



## 2012 ADVENTURE CAMP REGISTRATION CHECKLIST

Variety the Children's Charity of St. Louis is excited about your interest in attending camp this summer!

\_\_\_\_\_ Camp Registration Form & Release Waiver (**one form, complete front & back**)

\_\_\_\_\_ Participant Profile Form (**one form, complete front & back**)

\_\_\_\_\_ **Copy of Health Insurance Card**

\_\_\_\_\_ If relevant, Complete medication form for medication to be distributed at camp, times & dosage

\_\_\_\_\_ Physician's Statement

\_\_\_\_\_ Child's Original Drawing or Essay – "Why I want to go to Variety Adventure Camp".

**Please return the completed registration packet to:**

**Variety the Children's Charity of St. Louis  
ATTN: ADVENTURE CAMP  
2200 Westport Plaza Drive  
St. Louis, MO 63146**

### **Eligibility Requirements:**

Adventure Camp curriculum is designed for children ages 4-12 with physical and mental disabilities (cognitively age-appropriate). A separate teen program will be offered for teen campers ages 13 – 16. This group will have a different schedule with some activities that focus on developing training skills for leadership opportunities, as well as special programs and activities. There is a \$100/week refundable deposit to attend camp. The deposit is refundable if the camper attends the sessions agreed to with the exception of medical issues or illness. In these cases the deposit is refundable. If you are a new camper to Variety Adventure Camp, we do require the parents and the camper to meet with Barb Kramer, Variety's Program Director.

For more information, please contact:

- Barb Kramer, Program Director, at (314) 720-7709, ext. 115 or email [barb@varietystl.org](mailto:barb@varietystl.org)
- Julie Nagy, Program Assistant, at (314) 720-7717, ext. 121 or email [julie@varietystl.org](mailto:julie@varietystl.org)

Variety looks forward to seeing your child at camp this year!! ☺



# 2012 Adventure Camp Registration Form

Please complete one form per participant. Please Print or complete online

Today's Date: \_\_\_\_\_

### Contact Information:

Participant's Full Name \_\_\_\_\_ male \_\_\_\_ female \_\_\_\_

Date of Birth \_\_\_\_\_ Disability \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email (\*\*Parents Primary Email to Use) \_\_\_\_\_

### Emergency Contact Information (Other than Parents or Guardians)

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_

ID # \_\_\_\_\_ **Please attach a copy of the insurance card.**

Insurance Holder's Name \_\_\_\_\_

Please select the week(s) of camp your child will attend:

\_\_\_\_\_ Variety Adventure Camp Session I - June 4-8 (Monday – Friday)

\_\_\_\_\_ Variety Adventure Camp Session II - June 18-22 (Monday – Friday)

\_\_\_\_\_ Variety Adventure Camp Session III - July 9-13 (Monday – Friday)

T-shirt Size (**Please check one**): (youth)  Small  Medium  Large

(adults)  Small  Medium  Large  X-Large

### PERSONS AUTHORIZED TO PICK UP CAMPER

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**(NOTE: Photo identification must be presented at the time of pick up)**

If you have any questions or concerns, please call

Barb Kramer, at (314) 720-7709

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT  
EMERGENCY MEDICAL CARE - PHOTOS**

My name is \_\_\_\_\_.

I am the ward or guardian of \_\_\_\_\_, ("the child"). I am responsible for the child and have authority to sign this release on behalf of the child.

On   June 4-8     June 18-22     July 9-13   Variety the Children's Charity of St. Louis ("Variety the Children's Charity of St. Louis"), is sponsoring **2012 ADVENTURE CAMP**, at **THE HEIGHTS & "off site" FIELD TRIPS (CALENDAR WILL BE FINALIZED CLOSER TO CAMP)**.

Either the child by him or herself, I by myself, or the child and I together wish to participate in the event. There is no charge to us for our participation.

The event will include transportation to and from the site by private car and/or other transportation means, entry into the site, and activities at the site.

I acknowledge that participation in the various phases of the free event will involve the risk of injuries and damages including but not limited to injuries or damages resulting from car accidents and/or falls and/or other mishaps. Injuries and/or damages could include death, personal injury, property damages, loss of services and other injuries or damages.

I understand that unless I sign this release, including all its terms, on behalf of the child and me, the Variety the Children's Charity of St. Louis will not allow the child or me to participate in the event.

In order to participate in the event, on behalf of the child and myself, I therefore release the officers, directors, agents, affiliates, sponsors, volunteers, successors, assigns and employees of both the Variety the Children's Charity of St. Louis and the site, and I release all drivers and owners of all vehicles involved in the transportation of the participants, (collectively "the released parties"), from all liability for injuries or damages resulting from activities connected with the event, to the extent those injuries or damages are result of negligent acts.

I further agree to hold the released parties harmless and to indemnify them against any claims brought against them by third parties due to my actions and/or the child's actions.

**On behalf of the child and myself, I thus hereby release the released parties from all claims for damages or injuries for negligent acts connected with the event. I exclude from the release grossly negligent acts, intentional acts, and acts done with malfeasance.**

**I understand this release is quite broad, but I nevertheless accept its terms.**

\_\_\_\_\_

Should the need arise in the course of the event I also hereby give authority to all representatives of the Variety the Children's Charity of St. Louis and the site to provide reasonable emergency medical care to the child and/or to me. I release all claims for injuries or damages incurred by me or the child in connection with the delivery of such care in good faith. This release is also a condition of participation in the event.

\_\_\_\_\_

I also hereby authorize the media and/or representatives of the Variety the Children's Charity of St. Louis to take photographs and/or videos of the child and me, and to publish and/or air those photographs and/or videos for the purposes of publicity and/or other reasonable purposes.

X \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



## 2012 VARIETY ADVENTURE CAMP PARTICIPANT PROFILE FORM

Today's Date \_\_\_\_\_

Please select the week(s) of camp your child will attend:

\_\_\_\_\_ Variety Adventure Camp Session I - June 4-8 (Monday – Friday)

\_\_\_\_\_ Variety Adventure Camp Session II - June 18-22 (Monday – Friday)

\_\_\_\_\_ Variety Adventure Camp Session III – July 9-13 (Monday – Friday)

### Contact Information:

Participant' Full Name \_\_\_\_\_

Disability \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Personal Information (this information helps Variety Camp ensure the best care and counselor match during the time your child is at camp).

Does the participant have any personal care needs (feeding, toileting, dressing)? \_\_\_\_yes \_\_\_\_no

**If yes, please explain:** \_\_\_\_\_

How much assistance would be required for participant?

\_\_\_\_\_ Full Time Support (one-to-one)                      \_\_\_\_\_ Occasional aide/monitor

\_\_\_\_\_ Classmate "buddy" system                      \_\_\_\_\_ Initial Orientation only

\_\_\_\_\_ Interpreter                      \_\_\_\_\_ Needs assistance with fine motor skills

\_\_\_\_\_ Uses an assistive device (manual/power chair, crutches, cane, walker)

Please **specify:** \_\_\_\_\_

Be aware of \_\_\_\_\_

How well is the participant's ability to follow directions in a group situation?

\_\_\_\_\_ Understands and follows directions consistently

\_\_\_\_\_ Rarely follows directions unless extra attention or incentive is provided?

\_\_\_\_\_ Does not understand or follow directions?

Describe best way to assist participant with following direction?

\_\_\_\_\_  
\_\_\_\_\_

What is the participant's primary means of communication?

\_\_\_\_\_ Maintain two-way conversation                      \_\_\_\_\_ Speaks and understood by others

\_\_\_\_\_ Shy or nonverbal/limited conversation                      \_\_\_\_\_ No means of communication

\_\_\_\_\_ Sign Language                      \_\_\_\_\_ Gestures

\_\_\_\_\_ Augmentative Speech Device                      \_\_\_\_\_ Other \_\_\_\_\_

Check the behaviors that are a concern:

\_\_\_\_\_ withdrawn                      \_\_\_\_\_ easily discouraged

\_\_\_\_\_ hyperactive                      \_\_\_\_\_ opposition/defiant

\_\_\_\_\_ short attention span                      \_\_\_\_\_ manipulative

\_\_\_\_\_ physically harms others                      \_\_\_\_\_ swipes

\_\_\_\_\_ physically harms self

\_\_\_\_\_ other \_\_\_\_\_

Describe the best way(s) to manage the behavior(s): \_\_\_\_\_

What do you do if the participant does not listen to you? \_\_\_\_\_

Best way to motivate the participant: \_\_\_\_\_

How does participant interact with other children? \_\_\_\_\_

Does the participant require medication(s)? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please list \_\_\_\_\_

Are there any schedules we should be aware of (i.e. medication, etc.) \_\_\_\_\_ yes \_\_\_\_\_ no  
**(medication information must be on file before medication can be taken at a program)**

Does the participant have seizures? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, list type, duration, warning signs, and desired first aid procedures: \_\_\_\_\_

List any dietary restrictions/allergies (i.e. peanuts, sugar, etc...) or medical conditions (i.e. diabetes, asthma, etc...) Variety the Children's Charity of St. Louis should be aware of: \_\_\_\_\_

List any activities the participant cannot participate in due to medical conditions? \_\_\_\_\_

List any strong fears the participant may have: \_\_\_\_\_

List activities the participant particularly likes: \_\_\_\_\_

List activities the participant dislikes: \_\_\_\_\_

What are your expectations for the participant? \_\_\_\_\_

Other information you feel would be beneficial to the camp staff: \_\_\_\_\_

To ensure a more successful camp experience, I give Variety the Children's Charity of St. Louis permission to contact my son/daughter's teacher, physician or case manager for more information? \_\_\_\_\_ yes \_\_\_\_\_ no

**If Yes:**

Contact's Name/Title: \_\_\_\_\_

Agency or School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian(s) Signature:**

x \_\_\_\_\_ x \_\_\_\_\_



## VARIETY ADVENTURE CAMP MEDICATION CONSENT FORM

(This form is to be used only if a child is taking **over the counter** medication during camp)

I hereby request and authorize Variety Adventure Camp to give my child medication as specified below.

\* This form is to be completed by the health care provider who is prescribing the medication and signed by the health care provider and parent/guardian.

CAMPER'S NAME: \_\_\_\_\_

1. Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage/Route: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Side Effects/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

2. Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage/Route: \_\_\_\_\_ Time(s) of day: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Side Effects/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature/Date

Parent/Guardian Signature/Date

\_\_\_\_\_

Physician Phone Number

Parent/Guardian Phone Number

## 2012 PHYSICIAN'S STATEMENT

To insure that Adventure Camp can serve your child, your child **WILL NOT BE PERMITTED** to attend Variety Adventure Camp without a completed Physician's Statement signed by a physician. If you have an immunization list/card, it can be copied and attached.

FILL IN CHILD'S NAME AND FORWARD TO YOUR PHYSICIAN.

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height \_\_\_\_\_ Is the current examination normal? Yes \_\_\_\_\_ No \_\_\_\_\_

Note any unusual findings: List name of drug(s) currently used, dosage, frequency needed:

\_\_\_\_\_

List any known allergies (drug, food, plants, insects):

\_\_\_\_\_

**IMMUNIZATION DATES:** (Please complete this section or attach a copy of the current immunization record.)

DPT: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

POLIO: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

MMR/MR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

HIB: \_\_\_\_\_ TB: \_\_\_\_\_ Reaction: \_\_\_\_\_

HEP-B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Is child under a physician's care for any conditions? If so explain:

\_\_\_\_\_

\_\_\_\_\_

Is any treatment/medication needed during the camp day? \_\_\_\_\_

Is child under any dietary restrictions? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Please mark information pertinent to this child:

_____ Anxieties	_____ Heart Defect/Disease	_____ Developmental Disability
_____ Hearing Deficiency	_____ Asthma	_____ Attention Deficit Disorder
_____ Behavioral Disorder	_____ Down's Syndrome	_____ Speech Delay
_____ Glasses/Contacts	_____ Hearing Aids	_____ Tourette's Syndrome
_____ Seizure Disorder	_____ Orthopedic Disability	_____ Wheelchair
_____ Crutches	_____ Cane	_____ Walker
_____ Incontinent [ ] Past [ ] Present		

Any other special concerns (including behavioral)

\_\_\_\_\_

**Date of Exam:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

**Type or print Physician's name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**\*Must be within one year of camp attendance.**