



Camp Get CENTERed Camper Application

Deadline: May 15th

CAMPER INFORMATION – Spots are limited, Ages 9 and older

Name _____ Nickname _____

Address _____

Phone _____ Gender Male Female

Age _____ Birthday _____ Weight _____ Height _____

School _____ Grade Completed _____

Special Interests and Hobbies _____

Camper T-Shirt Size: YS YM YL S M L XL

One shirt is included with each week of camp enrolled. Additional shirts are available for \$10.

Quantity _____ Size YS YM YL S M L XL Total \$ _____

PARENT or GUARDIAN INFORMATION

Name _____ Name _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Phone _____ Phone _____

Email _____ Email _____

Who does the Camper live with? Both Parents Mother Father Guardian

EMERGENCY CONTACT INFORMATION (Someone other than parent or guardian listed above)

Name _____ Phone _____

Relationship to Camper _____

Name _____ Phone _____

Relationship to Camper _____

How did you hear about Camp Get CENTERed? _____

Who will be picking the camper up?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

HEALTH INSURANCE INFORMATION

Carrier _____ Group Number _____ ID Number _____
Name of Primary Insured _____ Relationship to Camper _____
Physician Name _____ Phone _____
Dentist Name _____ Phone _____
Hospital Preference _____

HEALTH INFORMATION

Primary Diagnosis

- Amputation Cerebral Palsy Head Injury Muscular Dystrophy Spinal Cord Injury
- Obesity Stroke Cancer Visual Impairment Other: _____

Please explain disability and cause: _____

Disability was: Present at birth Acquired, on this date _____

Camper uses: Manual Wheelchair Power Wheelchair Crutches Prosthesis
Walker Hearing Aids AFO's Glasses Other: _____

Allergies _____

Describe Behavioral and Emotional issues _____

Any other Health Problems _____

Are IMMUNIZATIONS in compliance with OK state school requirements? Yes No

Date of last Physical Examination _____ Date of last Tetanus Shot _____

NOTE: At this time, Campers must have independent skills of daily living including feeding and toileting.

Please select ALL the weeks you wish your camper to attend. We will do our best to accommodate all requests.

- June 3-7 ARTventure Camp July 8-12 ARTventure Camp
- June 10-14 Wacky Water Week July 15-19 Wacky Water Week
- June 17-21 Get your Sport On! July 22-26 Get Your Sport On!
- June 24-28 Discover Tulsa July 29-Aug 2 Discover Tulsa
- July 1-3 Mystery Week (3 Day) (\$90)

Sessions are \$150/week. \$75 deposit due at time of registration and remaining is due one week before your camp session.

*Week of July 1-3, \$90

Description of Camp Sessions:

ARTventure – Let your child unleash their imagination this summer! Campers will spend the week expressing themselves through many different creative mediums in a small group setting. Each day brings group games and new projects that may include painting, ceramics, collaborative mural, abstract art, and more.

Wacky Water Week – Come play and experience all things Water! Field Trips, swimming, science experiments, water balloons and more!

Get Your Sport On! – Come be introduced to many adaptive sports and recreation. Field trips, climbing wall, bocchia ball, basketball, golf, yoga, and more.

Discover Tulsa – Want your child to explore all the awesome things Tulsa has to offer, but just don't have the time or know the great things to do? Let the Discover Tulsa Camp help your child explore some of Tulsa's treasures. This week will be filled with Daily Field Trips and a combination of adaptive recreation, sports, and art. Scholarships are not available for this camp.

Mystery Week – Your mission, should you choose to accept it, is to collect clues and solve the mystery before the week ends. Campers will join forces with their fellow detectives to put together the pieces of the puzzle. Each day can include art, sports, games, and more. This message will self-destruct.

Consent & Release

Parent or Guardian: Please initial each section and sign and date below.

_____ Photo Release: I hereby consent that the photographs and/or videotapes in which my child appears and/or audio recordings made of his/her voice may be used by Camp Get CENTERed in whatever way needed, including television; consent that any such photograph, films and recordings shall be the property of Camp Get CENTERed, and they shall have the right to duplicate and reproduce and make other such use of said photographs as needed without any claim on my part.

_____ Activities: I understand that camper may take part in activities at the facility that could include climbing wall, archery, swimming, and other such activities of Camp Get CENTERed. I give permission for camper to participate in any and all such activities, which are supervised and deemed appropriate by qualified camp personnel.

_____ Field Trips/Transportation: I understand that the program may include not only normal activities conducted at The Center for Individuals with Physical Challenges, but may also include field trips that will require transportation to and from locations away from The Center. I give permission for camper to participate in any and all such activities, which are supervised and deemed appropriate by qualified camp personnel.

_____ Authorization for OTC Medication: I give permission for administration of the following medications if deemed necessary by certified first-aid personnel. Doses will be administered according to directions on label unless directed by physician:

Acetaminophen Ibuprofen Chewable Antacid Pepto Bismal Benadryl Sunscreen Insect Repellent Neosporin

_____ Authorization for Prescription Medication: I give permission for administration of doctor prescribed medication. I will provide written instructions. Medications must be in original container, bagged and labeled with name. OR No Rx Meds

_____ Authorization for Treatment: I give permission to the medical personnel selected by Camp Get CENTERed to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied.

I hereby acknowledge that I am fully aware of the risks and hazards connected with the participation in Camp Get Centered, including physical injury, and hereby elect to voluntarily participate in said event, knowing that the associated activities may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by me as a result of my participation.

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Center for Individuals with Physical Challenges and its affiliates, participants, volunteers, directors, facilities, vendors and staff from any and all liability, claims, demands, expenses, omissions, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me or to any property belonging to me, while participating in Camp Get Centered. I understand and agree that The Center or other supporting parties are not responsible for any injury or property damage arising out of competing in this event. I acknowledge and represent that I HAVE READ THE FORGOING Participant Waiver of Liability Form, I UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed. No oral representations, statements, or inducements, apart from the forgoing written agreements have been made.

Parent/Guardian Signature _____ **Date** _____

Camper Name _____ Camp Get Centered 3

