

# 2011 Camp Chris Williams: Camper Application

Sunday, August 7 to Saturday August 13, 2011

Camper Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

VP# \_\_\_\_\_ E-mail: \_\_\_\_\_ If possible, group with: \_\_\_\_\_

Camper's School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

This Camper is:  Deaf  Hard of Hearing  Hearing sibling  C.O.D.A. (child of Deaf adult(s))

Adult T-Shirt Size:  S  M  L  XL  2XL  3XL  4XL

Camper's Cultural Background:  Deaf  Hard of Hearing  Hearing

Does camper need a Personal Assistant:  Yes  No Camper's secondary Disability: \_\_\_\_\_

Please rate child's fluency in oral communication: (none)       (Fluent)

Please rate child's fluency in ASL: (none)       (Fluent)

Does your child have ability/experience in any other communication system (i.e. SEE1, PSE, CUED)? \_\_\_\_\_

Does your child speak any language other than English or ASL?  Yes  No Type: \_\_\_\_\_

Will your child be bringing hearing equipment to camp?  Yes  No \* If YES, What and how many? \_\_\_\_\_

Has your child been to camp before?  Yes: How many years? \_\_\_\_\_  No: First time

What benefit do you expect your child to get from camp?

Is your child taking medication?  Yes  No

Complete both sides of this Application Form immediately, include a **NON-refundable \$50 deposit** to hold your spot!  
**Write checks to: MCDHHP-CC**

Send Applications to: **Camp Chris Williams**  
22324 Harper Ave.  
St. Clair Shores, MI 48080

**Questions? Please email [campchris@michdhh](mailto:campchris@michdhh) or call (586) 778-4188.**

There are two pages to this form. Please read carefully and fill out all necessary information.

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Optional Financial Assistance Forms requests MUST be completed by registration dates if requesting financial help from The Coalition. Families are encouraged to seek scholarships from elsewhere. Please seek scholarships immediately to comply with due dates to avoid extra charges. The Coalition will assist Families with the largest needs first. Coalition scholarships are unlikely to cover all fees & parents are responsible for the balance.

Other forms will also be required; Agreements and Releases, Bear Lake forms and a medical form will need to be filled out by and signed by a physician. We encourage families to arrange the physician's appointment early. All forms are due MAY 30<sup>th</sup>. **Forms turned in after June 1<sup>st</sup> are subject to late fees!**

Payment Method:    Check    MO    Master Card    Visa    Discover

C.C. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name as seen on Card: \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Enclosed \$\_\_\_\_\_ (\$50 deposit minimum) CVC# \_\_\_\_\_

## Camp Costs:

<u>Registration</u>	<u>received by dates</u>	<u>Costs</u>
Early Bird	before 2/28/2011	\$550
Regular	3/1/2011to 5/1/2011	\$600
Late	5/2/2011 to 6/30/2011	\$700
Counselors in Training (16-18)	before 5/1/2011	\$150
Immersion Interp students	before 5/1/2011	\$250

All paperwork due 5/30/2011. Registration is not complete without paperwork & fees.

Payment plans accepted - but must be paid in full by the due date, or late fees may apply.

**NO registrations after July 1st.**

No Refunds.

Signature(for credit cards) : \_\_\_\_\_ Date: \_\_\_\_\_

***Payment plans encouraged, please budget accordingly.***

## **- Parent/Camper Agreement – The camper AGREES TO abide by the following camp rules at all times:**

The camper will be considerate of the safety and feelings of others and care for the camp property.

If the camper willfully and repeatedly disobeys the rules, he or she will be sent home. The parent/guardian will be notified to come to the camp and take the camper home. •

The possession of any illegal substances (drugs, marijuana, etc.) alcohol, weapons, or other items deemed inappropriate by the Camp Program Director will be grounds for dismissal and the parents/guardian will be contacted to take the camper home. •

Payment for any damage done to camp property or property of others as a direct result of the camper's behavior will be paid for by the parents/guardian when the child is picked up.

**Parents are responsible for transportation costs due to the camper's dismissal from camp.**

I have transportation     I can provide transportation for \_\_\_\_\_ persons.

I authorize sharing of information on this form to coordinate transportation to and/or from camp.

Media Release (Photo/Video): I hereby agree and consent to the use of my camper at Camp Chris Williams to use images and or voice for advertising, educational and public purposes by the Coalition. I agree to hold the Coalition harmless for such use. In addition I understand I am waiving all claims for any compensation.

Parent's / Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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