

2010 Christian Disciple Farm Day Camp Registration - August 9-13

One form must be filled out for each child in your family who will be attending camp

Camp is \$25 per person with a \$100 maximum per family

To ensure a spot, register as early as possible

Registration deadline is July 16, 2010

Child's Name _____ Parent's Name(s) _____

Address _____ City _____ Zip _____

Home Phone (____) _____ e-mail _____

Cell Phone (____) _____ Work phone (____) _____

Child's age as of 8/9/10: _____ Date of birth: _____ Gender: ___ Male ___ Female

Child's Primary Care Physician: _____ Phone #: _____

Primary Insurance Company: _____ Subscriber #: _____

Group #: _____ Policy Holder: _____

Child's T-shirt size ___ Small(6-8) ___ Med(10-12) ___ Large(14-16) ___ Adult Small ___ Adult Med
___ Adult Lrg ___ Adult X-Lrg ___ Adult XX-Lrg ___ Adult XXX-Lrg

Days child will attend camp: ___ Mon 8/9 ___ Tue 8/10 ___ Wed 8/11 ___ Th 8/12 ___ Fri 8/13

Do you have a church home? ___ Yes ___ No Name of Church: _____

City & State of church: _____

Will you be camping at Harnischfeger Park? ___ Yes ___ No ___ Not sure

If yes, give names of who are staying _____

(If you need an RV spot with hook-ups you need to call us as soon as possible to reserve one. If your RV doesn't need hook-ups then you don't need to reserve it.)

Parents' participation in camp (you only need to fill this out on one of your children's forms)

Will Mom be a participant in camp also? ___ Yes ___ No

Days Mom will attend camp: ___ Mon 8/9 ___ Tue 8/10 ___ Wed 8/11 ___ Th 8/12 ___ Fri 8/13 (cost: \$5/day)
(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Mom is participating, give T-shirt size: ___ S ___ M ___ Lrg ___ X-Lrg ___ XXLrg ___ XXXLrg ___ Don't want one

Will Dad be a participant in camp also? ___ Yes ___ No

Days Dad will attend camp: ___ Mon 8/9 ___ Tue 8/10 ___ Wed 8/11 ___ Th 8/12 ___ Fri 8/13 (cost: \$5/day)
(If you are planning on attending the picnic on Friday from 12:00 till 2, that does not mean you are a participant in camp)

If Dad is participating, give T-shirt size: ___ S ___ M ___ Lrg ___ XLrg ___ XXLrg ___ XXXLrg ___ Don't want one

If Mom or Dad **is participating in camp**, will you have a child under the age of 3 that you would like us to provide childcare for? ___ Yes ___ No Days you would like childcare: _____

List names and ages at time of camp: _____

(Please fill out a registration form and a camper information form for each of these children.)

Acknowledgment of Disclosure of Risk and Permission to Participate in The Christian Disciple Farm

In consideration of the opportunity afforded _____ (Child) to participate in "The Christian Disciple Farm", the undersigned, being a parent or legal guardian of the Child and in recognition of the possible danger to which the Child may be voluntarily subjected, including, but not limited to, rock wall climbing, fishing, horseback riding, hiking, adapted sports, and cooperative games, the undersigned hereby knowingly, freely, and voluntarily waive, on behalf of the Child, and the undersigned, any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue and hereby authorize the participation of the Child in "The Christian Disciple Farm" Day Camp to be held Monday, August 9th – Friday, August 13, 2010 from 9:00am – 2:15pm daily.

Many of the wonderful camp experiences are photographed by family members and volunteers, along with occasional visits from local media. I understand that my child's picture may be used for publicity or publications to spread the word about The Christian Disciple Farm and/or Mission Bells Ministries (the non profit that sponsors camp) or to thank sponsors and volunteers.

I understand that my child's buddy will do his/her best to care for and meet the individual needs of my child. Should my child's behaviors or needs become a danger to him/herself, campers or to others, I will be called for advice and perhaps to pick my child up from camp. Return to camp will be at the discretion of the camp directors and child's parents.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. If an emergency were to happen, I understand that my child will be taken to Fort Atkinson Memorial Hospital or Aurora Medical Center in Oconomowoc. In the event that I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever medical or surgical treatment is necessary.

It is expressly understood and agreed that Mission Bells Ministries, Inc. (the nonprofit that sponsors camp), Ken and Sue Rheingans (owners of Raspberry Hill Farm-event location), or any other participating organization shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by my child in connection with any activities or programs associated with The Christian Disciple Farm.

Date

Parent or Guardian's Signature

If one or both parents are participating in camp then your signature(s) is required below stating that you have read the acknowledgement of risks and agree to the terms in regard to yourselves.

I have already filled this out on my other child's form. If so, give name of child: _____

1st Parent Signature

2nd Parent Signature

Does either parent attending camp have any special needs? ___ Yes ___ No Which one? _____

If yes, please explain: _____

Does either parent attending camp have any allergies? ___ Yes ___ No Which one? _____

If yes, please explain: _____

Does either parent attending camp have any dietary considerations? ___ Yes ___ No Which one? _____

If yes, please explain: _____

Does Mom or Dad have any medical conditions we should know about? ___ Yes ___ No Which one? _____

If yes, please explain: _____

Please return: this signed and completed form, a signed and completed camper information form, and the \$25 fee for this child (plus any fees for one or both parents to participate-\$5/day per parent) to Sue Rheingans at W1008 Froelich Rd, Sullivan, WI 53178. Send forms for your entire family all at once if possible. (\$100 maximum for family)

Please make checks payable to: Christian Disciple Farm. A full refund will occur if your child does not get into camp due to camp being full, registration received too late or our inability to secure a reliable buddy for your child.

Once your registration and check have been received you will get an acknowledgement post card or email (unless received after the deadline, in which case you will be emailed or called).

Questions? Call Sue or Ken Rheingans at (262) 593-5616.

2010 Camper information form - Fill one out for every child attending camp

This form is for your child's buddy (if they have one), group leader and the nurse. Fill it out as best you can to help these people know how to take care of your child and to help your child have a great time at camp.

Child's Name _____ Parents Name _____

Age _____ Approx. Weight _____ Gender _____ Home Phone Number _____

Child's Diagnoses (no abbreviations): _____

Allergies? ___Yes ___No If yes, please list & explain reaction: _____

Do medications need to be administered at camp? ___Yes ___No (Nurse is available to do this)

If yes, we will send you a form to fill out for dispensing medications.

Assistance: Will there be any adults at camp whom are familiar with your child and could be contacted should any assistance be needed? Adult's Name _____

Notes to Sue (including comments on selecting a buddy): _____

Dietary Considerations: Please circle all that apply at camp:

G-tube (Nurse can do this)	Pureed/Soft Foods	Uses straw for liquids
Will bring lunch from home	Uses special cup/utensils	Environmental considerations for feeding
Requires Assistance Feeding – Min Mod Max	Parent will feed	Thickened liquids
Special positioning for feeding	Won't eat at camp	
Other _____		

Please describe all circled dietary considerations. Explain how your child's Buddy should be involved.

___ **No problems with feeding**

Communication: Please circle all that apply at camp. How will your child communicate with his/her Buddy?

English	Spanish	Sign Language
Speech Delays – Min Mod Max	Non-Verbal	Augmentative Communication Device
Gestures	Picture board	Other: _____

Please describe use of all circled language supplements and/or delays as they would involve communication between your child and his/her Buddy at camp.

___ **No communication issues**

Respiratory Issues: Please circle all that apply at camp

Asthma	Tracheotomy	Other: _____
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Please describe how these issues may affect your child at camp and the role the buddy or nurse will need to take in dealing with them.

___ **No respiratory issues**

Physical Issues: Please circle all that apply at camp.

Assistance walking – Min Mod Max	Assistance w/Fine Motor Skills – Min Mod Max	Walker
Assistance w/transfers – Min Mod Max	Wheelchair/Stroller/Scooter	Stander
Non-Ambulatory	Cane/crutches	Hand Splints
AFOs/Orthotics/Braces	Needs someone near while walking	
Other _____		

Please describe all circled items and expected involvement of Buddy _____

____ **No physical issues**

Medical issues: Please circle all that apply

Seizures	Diabetes	Bleeding Disorder	Heart
Shunted Hydrocephalus	Other: _____		

Please describe how these medical issues will affect your child at camp and what involvement will be needed from the buddy or nurse.

____ **No medical issues**

Toilet Routine: Please circle all that apply at camp.

Requires Assistance in Toilet – Min Mod Max	Diaper Changes	Help with clothing
Requires Supervision in Toilet	Help with wiping	Needs reminders to go
Goes on a schedule (Give schedule below)	Remind to wash hands	Needs help with sitting or standing
Other _____		

Please describe type of assistance required and the child's usual routine:

____ **No issues with toileting**

Sensory Issues/Behavior Characteristics: Please circle all that apply at camp.

Visual Impairment	Impulsive	Aggressive/dangerous to self or others
Auditory Impairment	Doesn't always follow directions	Very active
Sensitive to Touch	Poor safety awareness	Short Attention Span
Sensitive to certain/loud noises	Needs foreshadowing	Runs away
Unusual Fears	Tends to Wander	Other _____

Sensory Issues – Please Describe: _____

Please describe child's behaviors and recommended response of Buddy for all circled items above. Include warning signs, trigger issues, things that work and things that don't work.

Rewards/Incentives that may be helpful. _____

____ **No Sensory or Behavior issues**

I give my permission for this form to be shared with whomever the directors deem necessary in order for my child to be safe at camp.

Parent's signature _____ **Date:** _____