Camp Taloali P.O. Box 32, Stayton, Or. 97383

CAMPER'S APPLICATION SESSION 1__ 2___3___

NAME:

_____
(FIRST) (MIDDLE INITIAL) (LAST) PREFERED NAME

ADDRESS_____
(STREET) (CITY) (STATE) (ZIP)

DATE OF BIRTH _____ AGE AT START OF SESSION _____

SEX __ MALE __ FEMALE

T-SHIRT (ADULT SIZE – CIRCLE ONE) XS S M L XL XXL

HOME PHONE/VIDEOPHONE _____

EMAIL ADDRESS _____

HOW DID YOU LEARN ABOUT US?

_____

PARENT/GUARDIAN INFORMATION

_____
NAME OF PARENT(S) /GUARDIAN

_____
ADDRESS CITY STATE ZIP

_____
AREA CODE DAY PHONE EVENING PHONE

_____
FAX # (HOME OR OFFICE) OTHER IMPORTANT PHONE #'s

_____

Person Designated To Take Camper TO & FROM Camp If Different From Parents/Guardian

_____ _____
NAME AREA CODE HOME PHONE WORK PHONE

_____
ADDRESS CITY STATE ZIP

_____

Emergency Contact (Please indicate adults whom we should contact in an emergency, if we cannot reach you)

_____
NAME RELATIONSHIP

_____
AREA CODE DAY PHONE EVENING PHONE

_____
ADDRESS CITY STATE ZIP

Revised: 9/08

General Information:

Has the applicant ever attended camp before? __ Yes __ No
If Yes, Name of Camp(s):

Please Describe the applicant's swimming ability:

Describe the applicant's school/educational program:

What are some of the applicant's interests and hobbies?

Describe any additional assistance required:

Is a 1 to 6 ratio ok or will camper require more supervision?

Does the camper have any toileting needs ie. Bed wetting or daytime requirements ___yes ____no If yes explain

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Communication Information

Does the applicant use hearing aid(s)? __ Yes __ No
Special instruction for the use of hearing aid(s) or other assistive device(s):

Does your child use sign language? __ Yes __ No
(NOTE: Sign Language is the main mode of communication at Camp)

Indicate the applicant's communication mode(s) (**Please circle all that apply**)
SPEECH *CUED SPEECH* *LIP READING* *ASL*

Sign Language (Please list system/method used):

Does your child have a cochlear implant? __ Yes ___No If yes what restrictions does your child have in camp activities?

PARENT/GUARDIAN and CAMPER'S Comments
(Comment on your applicant's communication, social, and group skills. Please indicate any area of concern so the camp can accommodate the applicant/camper's needs.)

SCHOOL AUTHORIZATION
I give my permission for my child's school to share information on character/behavior reference with Camp Taloali.

_____ GRADE LEVEL _____
Parent(s)/Legal Guardian Signature(s)

_____
Name of SCHOOL and CONTACT NAME School Phone

AUTHORIZATION FOR EMERGENCY MEDICAL (CARD PLEASE ATTACH MEDICAL INSURANCE)
I hereby give my permission to Camp Taloali to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child (name), _____, should an emergency arise. It is understood that Camp Taloali will make a conscientious effort to locate parents, and/or any emergency contact listed on this form any action is taken. I/We will accept the expense of medical or surgical treatment.

_____
Parent(s)/Legal Guardian Signature(s) & Date

CONSENT TO TAKING AND USE OF PHOTOGRAPHS

I/We hereby give our permission for photographs to be taken of our child during Camp Taloali activities, and for publication (i.e. brochure, website, etc.) use reasonably related to the positive promotion of the Camp Taloali programs.

_____
Parent(s)/Legal Guardian Signature(s) & Date

AUTHORIZATION TO PARTICIPATE OR EXCLUDE PARTICIPATION IN CAMP TALOALI'S ACTIVITIES
I hereby give permission for my child to go on field trips away from Camp Taloali, Inc.'s premises, whether on foot or by authorized vehicle with driver and a chaperone. I give permission for my child to participate in all Camp Taloali activities with the following exception(s) (Please indicate your exception(s).
I/We are making our exception on:

_____
Parent(s)/Legal Guardian Signature(s) & Date

INDEMNINIFICATION (WAIVER'S) AGREEMENT

I/We agree to indemnify, hold harmless, and defend Camp Taloali and their respective employees, agents, and representatives from and against any and all liabilities, claims, or demands which may be asserted against any or all of them in connection with our applicant's participation in Camp Taloali. This include holding Camp Taloali harmless for any injury which may occur to our applicant while traveling to the Camp Taloali's facility, or while returning from the Camp Taloali facility to go home.

Parent(s)/Legal Guardian Signature(s) & Date

BEHAVIORAL EXPECTATIONS

I/We have read this with/to my child and we understand and agree to these conditions. If my child is having difficulty adhering the appropriate behavior expectations, they will be encouraged to modify their behavior(s). If inappropriate behavior(s) continues, however, a camper may have to agree to a behavioral contract and, ultimately be asked to return home. By fulfilling these camp expectations, we foresee a cooperative and fun summer.

Parent(s) or Legal Guardian Signature(s) DATE