

Whispering Winds Catholic Camp & Conference Center

2013 Special Needs Family Camp Application

Please fill out in full detail. This information will be used to insure a positive successful camp experience.

Family Name: _____ Parish: _____ Date Submitted: _____

Address: _____

Phone Number: _____ Email (required): _____

Family Members:

Adult or Child's Age

_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____

How did you hear about the Special Needs Family Camp?: _____

SPECIAL NEEDS CHILD INFORMATION:

Primary Disability: _____

Height: _____ Weight: _____ Sex: _____ Grade (as of Fall 2013): _____

Primary Language (English; Spanish; Sign, etc.): _____

Allergies: _____

Medications: _____

Mobility Limitations: _____

Require an Accessible Room?: _____

Require a Service Dog?: _____

History of Seizures? If so, what do they look like: _____

Other Medical Concerns: _____

SKILLS INFORMATION:

I = Independent

SA = Some Assistance

TA = Total Assistance

Explanation

Feeding: I ☐ SA ☐ TA ☐ _____

Toileting: I ☐ SA ☐ TA ☐ _____

COMMUNICATION INFORMATION:

Primary Mode
of Communication:

Verbal ☐

Verbal (limited) ☐

Non-verbal ☐

Sign Language ☐

Augmentative Device: _____

Other/Explanation: _____

BEHAVIOR INFORMATION:

(Information will be used to place your child with the most appropriate staff member. Please be very specific.)

Aggressive Behavior: ☐ Yes ☐ No If yes, please explain: _____

Behavior Support Plan: ☐ Yes ☐ No If yes, please attach. _____

Special Diet/Feeding Restrictions: ☐ Yes ☐ No If yes, please explain: _____

Flight Risk: ☐ Yes ☐ No

Fears/Dislikes: _____

Motivators/Reinforcers: _____

Other Behavior Concerns: _____

**PLEASE READ CAREFULLY, INITIAL AFTER EACH ITEM AND SIGN THAT YOU UNDERSTAND AND
ACCEPT THIS INFORMATION**

_____ I give my consent that information on this application may be communicated to Whispering Winds Catholic Camp and Conference Center, Inc. staff and volunteers for the purpose of being equipped to provide the best care and assistance possible to all of our Family Camp participants.

_____ Permission is given to Whispering Winds Catholic Camp and Conference Center, Inc. to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Whispering Winds Catholic Camp and Conference Center, Inc. I understand that photographs/images/video that I take at any Whispering Winds Catholic Camp and Conference Center, Inc. functions are for my personal use only. Personal Internet use of any images/video/multi-media should be approached with caution with regard to misrepresentation.

_____ I release Whispering Winds Catholic Camp and Conference Center, Inc., its staff, volunteers and the Whispering Winds Catholic Camp and Conference Center, Inc. facility from all actions, damages, or personal injuries which may occur to me or a member of my family or invited guest(s). I understand, that in the event of a minor injury, I may receive first aid treatment. In the event of an emergency, injury or illness, emergency medical services and I will decide the best course of action.

_____ I realize that tobacco, alcohol, and illegal drugs are NOT PERMITTED on the premises of Whispering Winds Catholic Camp and Conference Center, Inc.

Parent Signature: _____ Date: _____