

CAMPER REGISTRATION FORM 2023



GRADE THIS

AGE AS OF

Camper Information

Fill out one Registration form each child please

	BIRTHDAY		AS OF IE 1 st	FALL 2022
NAME				
	*MUST DEPOSIT \$50			DT and get Deaf Camp
ADDRESS	*T-S	T-Sł hirt not guarant		15 th *
,TN		Plazco Circl	e T-Shirt Size	
CITY ZIP CODE	CHILD S	CHILD M	CHILD L	CHILD XL
LANGUAGE(s) SPOKEN AT HOME	YOUTH S	YOUTH M	YOUTH L	YOUTH XL
	ADULT S	ADULT M	ADULT L	ADULT XL
SCHOOL YOUR CHILD ATTENDS		ADUL	T XXL	
What is your child's identified diagnosis (educational, socia	al, emotional, medic	cal)? Please br	iefly describe	2:
Please describe any physical, social, emotional, medical a effectively support your child (one on one assistance, p 	physical or medical c g EpiPen, inhaler) or	ondition, etc)		
NAME (Must list at least one emergency contact) RELA	TION TO CAMPER	Emergenc	y Contact #	
NAME RELA	TION TO CAMPER	Emergen	cy Contact #	
EMAIL ADDRESS (REQUIRED)				
WORK NUMBER (if different from emergency numbers)	VIDEO	PHONE (if you	ı have one)	
OTHER WAYS FOR US TO CONTACT YOU				
Check box if you do NOT want your contact information to shared with our camp families.	be part of our new	Deaf Camp Di	rectory that	will be



CAMP TRANSPORTATION FORM 2023

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 6th through July 28th**. The Deaf Camp will break for July 4th holiday July 3rd – 7th, so we will NOT provide any transportation July 3rd-7th. **MUST register by May 15th for transportation spot for 2 locations. Transportation spot not guaranteed with registrations after May 15th**

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	Drop off time: 8:45AM —9:00AM			
Inman Deaf Chapel Door	Pick up time: 4:00PM – 4:30PM			
7777 Concord Rd				
Brentwood, TN 37027				
II. Behind the Hardees	Drop off time: 8:15AM —8:30AM			
4099 Nolensville Pike	Pick up time: 4:30PM – 4:45 PM			
Nashville, TN				
The corner of Nolensville Pike and				
Harding Place				
III. Carter Lawrence Elementary School	<u>Drop off time</u> : 8:15AM —8:30AM			
1118 12th Avenue South	<u>Pick up time</u> : 4:30PM – 4:45PM			
Nashville, TN 37203 (Can enter thru Edgehill Ave to parking lot)				

CAMPER PHOTOGRAPHY/VIDEO RELEASE FORM 2023



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!







SWIM & WATER DAY ACTIVITY RELEASE FORM 2023



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 2023

You may fill out one release form for all your children



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(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 <u>spray and stick</u> 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 Camp Agreement to Rules & Consequences on Deaf Camp Parent <u>Handbook 2023</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



<u>2023</u>



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:			
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 med	dicines *please	include EpiPen/inhaler	if have*
Name of Medicine	Dose Amount		for meds o our Staff)
Date of last Tetanus Shot:		surance Number (must have this informat	
<u>Medical Authorization</u> IN case of Medical Emergency, I hereby give my persecure services of a licensed physician, surgeon, or named on this application. I certify that my child is summer program except for activities listed as "re	r anesthetist in p s in good physica	providing the necessary ca	are for my child as
Signature of a Parent or Legal Guardian			_Date
State Of Tennessee County of Before me, the undersigned, a Notary Public and f	or said County a	nd State, personally appe	_ ared
		, with whom I am pe	rsonally acquainted (or
proven to me based on satisfactory evidence), and		. Witness my hand a	nd seal at
, HI this		day of	20

My Commission Expires: _____

Notary Public