



# Mini CAMPER REGISTRATION FORM 2023



## Camper Information

**\*Fill out one Registration form each child please\***  
**\* Program requires minimum of 6 Mini campers\***

NAME \_\_\_\_\_

BIRTHDAY

AGE AS  
OF  
JUNE 1<sup>st</sup>

GRADE THIS  
FALL 2022 if  
applicable

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ADDRESS \_\_\_\_\_

\_\_\_\_\_, TN  
CITY ZIP CODE

**\*MUST DEPOSIT \$50 by MAY 15 to RESERVE A SPOT and get Deaf Camp T-Shirt\***

**\*T-Shirt not guaranteed after May 15<sup>th</sup>\***

LANGUAGE(s) SPOKEN AT HOME \_\_\_\_\_

Please Circle T-Shirt Size  
2T 3T 4T 5T

CHILD S CHILD M CHILD L CHILD XL

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 <b>do NOT</b> 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 2023



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 19<sup>th</sup> to July 26<sup>th</sup>. **We do NOT have Deaf Camp MiNi during 4<sup>th</sup> 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)**

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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 2023



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 2023



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 2023



## 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 \_\_\_\_\_, HI this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



Deaf Camp Agreement to Rules &  
Consequences on Deaf Camp  
Parent Handbook 2023



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.

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(All Campers' Signature)

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(Print all Campers' Names)

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(Parent/Legal Guardian Signature)

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Date

