

August 19th-21st
9:00a.m.-4:00p.m.

CAMPER REGISTRATION 2019 Camp Summer Social Adventure (ages 9-15)

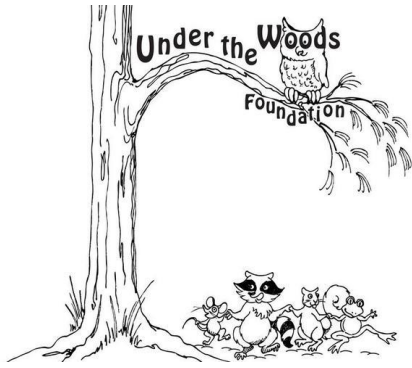
Important Camp Information

Thank you for your interest in Camp Summer Social Adventure! Below is a list of important information. Please do not hesitate to e-mail us or call if you have any questions.

- Camp Summer Social takes place **August 19th-21st from 9:00a.m.-4:00p.m.** at Camp Little Notch, Fort Ann, NY.
- Activities at Camp Little Notch:

| | | |
|------------------------------------|----------|---------|
| ○ Ropes Course | Canoe | Fishing |
| ○ Arts/Crafts | Kayaking | Music |
| ○ Hiking | Swimming | |
| ○ Lunch/drinks/snacks are provided | | |
- Bus transportation **ONLY** to and from Camp. No drop offs allowed. Leave from 60 Glenwood Avenue, Queensbury, at 9:00a.m.. Return at 4:00p.m. to 60 Glenwood Avenue, Queensbury. Bathrooms provided.
- **August 22nd Raft Trip.** Leave 60 Glenwood Avenue at 10:00a.m.. Return to 60 Glenwood Avenue at 1:00p.m. Pizza and ice cream party to follow.
- Any campers who are put on a waiting list will be eligible for any open spots. Camp cost is **\$80.00 until June 17, 2019.** Camp cost will be **\$100.00 from June 18, 2019** until filled.
- **Registration will close August 1st.** We cannot accept late registrations due to preparing camper schedules and organizing appropriate group dynamics.
- Complete all pages 2-6 of this application thoroughly. A copy of your camper's registration will be emailed to you confirming a successful registration submission. This information helps us provide Campers with the appropriate camp experience.
- **Payment for camp is due upon registration.** If registering on-line you will be required to use our PayPal link for payment after completing the Registration Form. If mailing the Registration Form a check made out to Under the Woods Foundation must accompany the form. Mail to: 13 Locust Street, Glens Falls, NY 12801. An email confirmation will be sent once registration and payment have been submitted.
- If you are requesting a **Scholarship** you must complete page 8 of this Registration Form and submit it with the registration form in order to be eligible for a scholarship.
- **ALL** Campers must provide a copy of current immunizations to attend camp. A copy of immunizations can be faxed to 761-2035 or mailed to 13 Locust Street, Glens Falls, NY 12801
- This year we will be rafting again. There is an opportunity for a parent or another adult to join their camper. *This trip is not open to extended family and/or friends.*

- **Any questions please contact Kevin Burrall or Heidi Underwood at 761-2025 or e-mail us at underthewoodsfoundation@gmail.com**



Please attach a Camper photo here.

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Please check: New Camper _____ Returning Camper _____

Campers Name: _____ **Nickname:** _____

Male ___ **Female** ___ **Age:** ___ **Birthdate:** ___/___/___ **Grade:** ___ **Diagnosis:** _____

T-shirt size: Youth: ___XS ___S ___M ___L ___XL **Adult:** ___XS ___S ___M ___L ___XL ___2X

Parents Name: _____ **School Attending:** _____

Mailing Address: _____

Email: _____ **Phone:** _____

Rafting Adventure ___Yes___No **One parent/caregiver will attend** ___Yes___No

Transportation

Please List all Persons who will be dropping off and picking up your camper:

Phone/Cell _____

Phone/Cell _____

Phone/Cell _____

All campers will need to be signed in and out by one of the above listed persons.

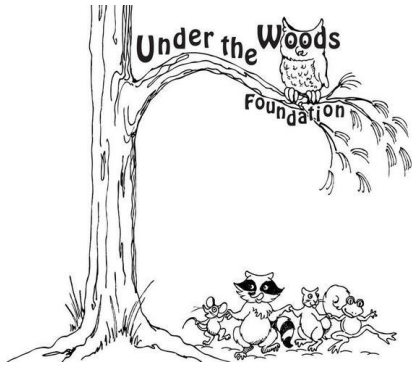
PERMISSION TO PHOTOGRAPH

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, age)

I understand Under The Woods Foundation may photograph or video the events or activity in which my child is participating. I give my permission for Under the Woods Foundation to use photographs and videos of my child taken for the purpose of promoting Under The Woods Foundation and its' programs.

Parent/Guardian's Signature

Date



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General History

Camper's Name _____

Does Camper have drug allergies? ____ Yes ____ No

If yes, please explain: _____

• Does Camper have any food restrictions, food allergies? ____ Yes ____ No (peanuts, milk, special diet)

If yes, please list restrictions and allergies: _____

• Does Camper have any environmental allergies? ____ Yes ____ No (animals, bee stings)

If yes, please explain: _____

• Does Camper have a life threatening allergy? ____ Yes ____ No

If yes, please explain: _____

• Is Camper toilet trained? ____ Yes ____ No

Does camper indicate toileting needs in a specific way? _____

• Does camper have a seizure disorder? ____ Yes ____ No

If yes, please describe: _____

When was last seizure? _____ How frequent are seizures? _____

• Does Camper wear glasses? ____ Yes ____ No

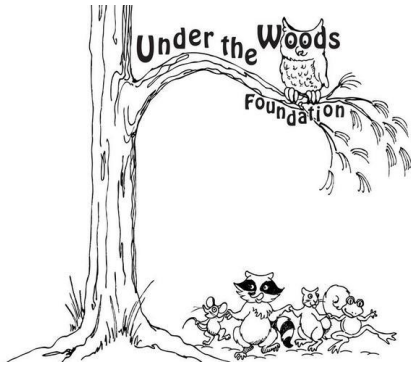
• Does Camper have hearing aids/cochlear implants? ____ Yes ____ No

• Does your Camper have asthma? ____ Yes ____ No

____ Mild ____ Moderate ____ Severe How frequent is an episode? _____

What is Camper's maintenance medication? _____

Provide important information about Camper's asthma. _____



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Camper's Name _____

- Does Camper have any physical limitations? ____ Yes ____ No

If yes, please describe: _____

- How does Camper communicate at home? (wants/needs, likes/dislikes)

- Can a person who does not know your child be able to understand their communication methods?

Verbal ____ Always ____ Sometimes ____ Never

Non-Verbal ____ Always ____ Sometimes ____ Never

Sign Language ____ Always ____ Sometimes ____ Never

PECS ____ Always ____ Sometimes ____ Never

Communication Device ____ Always ____ Sometimes ____ Never

Behavior Information

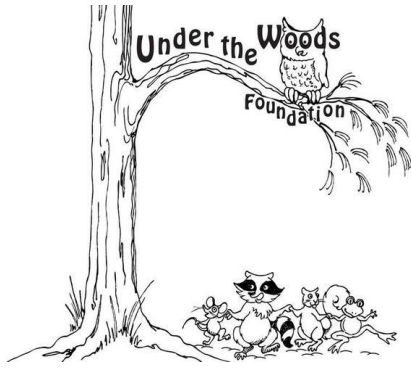
- What type of classroom is camper enrolled in? ____ 12:1 ____ 12:1:1 ____ 12:1:4 ____ 8:1:1 ____ 6:1:1

____ Support Services ____ Inclusion Other: _____

- Does Camper have a 1:1 aide? ____ Yes ____ No

- Please describe campers personality. Include how Camper relates to adults and other children. _____

- What makes Camper upset? _____



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Camper's Name _____

- What makes Camper happy? _____
- Does Camper have any fears? _____
- Does Camper have a Behavior Management Plan? _____ Yes _____ No (if yes please provide the plan)
- Any changes in Camper's behavior since last year? _____
- Does Camper have difficulties with transitions? _____ Yes _____ No

Please describe Camper's behavior during transitions: _____

- Does Camper have extreme aggressive behaviors? _____ Yes _____ No

Please describe: _____

- When Camper is angry/frustrated; describe how he/she handles anger (hits, screams, hides, runs away, etc).

- Can Camper follow a verbal two-step direction? _____ Yes _____ No
- Can Camper participate in a game with simple rules? _____ Yes _____ No
- What level of support is needed for participation in group activities? _____ 1:1 _____ 1:2 _____ 1:5 _____ 1:8

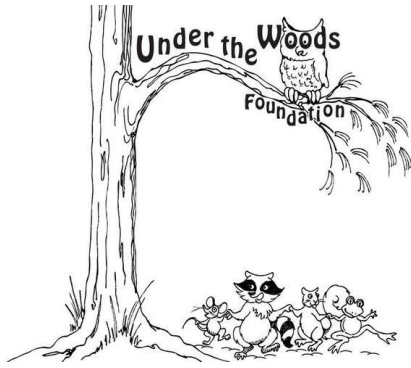
Camper Questionnaire

My family and friends would describe me as _____

My favorite food is _____

My favorite thing to do is _____

A book that I like is _____



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Music I enjoy listening to is _____

A quality I like to see in friends is _____

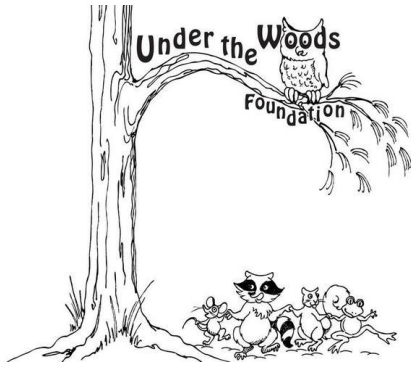
Something that frustrates me is _____

A goal I have for camp is _____

Has Camper ever been in one of the following: _____ canoe _____ kayak _____ surfboard _____ paddle board

Does Camper swim? _____ Yes _____ No

Is Camper afraid of the water? _____ Yes _____ No



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Scholarship Application

In order for a Camper to be eligible for a scholarship, this form must be completed.

10 scholarships will be awarded to Campers based on need.

It is our privilege to help bring, through financial assistance, as many boys and girls to camp whom otherwise could not afford to come. To help us divide our scholarship fund to the maximum advantage to the many who have applied, please complete this form and submit with camp registration.

Camper Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Email Address: _____

Please describe the circumstances that would help explain the family need for a camp scholarship.

Parent / Guardian Signature: _____ Date: _____

All scholarships will be awarded by June 17th and recipients will be notified by email.

Additional information may be requested.