UCPNB

Valley of the Moon Camp 2012
Camper Registration & Waiver/Release Form
June 1-3, 2012
Fee: $250.00

CAMPER INFORMATION

Last Name		First Name		
Address		City	State	Zip
Area Code/Phone Number		Age	Gender	
Email Address				

PARENT/CARE PROVIDER INFORMATION

Parent's/Care Provider's Name	Area Code/Phone Number		
Address (if different from Camper)	City	State	Zip
Emergency Contact	Relationship to Camper	Area Code/Phone Number	

CAMPER DIAGNOSIS (check all that may apply)

- ❑ Asthma
- ❑ ADD
- ❑ Autism
- ❑ Cerebral Palsy
- ❑ Developmentally Delay
- ❑ Other/None: ____________________
- ❑ Diabetes
- ❑ Down Syndrome
- ❑ Epilepsy
- ❑ Head Injury
- ❑ Hearing Impaired
- ❑ Heart Condition
- ❑ Learning Disabled
- ❑ Mental Health
- ❑ Seizure Disorder
- ❑ Visually Impaired

ABILITY INFORMATION

Vision

❑ Sighted/Normal ❑ Partially Sighted ❑ Night Blindness ❑ Legally Blind ❑ Other ____________________

Communication

Is the camper able to understand and communicate his/her needs to others? Example: Food, thirst, bathroom, medical assistance?

❑ Yes ❑ No

❑ Verbal ❑ Non-Verbal ❑ Communication Board ❑ Electronic Device ❑ Sign Language/Gestures ❑ Other ____________________

Mobility

❑ Ambulatory ❑ Wheelchair – Power ❑ Wheelchair – Manual ❑ Crutches ❑ Cane ❑ Walker

Seizure Activity

❑ None ❑ Petit Mal (absence) ❑ Grand Mal (generalized tonic/clonic) ❑ Complete Partial (staring)

Frequency: ____________________ Duration: ____________________

Please describe the camper Before, During and After the seizure:

Transfers

❑ Independent ❑ Standby ❑ One Person ❑ Two Person ❑ None ❑ Other ____________________

Adaptive Devices

❑ None ❑ Helmet ❑ Glasses ❑ Hearing Aids ❑ Dentures ❑ Shunt ❑ Other ____________________

Other Medical Items to be Aware of

❑ Other ____________________

GENERAL BEHAVIOR (check all that may apply)

- ❑ Generally Easy Going/Happy
- ❑ Shy/Withdrawn
- ❑ Helpful
- ❑ Physically Aggressive
- ❑ Unsure of New Situations
- ❑ Verbally Aggressive/Demanding
- ❑ Wanders/Needs Constant Direction
- ❑ Self-Injurious
- ❑ Temper Tantrums
- ❑ Bites
- ❑ Yells/Screams
- ❑ Other ____________________

If other, please explain:

Specific behavior modification techniques to assist counselors:

PERSONAL CARE INFORMATION

Camper Assistant
❑ Ambulatory ❑ Non-Ambulatory
There will be no camp fee for the assistant.
Name of assistant: ______________________

Eating		
❑ No assist	❑ Partial Assist	❑ Total Assist

If Partial, Please Explain:

List Adaptive Equipment Used for Eating:

Diet		
❑ Normal ❑ G-Tube Only	❑ Chopped Food ❑ G-Tube and Oral Foods	❑ Diabetic

Any other special diet:

Does the camper have any difficulty swallowing? ❑ Yes ❑ No

List problem foods or any food allergies:

Toileting			
Bladder Control	❑ No Assist	❑ Partial Assist	❑ Total Assist

If Partial or Total Assist Please Explain:

Bowel Control	❑ Normal/No Assist ❑ Partial Assist	❑ Occasional Incontinence/Bed Wetter	❑ Total Assist ❑ Needs Reminder

If Partial or Total Assist Please Explain:

Washing/Showering		
❑ No Assist	❑ Partial Assist	❑ Total Assist

If Partial or Total Assist Please Explain:

Dressing		
❑ No Assist	❑ Partial Assist	❑ Total Assist

If Partial or Total Assist Please Explain:

Sleeping
Sleepwalks ❑ Yes ❑ No
Needs to be awakened or turned during the night ❑ Yes ❑ No
Can camper sleep on an upper bunk? ❑ Yes ❑ No
Other information:

MEDICATION INFORMATION

Does the camper have any allergies? ❑ Yes ❑ No
If Yes, please list:

Does the camper take any medication: ❑ Yes ❑ No
If Yes, please fill out attached **Medication Authorization Form**.

CONSENT AND LIABILITY RELEASE

I, the undersigned/conservator of ______________________________ do hereby forever release UCPNB, its officers, directors, advisors, supervisors, and staff members at large from any and all claims, demands, suits, or liabilities which might otherwise arise by virtue of any injury which may occur at the Valley of the Moon Camp 2010 to the camper and do further agree to indemnify and hold harmless each and every one of them from any and all claims, demands, suits or liabilities which might arise by virtue of injury to or occasioned by the camper.

Camper	Date	Conservator (if applicable)	Date

PHOTO RELEASE

I, the undersigned/conservator of ______________________________ do hereby give UCPNB permission to use photographs, video, and audio tapes taken during the Valley of the Moon Camp 2010 as part of their public awareness efforts.

Camper	Date	Conservator (if applicable)	Date

AUTHORIZATION FOR CONSENT TO TREATMENT

I, the undersigned/conservator of ____________________________ do hereby authorize any staff member of UCPNB, agents for the undersigned, to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by medical staff. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care which a physician in the exercise of his or her judgment may deem advisable. I also authorize any of the above agents to administer aspirin _____ or Tylenol ______ if they deem it necessary. I will not hold UCPNB responsible for injury or illness or emergency treatment given.

Camper	Date	Conservator (if applicable)	Date

Please return completed Registration Form, Medication Authorization Form & Check ($250.00) to:
United Cerebral Palsy of the North Bay
3835 Cypress Drive, Suite 103
Petaluma, CA 94954
Questions: Ann Elias (aelias@ucpnb.org; 415-307-5896)