



CAMPER REGISTRATION FORM 2022



Camper Information

Fill out one Registration form each child please
Program requires minimum of 6 TEEN participants

| | | |
|-------|-----------------------------------|-------------------------|
| NAME | AGE AS OF JUNE 1 st | GRADE THIS FALL 2022 |
| _____ | _____ | _____ |

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 | CHILD S | CHILD M | CHILD L | CHILD XL |
| _____ | YOUTH S | YOUTH M | YOUTH L | YOUTH XL |
| _____ | ADULT S | ADULT M | ADULT L | ADULT XL |
| SCHOOL YOUR CHILD ATTENDS | ADULT XXL | | | |
| _____ | IF SIZE IS NOT LISTED, PLEASE PUT SIZE _____ | | | |

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"/> | | |



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 by HR background check process for these dates: **June 7th through July 29th**. Deaf TEEN Summit will not meet June 27-July 1 and July 4-8. TEEN Intern will still come June 27th-July 1st with ROOTS: will have transportation. We will NOT provide any transportation July 4-8.

Transportation includes, but is not limited to, local pick up and drop off, traveling to and from swimming locations, traveling to and from field trips and more.

My child will use a seatbelt at all time while traveling on Deaf Camp vehicles. Our vehicles are not wheelchair accessible. Please put this in accommodations on Registration page and our staff will reach out to you to see what options might be available for your child(ren).

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)**

Parent/Legal Guardian Signature

Date

TRANSPORTATION PICK UPS & DROP OFFS. Drop off/pick up from same location. If you need different accommodation, please put on the line below. Spots on buses/vans fill up very quickly. Please ensure you have already paid the deposit to reserve your child(ren)'s spots.

You MUST circle one location below. If there is no circle, we will put your camper(s) Deaf Camp drop off and pick up list.

I. The Deaf Camp

Inman Deaf Chapel Door
7777 Concord Rd
Brentwood, TN 37027

Drop off time: 8 :45AM —9:00AM

Pick up time: 4:00PM – 4:30PM

II. Behind the Hardees

4099 Nolensville Pike
Nashville, TN
The corner of Nolensville Pike and
Harding Place

Drop off time: 8:15AM —8:30AM

Pick up time: 4:30PM – 4:45 PM

III. Carter Lawrence Elementary School

1118 12th Avenue South
Nashville, TN 37203

Drop off time: 8:15AM —8:30AM

Pick up time: 4:30PM – 4:45PM

(Can enter thru Edgehill Ave to parking lot)



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!



Find us on Facebook!
Search "Deaf Camp"



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) 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. |

Is there any other information we need to be aware of prior to your child(ren) swimming? _____

Signature of Parent/Guardian _____

Date _____



SUNSCREEN RELEASE FORM 2022

You may fill out one release form for all your children



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 campers will spend majority of their time daily at the outside field and on some field trips 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

You may fill out one agreement form for all your children



Deaf TEEN Summit 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



Deaf TEEN Summit 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 anesthesiologist 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: _____



2022 Deaf TEEN Intern



This form is specifically IF your Teen has applied or is planning on applying for TEEN Intern position (JR Staff). Please do not sign if your Teen is only participating in Deaf TEEN Summit.

I understand that my TEEN will need to attend orientation and receive trainings the week prior to Deaf Camp.

I understand that my TEEN will not participate in Deaf TEEN Summit program if TEEN is accepted in Deaf TEEN Intern program.

I understand my TEEN Intern will work with 2 to 5 years old at Deaf Camp MiNi or 6 to 13 years old at Deaf Camp ROOTS I & II with supervision of Deaf Camp Director and Deaf Camp Staff.

I understand that Deaf TEEN Intern program aims to provide on-the-job training in American Sign Language and opportunities for developmental and leadership growth. My TEEN Intern will abide with responsibilities and expectations listed in the Deaf TEEN Intern Application.

I understand that once application is received and reviewed, my TEEN may be interviewed in person or on Zoom.

Parent/Guardian signature: _____