that may affect my child, other children, or camp personnel; I may be required to be in attendance for the entire camp.

I agree that there are no conditions of behavior or health that may affect my child that I have not answered on this Registration Form.

No child will be permitted to attend without these forms entirely filled out and signed.

Parent/Guardian Signature: _____

Date: _____

Please return this Form To With Your Deposit (if you have not paid online)

Bounce Out the Stigma P.O. Box 616 Allendale, NJ 07401

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