

Campers Registration Form

Camper Name _____
Name, Surname

Address: _____

Date of Birth: _____ Male Female
DD/MM/YYYY

Height: (for activities purpose) _____

Parent/Guardian Name: _____
Name, Surname

Home Address (if different from above)

Home Phone: _____ Mobile: _____

Email: _____

Work Address:

Work Phone: _____

Please Note: The CampAbilities Organising Committee will be reviewing all applications received. Following reviews of the applications, CampAbilities staff will be in contact to follow up on any additional information that may be necessary. Places are not guaranteed due to the high level of demand however we will be in contact with you by the 2nd of March with regards to notification of participation in Camp 2012.

We would like to have as much information about your child which will be beneficial for the activity leaders and staff to prepare for your child coming to camp. We understand that some of the following information on this form may not refer to your child, however in order for us to be fully prepared we aim to cover as much aspects as possible. We appreciate you taking the time to complete this form.

All about ME

Have you ever been to an overnight camp before? _____

What class are you in? _____

What are your favourite subjects?

Do you have any hobbies?

What are your favorite sports?

Do you have a friend that is going to Camp Abilities? If Yes Who? _____

Do you know how to swim? _____

What are your favourite crafts? _____

What is your favourite outdoor or nature activity? _____

What is your favourite food? _____

What food do you not like? _____

Do you play an instrument? Which one? _____

What type of music do you like? _____

Do you have any pets? What are they and what are their names? _____

Are you able to cycle? _____

What would you expect to get from attending Camp Abilities?

Anything else you would like to tell us about YOU

Health Information

Please describe the level of vision your child has in each eye and any other important information you feel we need to know about their vision. **The more information we have regarding your child's vision the better prepared we can be throughout the week of camp.**

Please answer the following questions: Please use the space provided only if you need to provide additional information. Please be as specific as possible!

1. My child has difficulty going from dark to light places? Yes No

Explain: _____

2. My child has difficulty going from light to dark places? Yes No

Explain: _____

3. My child has a good sense of peripheral vision? Yes No

Explain: _____

4. My child has good sense of central vision? Yes No

Explain: _____

5. My child has tunnel vision? Yes No

Explain: _____

6. My child reads: (PLEASE CIRCLE)

Braille Yes/No

Large Print Yes/No

Small print Yes/No

7. My child wears glasses

Reading	Yes	No
Distance	Yes	No
Sunglasses	Yes	No

Mobility Walks without assistance _____ Walks with use of cane _____
Walks with sighted guide _____ Uses a wheelchair _____
Walks with other device _____

Explain _____

Ability to use a stairs _____

Does your child have any specific communication/language difficulties? Yes____ No____

Please detail

Specify type and degree of assistance required in each area (if any):

Eating _____

Dressing _____

Bathing _____

Toileting _____

Bedtime routine _____

Additional Information _____

Does your child have any medical, nutritional, allergy or special needs?

Please be very specific with your details.

Any other information you feel necessary to share

We may require further clarification of information detailed within this form and may need to contact you to discuss further. What would be an appropriate time to contact you?

Declaration

I acknowledge that the information I have given is accurate and up to date. I understand this information will be used by Camp**Abilities** for their campers database should any opportunities arise.

Signed _____ Date _____
Parent/Guardian