

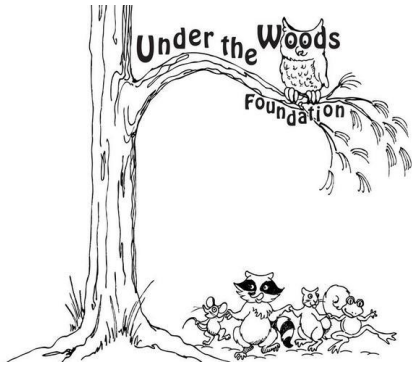
August 17<sup>th</sup>-20<sup>th</sup>  
9:00a.m.-4:00p.m.

## CAMPER REGISTRATION 2020 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 17<sup>th</sup>- 20<sup>th</sup> from 9:00a.m.-4:00p.m.** at Camp Little Notch, Fort Ann, NY.
- Activities at Camp Little Notch:
  - Ropes Course
  - Arts/Crafts
  - Hiking
  - Lunch/drinks/snacks are provided
  - Canoe
  - Kayaking
  - Swimming
  - Fishing
  - Music
- Bus transportation **ONLY** to and from Camp. No drop offs allowed. Leave from 413 Bay Road, Queensbury, at 9:00a.m. Return at 4:00p.m. to 413 Bay Road, Queensbury. Bathrooms provided.
- **August 20<sup>th</sup> Raft Trip.** Leave 413 Bay Road at 10:00a.m. Return to 413 Bay Road 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 19, 2020.** Camp cost will be **\$100.00 from June 20, 2020** until filled.
- **Registration will close August 1<sup>st</sup>.** 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: 413 Bay Road, Queensbury, NY 12804. 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 413 Bay Road, Queensbury, NY 12804
- 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](mailto:underthewoodsfoundation@gmail.com)**



Please attach a Camper photo here.

August 17<sup>th</sup>-20<sup>th</sup>  
9:00a.m.-4:00p.m.

# CAMPER REGISTRATION 2020

## Camp Summer Social Adventure (ages 9-15)

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.*

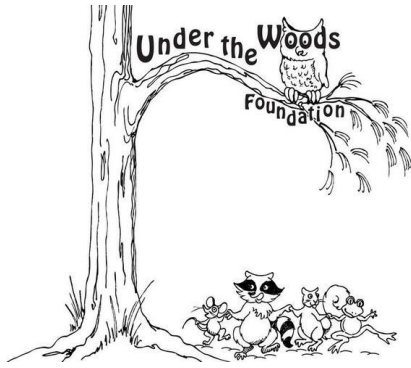
### PERMISSION TO PHOTOGRAPH

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



August 17<sup>th</sup>-20<sup>th</sup>  
9:00a.m.-4:00p.m.

## CAMPER REGISTRATION 2020 Camp Summer Social Adventure (ages 9-15)

### 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

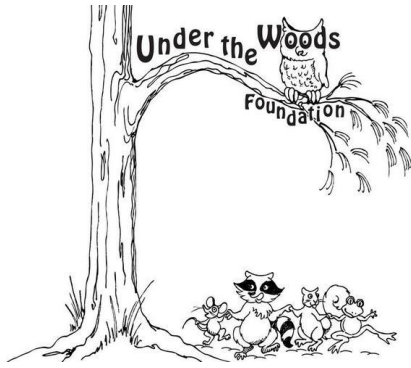
• Does Camper have hearing aids/cochlear implants? \_\_\_\_ Yes \_\_\_\_ No

• 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 REGISTRATION 2020

## Camp Summer Social Adventure (ages 9-15)

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

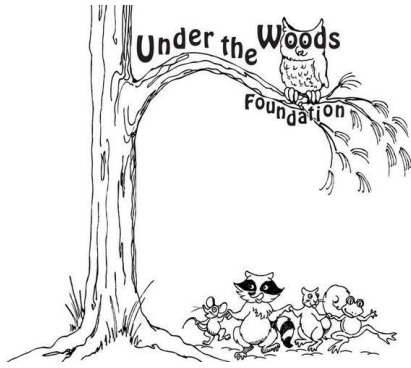
\_\_\_\_ Support Services \_\_\_\_ Inclusion Other: \_\_\_\_\_

- 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 REGISTRATION 2020 Camp Summer Social Adventure (ages 9-15)

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

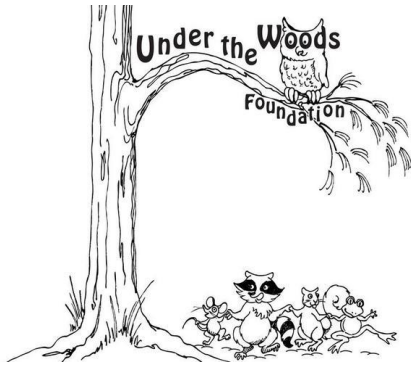
### Camper Questionnaire

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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## **CAMPER REGISTRATION 2020**

### **Camp Summer Social Adventure (ages 9-15)**

Camper's Name \_\_\_\_\_

Music I enjoy listening to is \_\_\_\_\_

A quality I like to see in friends is \_\_\_\_\_

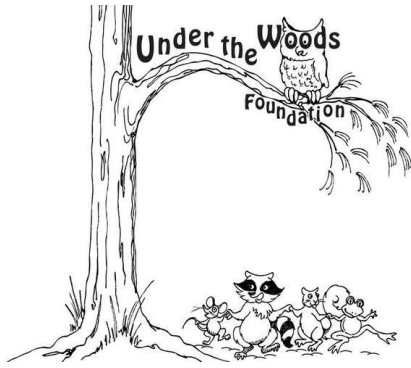
Something that frustrates me is \_\_\_\_\_

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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# CAMPER REGISTRATION 2020

## Camp Summer Social Adventure (ages 9-15)

### Emergency Contact

Camper's Name: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female    Age: \_\_\_\_\_    Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_    Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_    Father's Work: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Medical Information

Does Camper take any Medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_

Does Camper need to be given Medication during camp hours? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please see nurse on arrival. Doctor's orders are required for medication administration.

Name of Policy Holder: \_\_\_\_\_    D:O:B: of Holder \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_    Group #: \_\_\_\_\_

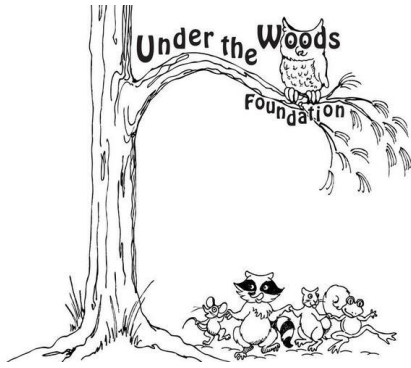
Physician's Name: \_\_\_\_\_    Phone: \_\_\_\_\_

I authorize all medical and hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **ONLY** in the event that neither parent/guardian can be reached in a case of an emergency.

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

\_\_\_\_\_  
Date

**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  
413 Bay Road, Queensbury, NY 12804**



August 17<sup>th</sup>-20<sup>th</sup>  
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## **CAMPER REGISTRATION 2020**

### **Camp Summer Social Adventure (ages 9-15)**

#### **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.

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

All scholarships will be awarded by June 17<sup>th</sup> and recipients will be notified by email.

**Additional information may be requested.**