



Mini CAMPER REGISTRATION FORM 2022



Camper Information

Fill out one Registration form each child please

*** Program requires minimum of 6 Mini campers***

NAME _____	AGE AS OF JUNE 1 st	GRADE THIS FALL 2022 if applicable
_____	_____	_____

ADDRESS _____

_____, TN _____

CITY _____ ZIP CODE _____

MUST DEPOSIT \$50 by MAY 1st, 2022 to RESERVE A SPOT and get Deaf Camp T-Shirt
Please Circle T-Shirt Size

LANGUAGE(s) SPOKEN AT HOME _____	2T	3T	4T	5T
_____	CHILD S	CHILD M	CHILD L	CHILD XL

IF SIZE IS NOT LISTED, PLEASE PUT SIZE _____

SCHOOL YOUR CHILD ATTENDS (if applicable) _____

What is your child's identified diagnosis (educational, social, emotional, medical)? Please briefly describe: _____

Please describe any physical, social, emotional, medical accommodations your child may need in order for staff to effectively support your child (one on one assistance, physical or medical condition, etc): _____

Please list all medications (including EpiPen, inhaler) on Medical Form

PARENTS' or LEGAL GUARDIANS' INFORMATION

NAME (Must list at least one emergency contact) _____	RELATION TO CAMPER _____	Emergency Contact # _____
NAME _____	RELATION TO CAMPER _____	Emergency Contact # _____
EMAIL ADDRESS (REQUIRED) _____		
WORK NUMBER (if different from emergency numbers) _____	VIDEOPHONE (if you have one) _____	
OTHER WAYS FOR US TO CONTACT YOU _____		
Check box if you do NOT want your contact information to be part of our new Deaf Camp Directory that will be shared with our camp families. <input type="checkbox"/>		



Deaf Camp MiNi Transportation Form 2022



Deaf Camp does not provide transportation for Deaf Camp MiNi, due to car seat needs for this age group. Each family will be responsible for dropping off and picking up their Deaf Camp MiNi camper each day. Drop off/Pick up will take place in the semi circle at the Deaf Camp entrance.

Each family MUST bring their MiNi Camper inside Entrance Doors "I" on dropping off and picking up. Deaf Camp MiNi staff are not responsible for getting your MiNi camper inside your car and buckling them in their car seat.

I. The Deaf Camp

Inman Deaf Chapel Door
7777 Concord Rd
Brentwood, TN 37027

Drop off time: 8 :45AM —9:00AM

Pick up time: 12:45PM – 1:00PM

The Dates for Deaf Camp MiNi are on Mondays and Wednesdays , June 13th to July 27th. **We do NOT have Deaf Camp MiNi during 4th of July week.**

Please list possible people that will pick up your child(ren). This is for us to know you have given permission for other family member or friend to pick up your child. **Person must show staff a picture ID to pick up your child(ren)**

By signing this form, you understand that you will be responsible for transporting your MiNi Camper to Deaf Camp MiNi on Mondays and Wednesdays at the times indicated above.

Parent/Legal Guardian Signature

Date



Mini CAMPER PHOTOGRAPHY/VIDEO RELEASE FORM 2022



WE aim to capture your child and this camp for all to see! Each week we hope to show a short video of their previous week. Children enjoy seeing themselves on video. We also cover our walls with pictures weekly and children enjoy seeing photos of themselves and friends. We also would like to document your child's summer activities by photographing and/or filming the children. The pictures are put together to make slide shows, create a photo yearbook, and to promote Deaf Camp through The Deaf Church, and other avenues. The children perform for class and we capture this on film and video.

They are also used in newsletters, projects, and on our website and other social media platforms. We would also like to provide these wonderful videos and programs to neighboring programs such as residential schools and other organizations to benefit Deaf students.

_____ Yes, you may photograph or film my child(ren) and use the pictures.

_____ No, I do not want my child(ren) photographed or filmed.

Child(ren) name(s) _____

Parent/Guardian signature _____

Date _____

Did you know... WE HAVE FACEBOOK AND INSTAGRAM?? COME SEE AND FOLLOW US TO SEE YOUR KIDS THROUGHOUT THE WEEK!



Find us on Facebook!
Search "Deaf Camp"



Follow us on Instagram!
@thedeafcamp



MINI SUNSCREEN RELEASE FORM 2022



Parents are responsible for providing body **SPRAY** and facial lotion sunscreen for their child(ren) to use at camp. Parents are expected to apply the first coat of sunscreen before bringing child(ren) to camp. Deaf Camp Staff will apply **SPRAY** sunscreen to any child(ren)'s body that asks for assistance. If your child needs assistance with putting sunscreen on face, please provide a **STICK** facial sunscreen.

Deaf Camp Staff will not apply any lotion sunscreen.

*Note: Due to increased allergies, child(ren) will only be able to use the sunscreen you send with them. Only siblings may share.

Child(ren)'s name(s)

Any known allergies to sunscreen _____

I understand that Deaf Camp Mini campers may spend time daily at the outside field and that the use of sunscreen may not prevent my child(ren) from being sunburnt but will aid in the protection against harmful sunrays. Deaf Camp Staff will schedule time after lunch for your child to get and apply sunscreen.

I hereby give permission to Deaf Camp Staff to apply the **spray and stick** sunscreen I provide to my child(ren) during their participation while at Deaf Camp throughout the summer.

Parent/Guardian Signature

Date



MiNi Camper Medical Form 2022



Medical Information & Authorization

You will need to fill out one medical form for each child

Camper Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Parent(s) Phone # Day: _____ Night _____

Physician's Name _____ Phone # _____

List any allergies: _____

List any restricted activities _____

Cause of Deafness: _____

Hearing devices? Visual Aids? List here: _____

List any Deaf relatives: _____

My Child is currently taking the following medicines ***please include EpiPen/inhaler if have***

Name of Medicine	Dose Amount	Reason for meds (helpful to our Staff)

Date of last Tetanus Shot: _____ Medical Insurance Number _____
(must have this information)

Insurance Provider: _____

Medical Authorization

IN case of Medical Emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition and can participate in the entire summer program except for activities listed as "restricted".

Signature of a Parent or Legal Guardian _____ Date _____

State Of Tennessee County of _____

Before me, the undersigned, a Notary Public and for said County and State, personally appeared _____, with whom I am personally acquainted (or proven to me based on satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ . Witness my hand and seal at _____, TN this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____



Deaf Camp Agreement to Rules &
Consequences on Deaf Camp
Parent Handbook 2022



I have read the Deaf Camp Parent Handbook, and I have gone over rules and consequences section with my child(ren). My child(ren) and I acknowledge and agree they will abide by these rules and that the breaking of these rules is grounds for consequences, including suspension. I also hereby understand that Deaf Camp, its staff, and volunteers cannot be held responsible for loss or damage to any electronic devices brought to camp. We highly recommend that electronic devices be left at home. I also understand that the Deaf Church, Deaf Camp Staff, and Deaf Camp volunteers cannot be held liable for damage, loss, or stolen hearing aid devices such as cochlear implants, hearing aids, and other hearing and/or visual aid devices.

(All Campers' Signature)

(Print all Campers' Names)

(Parent/Legal Guardian Signature)

Date

