

## **CAMPER REGISTRATION FORM 2022**



#### **Camper Information**

\*Fill out one Registration form each child please\*

AGE AS OF

	JUN	IE 1 <sup>st</sup>	F	FALL 2022	
NAME					
·····					
ADDRESS	*MUST DEPOSIT \$50 by MAY 1st, 2022 to RESERVE A SPOT and ge Deaf Camp T-Shirt* Please Circle T-Shirt Size				
,TN	CHILD S	CHILD M	CHILD L	CHILD XL	
CITY ZIP CODE	YOUTH S	YOUTH M	YOUTH L	YOUTH XL	
	ADULT S	ADULT M	ADULT L	ADULT XL	
LANGUAGE(s) SPOKEN AT HOME	ABOLIS		DULT XXL		
	IF SIZE IS NOT LISTED, PLEASE PUT SIZE				
SCHOOL YOUR CHILD ATTENDS	11 3122 13 143 1	213120,12273			
What is your child's identified diagnosis (educations	ai, sociai, emotior 	iai, medicai)?	Please briefly	y describe:	
Please describe any physical, social, emotional, me	edical accommoda	ations your ch	nild may need	I in order for staf	
to effectively support your child (one on one assista	ance, physical or r	medical cond	ition, etc):		
*Please list all medications (inc					
NAME (Must list at least one emergency contact)	RELATION TO CA	AMPER	Emergency C	ontact #	
NAME	RELATION TO C	:AMPER	Emergency (	Contact #	
EMAIL ADDRESS (REQUIRED)					
WORK NUMBER (if different from emergency numb	pers)	VIDEOPHO	NE (if you ha	ve one)	
OTHER WAYS FOR US TO CONTACT YOU					
Check box if you do NOT want your contact informa	ation to be part of	our new Dea	f Camp Direc	tory that will be	
shared with our camp families.	·		•	•	



(Can enter thru Edgehill Ave to parking lot)

## **CAMP TRANSPORTATION FORM 2022**

\*You may fill out one transportation form for all your children\*



My child(ren),	, has
permission to be transported on the Deaf (	Camp vehicles by Deaf Camp staff and volunteers. All drivers are cleared dates: June 7th through July 29th. The Deaf Camp will break for July rovide any transportation July 4th-8th.
Transportation includes, but is not limited traveling to and from field trips and more.	to, local pick up and drop off, traveling to and from swimming locations,
My child will use a seatbelt at all time while Our vehicles are not wheelchair accessible. will reach out to you to see what options m	Please put this in accommodations on Registration page and our staff
	your child(ren). This is for us to know you have given permission for other ild. Person must show staff a picture ID to pick up your child(ren)
Parent/Legal Guardian Signature	Date
accommodation, please put on the line bel	Drop off/pick up from same location. If you need different ow. ease ensure you have already paid the deposit to reserve your child(ren)'s
You MUST circle one location below. If the list.	re is no circle, we will put your camper(s) Deaf Camp drop off and pick up
I. The Deaf Camp Inman Deaf Chapel Door 7777 Concord Rd Brentwood, TN 37027	<u>Drop off time</u> : 8:45AM —9:00AM <u>Pick up time</u> : 4:00PM — 4:30PM
II. Behind the Hardees  4099 Nolensville Pike Nashville, TN The corner of Nolensville Pike and Harding Place	<u>Drop off time</u> : 8:15AM —8:30AM <u>Pick up time</u> : 4:30PM — 4:45 PM
III. Carter Lawrence Elementary School 1118 12th Avenue South Nashville, TN 37203	<u>Drop off time</u> : 8:15AM —8:30AM <u>Pick up time</u> : 4:30PM — 4:45PM



## CAMPER PHOTOGRAPHY/VIDEO RELEASE FORM 2022



\*You may fill out one release form for all your children\*

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!





Follow us on Instagram!

@thedeafcamp



## SWIM & WATER DAY ACTIVITY RELEASE FORM 2022



\*You may fill out one form for all your children. There is extra space on left side to add another child if necessary.\*

Please put YES or NO for each child: Can your child...

Child Name	Child Name	Child Name		•
			1\	tump into pool submarga fully return to the
			1)	Jump into pool, submerge fully, return to the surface and immediately begin swimming
				without pushing off the wall.
			2)	Swim in a horizontal position on top of the
				water using a forward crawl or breast stroke.
				The swimmer's arms must achieve full extension
				on every stroke, and he or she must maintain
				one or both of the strokes for the full 25-yard
				swim. Pausing is only allowed when the
				swimmer is rotating or turning to breath.
			3)	Swim in the shallow end with floatation devices.
			4)	Swim in shallow end WITHOUT floatation
				devices.
			5)	Passed swimming test.
			6)	Participate in Water Day activities (water
			_,	balloons, army crawling, inflatables).
			7)	Roll in the grass.
1 - 41				
is there any	other inform	iation we ne	ea to r	pe aware of prior to your child(ren)
swimming?				
Swiiiiiiiiig:				
6.	( D / C	1.		
Signature o	f Parent/Guar	aian		
Date				



#### **SUNSCREEN RELEASE FORM 2022**





Parents are responsible for providing body <u>SPRAY</u> 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 <u>SPRAY</u> sunscreen to any child(ren)'s body that asks for assistance. If your child needs assistance with putting sunscreen on face, please provide a <u>STICK</u> facial sunscreen.

#### Deaf Camp Staff will not apply any lotion sunscreen.

*Note: Due to increased allergies, child(reryou send with them. Only siblings may sha	•
Child(ren)'s name(s) Any known allergies to sunscreen	
I understand that Deaf Camp campers will outside field and on some field trips and the my child(ren) from being sunburnt but will sunrays. Deaf Camp Staff will schedule time apply sunscreen.	nat the use of sunscreen may not prevent aid in the protection against harmful
I hereby give permission to Deaf Camp Starprovide to my child(ren) during their partice the summer.	
Parent/Guardian Signature	 Date

\*You may fill out one agreement form for all your children\*



# <u>Deaf Camp Agreement to Rules &</u> <u>Consequences on Deaf Camp Parent</u> <u>Handbook 2022</u>



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



# Deaf Camp 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					
Parent(s) Name(s)					
Parent(s) Phone # Day:					
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/inha	ler if have*		
Name of Medicine	Dose Amount		on for meds ul to our Staff)		
Date of last Tetanus Shot:		surance Number (must have this inform			
Insurance Pro Medical Authorization	ovider:				
IN case of Medical Emergency, I hereby give r secure services of a licensed physician, surged named on this application. I certify that my ch summer program except for activities listed a	on, or anesthetist in p nild is in good physica	providing the necessary	y care for my child as		
Signature of a Parent or Legal Guardian			Date		
State Of Tennessee County of	and for said County a	nd State, personally ap , with whom I am	personally acquainted (or		
proven to me based on satisfactory evidence)	), and who, upon oath	h, acknowledged himse	elf/herself to be		
, TN	this	day of	, 20		
		Notary	Public		
My Commission Expires:					