

CIRCLE OF FRIENDS AT CAMP GILMONT FAMILY APPLICATION

Please check which camp are interested in attending: ___ Memorial Day ___ August
 ___ Labor Day

Weekend 2nd weekend Weekend

If you have 2 or more children with a disability, please copy this and fill out for each child, so we can have specific information for each one.



Date of application _____

Family last name(s) _____

Address _____

Ph. #s (home) _____ (cell) _____ (work) _____

e-mail _____

Please list all family members who will attend this camp.

NAME	AGE	M/F	If person has a disability, please complete all info

Information about camper with disability: Please give the following information, so that we may take care of your camper as well as possible and address any special needs.

Daily activities

Eating

- | | |
|---|--|
| <input type="checkbox"/> No assistance
<input type="checkbox"/> Total assistance
<input type="checkbox"/> Assist with cutting
<input type="checkbox"/> Assist with drinking
<input type="checkbox"/> Must use a straw | <input type="checkbox"/> Difficulty swallowing solids
<input type="checkbox"/> Difficulty swallowing liquids
<input type="checkbox"/> Has a tongue thrust
<input type="checkbox"/> Has to have food blended
<input type="checkbox"/> Will provide special utensils |
|---|--|

Food

allergies _____

Requires a special diet (diabetic, etc.) _____

Other comments _____

Behavior

- | | |
|--|--|
| <input type="checkbox"/> Needs one-on-one supervision
<input type="checkbox"/> Demands center of attention
<input type="checkbox"/> Does not mix well with groups
<input type="checkbox"/> Bi-polar/depression
Discipline ___ withhold privileges ___ time out | <input type="checkbox"/> Is hyperactive
<input type="checkbox"/> Uses foul language
<input type="checkbox"/> Aggressive when upset
<input type="checkbox"/> Problem leaving parents |
|--|--|

Other _____

If camper has a behavior plan, please explain.

2.

Activities

Swimming

- | | |
|--|---|
| <input type="checkbox"/> swims well | <input type="checkbox"/> needs one-on-one supervision |
| <input type="checkbox"/> does not know how to swim | <input type="checkbox"/> needs flotation devices |
| <input type="checkbox"/> shallow end only | <input type="checkbox"/> will bring own floats |
| <input type="checkbox"/> can swim in deep water | <input type="checkbox"/> prone to ear infections because of water |
| <input type="checkbox"/> can't get head wet | <input type="checkbox"/> has tubes in ears |

other _____

Outdoor activities

- | | |
|---|--|
| <input type="checkbox"/> sunburns easily; must use sunscreen | <input type="checkbox"/> will run away quickly |
| <input type="checkbox"/> allergic to insect bites; must use repellent | <input type="checkbox"/> overheats quickly |
| <input type="checkbox"/> does not understand to be cautious | |

Communication and Senses

Communication

(check one)	Easy	Difficult	None	Other special information: please be specific. _____ _____ _____ _____
Speaking	()	()	()	
Writing	()	()	()	
Gestures	()	()	()	
With eyes	()	()	()	
With a board	()	()	()	
Sign language	()	()	()	

Eyesight

- 20/20
 blind
 some vision
 wears glasses
 will not bring glasses

Hearing

- normal
 deaf
 wears hearing aid in ()left, ()right, ()both
 other _____

Level of Independence

	alone	needs assistance	
walks	()	()	walks with crutches ___yes ___no
wheelchair	()	()	“ “ walker ___yes ___no
electric wheelchair	()	()	“ “ cane ___yes ___no
transfer help	()	()	
dresses alone	()	()	
puts on shoes	()	()	
toileting	()	()	

Does camper wear diapers/depends? ___yes ___no

Does camper use catheters? ___yes ___no

(note: volunteers will not assist with catheters or any other medical device.)

Does camper require rest/nap during the day? ___yes ___no

3.

Any restrictions/special needs while at camp not noted above? If so, explain.

Give activities, etc. **each** of your children likes to do and/or dislikes.

Other camper information

If there are other members of your family that may have special needs, please explain. In particular, make us aware of any dietary or medical needs. If the person doesn't swim, please give the name. (A nurse is on duty all weekend.)

Insurance: please bring your cards, in case there is a need.

Consent

My family and I desire to attend Circle of Friends Camp at Presbyterian Camps at Gilmont, Inc. and participate in all activities. In consideration for the acceptance to camp by the named persons in my family, I/we hereby release and waive any and all claims or causes of action which may accrue against Camp Gilmont or any employee or any other person acting with the permission of Camp Gilmont arising out of any injury and/or loss to the person or property of me or my family during my/our stay at the camp, in transit to and from said camp or during any activity approved by any said persons, and I/we agree to assume all liability for any claims for which I/we might have against any said persons for injury as herein stated. I/we realize that a parent or legal guardian of any minor camper will be on the premises on a continuous basis during the term of this camp.

Photo Release

I/we hereby give my/our consent for my/our family to be photographed (including video) for use in the proper interest of Camp Gilmont, including but not limited to use in newspapers, promotional video, T.V. or brochures. yes no

Each family member over 17, who will attend this camp, must sign below, if checking yes.

_____ date _____

_____ date _____

_____ date _____

_____ date _____

NOTE: Use the back of page 3 for additional information that you feel we may need.

Application is to be returned to the current Circle of Friends program director.

James Hilliard 6075 State Hwy. 155 N. Gilmer, TX 75644

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