

August 23rd-27th
9:00a.m.-4:00p.m.

CAMPER REGISTRATION 2021

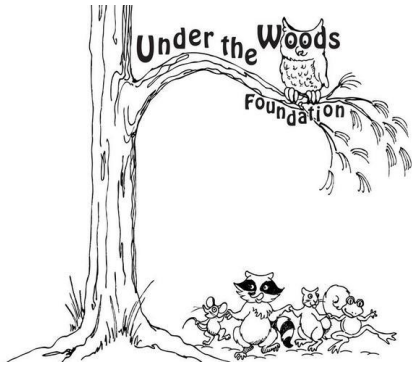
Camp Under the Woods (Entering First Grade through age 15)

Important Camp Information

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

- Camp Under the Woods takes place **August 23rd - 26th from 9:00a.m.-4:00p.m.** at Camp Little Notch, Fort Ann, NY.
- Activities at Camp Little Notch:
 - Ropes Course
 - Arts/Crafts
 - Hiking
 - 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 27th Carnival Day** at 413 Bay Road. Times will be assigned once Camp Groups are configured.
- Any campers who are put on a waiting list will be eligible for any open spots. Camp cost is **\$80.00 until June 28, 2021.** Camp cost will be **\$100.00 from June 29, 2021** 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: 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.

Any questions please contact Isabelle Dickens, 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: _____

Transportation

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

_____ Phone/Cell _____
_____ Phone/Cell _____
_____ Phone/Cell _____

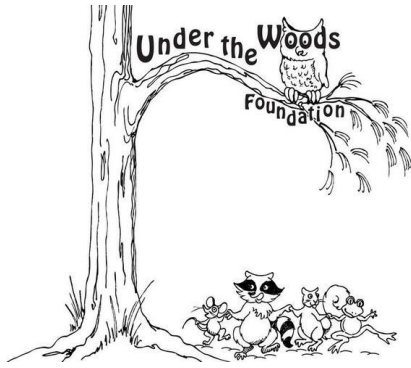
All campers will need to be signed in and out by one of the above listed persons.

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

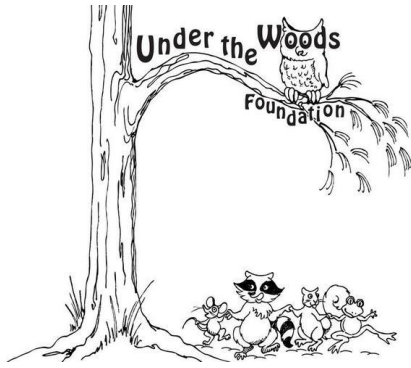
• Does Camper have hearing aids/cochlear implants? ____ Yes ____ No

• 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

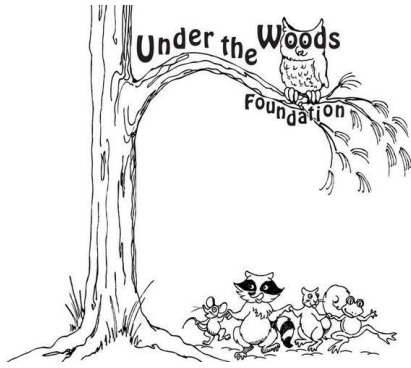
- What type of classroom is camper enrolled in? ____ 12:1 ____ 12:1:1 ____ 12:1:4 ____ 8:1:1 ____ 6:1:1

____ 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

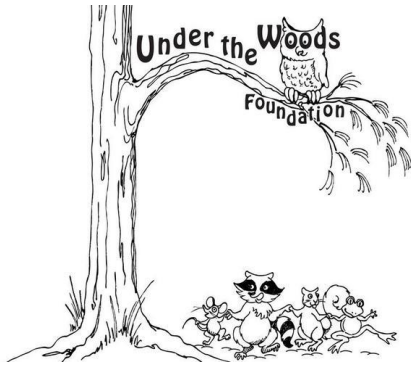
Camper Questionnaire

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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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

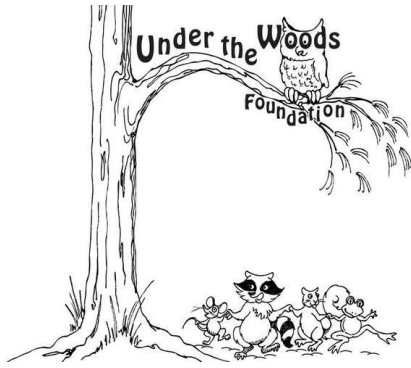
Does Camper swim? _____ Yes _____ No

Is Camper afraid of the water? _____ Yes _____ No

Does your child wear a mask? _____ Yes _____ No

Has your child been doing school: _____ in-person _____ remote _____ hybrid

Has your child been on a bus? _____ Yes _____ No



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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 #: _____

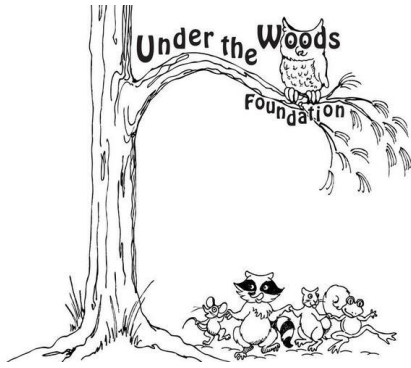
Physician's Name: _____ Phone: _____

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
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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 20th and recipients will be notified by email.

Additional information may be requested.