

# Camp Chris Williams: Camper Application

August 16-23, 2008

Sponsored by Lions District 11 B-2 partnering with MADHH & cooperating local Lions Clubs



Camper Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

VP# \_\_\_\_\_ E-mail: \_\_\_\_\_ If possible, group with: \_\_\_\_\_

Camper's School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

This Camper is:  Deaf  Hard of Hearing  Hearing sibling  C.O.D.A.

Adult T-Shirt Size:  S  M  L  XL  2XL  3XL  4XL

My child's Cultural Background:  Deaf  Hard of Hearing  Hearing

My child will need a Personal Assistant:  Yes  No Secondary Disability: \_\_\_\_\_

Please rate child's fluency in oral communication: (none)       (Fluent)

Please rate child's fluency in ASL: (none)       (Fluent)

Does your child have ability/experience in any other communication system (i.e. SEE1, PSE, CUED)? \_\_\_\_\_

Does your child speak any language other than English or ASL?  Yes  No: Type: \_\_\_\_\_

Will your child be bringing hearing equipment to camp?  Yes  No What and how many? \_\_\_\_\_

Has your child been to camp before?  Yes: How many years? \_\_\_\_\_  No: First time

What benefit do you expect your child to get from camp?  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on a special diet?  Yes  No

Is your child Diabetic, Vegetarian, or other?  Yes  No If Yes, which: \_\_\_\_\_

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- - Applications will be Prioritized and Processed in the Order Received - -

## Registration Process:

- 1) Complete this Application Form, accompanied by a **NON-refundable \$50 deposit**, to register your camper. Contact MADHH to request accommodations or financial assistance.

Send Applications to: **MADHH, 2929 Covington Court, Suite 200  
Lansing, Michigan 48912-4939**

- 2) Financial Assistance requests **MUST** be communicated at the time of registration. The family of the camper is responsible to seek scholarships; however, MADHH's staff will closely work with all families.
- 3) When your child is accepted, MADHH will send the Agreements and Releases forms and information. Included will be the YMCA forms and a medical form to be filled out by and signed by a physician. This form needs to be received by the camp at least three weeks prior to arrival so it can be reviewed and accepted by our medical consultant.
- 4) Achieve your **Paid-In-Full** status prior to July 10, 2008, by paying the full amount of \$350.00. Credit card payments can be mailed, faxed or over the phone. Payment plans are available.

**Payment Method:** Check MO Master Card Visa Discover American Express

**C.C. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Name as seen on Card:** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Amount Enclosed \$** \_\_\_\_\_ **(\$50 deposit minimum) CVC#** \_\_\_\_\_

*Camp Chris Williams: August 16-23, 2008, total cost: \$350.00, includes all meals, housing, activities, and T-shirts. It does not include transportation to and from Lake Sherman YMCA.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## - Parent/Camper Agreement -

The camper AGREES TO abide by the following camp rules at all times:

1. The camper will be considerate of the safety and feelings of others and care for the camp property.
2. If the camper willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the camp and take the camper home. •
3. The possession of any illegal substances (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Camp Program Director will be grounds for dismissal and the parents/guardian will be contacted to take the camper home. •
4. Payment for any damage done to camp property or property of others as a direct result of the camper's behavior will be paid for by the parents/guardian when the child is picked up.
  - *Parents are responsible for all transportation costs if parents are unable to transport their camper home due to the camper's dismissal from camp.*

I have transportation  I can provide transportation for \_\_\_\_\_ persons

I authorize sharing of information on this form to coordinate transportation to and/or from camp

Parent's / Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature \_\_\_\_\_ Date: \_\_\_\_\_

