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***“Swim Without Limits” Summer Camp 2024***

**at Sonoma State University**

**SWIM CAMP REGISTRATION FORM**

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| Please return completed Registration Form to:**Scan/Email Jen Whalen:** **jwhalen@ucpnb.org**Please direct questions to: Jen Whalen jwhalen@ucpnb.org or Danielle Schulze dschulze@ucpnb.orgName of Child: Regional Center: UCI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Service Coordinator Email: |
| Birthdate: Age: |
| Parent Name(s) |
|  Address: |
| City: Zip: |
| Email: |
| Home Phone: |
| Cell Phone: |
| Work Phone: |
| Emergency Contact: Phone: |

 Indicate 1st, 2nd and 3rd choices.

 We will attempt to accommodate your 1st choice but cannot guarantee it.

|  |  |  |  |
| --- | --- | --- | --- |
| **Select Shirt Size** |  | **1st,, 2nd or 3rd Choice** | **Session/Time** |
|  | Youth Small |  | Adult Small |  |  | **Session #1: 11:00 am – 11:45 am** |
|  | Youth Medium |  | Adult Medium |  |  | **Session #2: 12:00 pm – 12:45 pm** |
|  | Youth Large |  | Adult Large |  |  | **Session #3: 1:00 pm – 1:45 pm** |
|  | Youth XL |  | Adult XL |  |  |  |

* Parent will need to dress and change their camper before and after their session.

 **Name of Camper**

**Camper Information**

The following questions will assist camp staff in accommodating the needs of your child during camp.

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| 1. What is your son/daughter’s disability? What do we need to know in order to safely and successfully work  with him/her in an activity setting? Any activity limitations? |
| 1. Does your son/daughter require 1:1 supervision? (i.e., constant supervision to assure safety of him/herself or others)
 | Yes \_\_\_\_ | No\_\_\_\_ |
| * If yes, please describe.
 |
| 1. Are there any precautions you wish to have observed at camp?
 | Yes \_\_\_\_ | No\_\_\_\_ |
| * + Please describe.
 |
| 4. What are his/her favorite activities? Hobbies? Interests? |
| 5. Does he/she have behaviors that could result in harm to self or others? | Yes \_\_\_\_ | No\_\_\_\_ |
| * + Please describe. (Please note: if these behaviors occur at camp, he/she may be sent home.)
 |
| 6. What HEALTH PRECAUTIONS, ALLERGIES, SPECIAL INSTRUCTIONS, RESTRICTIONS,  BEHAVIORS, OR MEDICATIONS, etc., do we need to know about? Any effective strategies or procedures  that would be helpful? |

**Use additional pages if necessary.**

 **Name of Camper**

***“Swim Without Limits”***

**Swim Information**

Comfort in the water, play, swim skills, and other motor skills - as appropriate for each child – will be taught through group and individual aquatic activities. An experienced Aquatics Director supervises the program, and high school and college student volunteers work in the pool with each child.

|  |  |  |
| --- | --- | --- |
| 1. Does your son/daughter swim independently?
 | Yes \_\_\_\_ | No \_\_\_\_ |
| * + Please describe.
 |
| 1. Does your child have any fear of water?
 | Yes \_\_\_\_ | No \_\_\_\_ |
| * + If yes, please describe.
 |
| 1. What swim skills does your child have?
 |
| 1. What skills would you like him/her to work on this week?
 |
| 1. Are there any activities that your child SHOULD NOT do?
 |
| 1. What else can you tell us about your child’s preferences, behavior or experiences in the water that will help us plan the program? Also, are there any precautions, medications, behaviors, etc., we should know about?
 |
| 1. Special instructions:
 |

**Use additional pages if necessary.**

**Summer Camp 2024**

 **Camper Waiver-Release Form**

|  |  |
| --- | --- |
| **Camper’s Name:** | **DOB:** |

**Photographic Release**

**I**/**We hereby give consent** to United Cerebral Palsy of the North Bay (UCPNB) and to photograph our **child/self (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** to educate others about the programs and services offered by UCPNB and SSU.

**YES, I/We give consent\_\_\_\_\_\_\_ (Initial) NO, I/We do not give consent\_\_\_\_\_\_\_\_ (Initial)**

Among the uses contemplated are illustration of articles in newsletters, in profiles that contributors receive, in brochures, to illustrate services discussed on the web site, in displays at community fairs, to publicize local programs, to make professional presentations, to conduct research on teaching techniques and equipment used at the camp, and to publicize the equipment and teaching methods used. In giving approval, I/we understand it is without consideration of compensation of any kind, and UCPNB and SSU are released from any claims or liability. If wider use is contemplated, UCPNB and SSU will get separate approval.

**Medical Release**

In the event that an emergency requiring medical or surgical care or treatment should arise while **(Child’s Name),**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is attending the UCPNB/SSU program, and I/We ARE NOT PRESENT TO MAKE MEDICAL DECISIONS,

**YES, I/We give consent\_\_\_\_\_\_\_ (Initial) NO, I/We do not give consent\_\_\_\_\_\_\_\_ (Initial)**

for the UCPNB/SSU camp staff to select and designate nurses, physicians, emergency medical staff (EMS) and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician’s certificate issued by the Board of Medical Examiners of the State of California may be needful and proper. I/Weabsolve UCPNB and SSU, and nurses, physicians, EMS personnel, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith.

|  |  |
| --- | --- |
| Family Doctor: | Phone: |
| Insurance Co. & Plan No.: |

**Personal Property**

**I/We** (Initial) recognize that UCPNB and SSU cannot accept responsibility for child’s personal property. To help eliminate losses, please tag name inside equipment, clothes or other personal items.

|  |  |  |
| --- | --- | --- |
| Parents: |  | If Separated or Divorced: |
| (Both parents required) |  |  | (Signature of Party with Legal Custody) |  |
|  |  |  |  |  |
| Parent 1 | Date |  | Parent 1 | Date |
|  |  |  |  |  |
| Parent 2 | Date |  | Parent 2 | Date |
| Guardian(s): |  | Child: If responsible for his/her own legal affairs |
|  |  |  |  |  |
| Guardian | Date |  | Child | Date |