



# CAMPER REGISTRATION FORM 2023



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

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ AGE AS OF JUNE 1<sup>st</sup> \_\_\_\_\_ GRADE THIS FALL 2023 \_\_\_\_\_

ADDRESS \_\_\_\_\_

**\*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>\***

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

	Please Circle T-Shirt Size			
CHILD S	CHILD M	CHILD L	CHILD XL	
YOUTH S	YOUTH M	YOUTH L	YOUTH XL	
ADULT S	ADULT M	ADULT L	ADULT XL	
			ADULT XXL	

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

SCHOOL YOUR CHILD ATTENDS \_\_\_\_\_

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"/>		



# 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 TEEN Summit will break for July 4th holiday July 3rd – 7th, so we will NOT provide any transportation July 3rd-7th.**

**\*\*MUST register by May 15<sup>th</sup> for transportation spot for 2 locations. Transportation spot not guaranteed with registrations after May 15<sup>th</sup>\*\***

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 (Can enter thru Edgehill Ave to parking lot)

**Drop off time:** 8:15AM —8:30AM

**Pick up time:** 4:30PM – 4:45PM



## 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!**



Find us on Facebook!  
Search "Deaf Camp"



Follow us on Instagram!  
@thedeafcamp



# 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 **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 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.

---

(All Campers' Signature)

---

(Print all Campers' Names)

---

(Parent/Legal Guardian Signature)

---

Date



# Deaf TEEN Summit 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 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 \_\_\_\_\_, HI this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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