



“Swim Without Limits” Summer Camp 2023
at Sonoma State University
SWIM CAMP REGISTRATION FORM

Please return completed Registration Form to:
United Cerebral Palsy of the North Bay
Attention: Jen Whalen
1425 N. McDowell Blvd, Suite 115
Petaluma, CA 94954
Questions email Jen Whalen: jwhalen@ucpnb.org

Name 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			
	Youth Small		Adult Small
	Youth Medium		Adult Medium
	Youth Large		Adult Large
	Youth XL		Adult XL

1 st , 2 nd or 3 rd Choice	Session/Time
	Session #1: 11:00 am – 11:45 am
	Session #2: 12:00 pm – 12:45 pm
	Session #3: 1:00 pm – 1:45 pm

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

Camper Information

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

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?
2. Does your son/daughter require 1:1 supervision? (i.e., constant supervision to assure safety of him/herself or others) Yes ____ No ____ <ul style="list-style-type: none">• If yes, please describe.
3. Are there any precautions you wish to have observed at camp? Yes ____ No ____ <ul style="list-style-type: none">• 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 ____ <ul style="list-style-type: none">• 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.

“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? • Please describe.	Yes ____ No ____
2. Does your child have any fear of water? • If yes, please describe.	Yes ____ No ____
3. What swim skills does your child have?	
4. What skills would you like him/her to work on this week?	
5. Are there any activities that your child SHOULD NOT do?	
6. 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?	
7. Special instructions:	

Use additional pages if necessary.

**Summer Camp 2023
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/We absolve 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:

(Both parents required)

If Separated or Divorced:

(Signature of Party with Legal Custody)

Parent 1

Date

Parent 1

Date

Parent 2

Date

Parent 2

Date

Guardian(s):

Guardian

Date

Child: If responsible for his/her own legal affairs

Child

Date