

# F.I.R.S.T. Horizons 2009

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## CAMPER APPLICATION

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

Home Address \_\_\_\_\_

Weight \_\_\_\_ Height \_\_\_\_ Sex \_\_\_\_ Grade in Fall \_\_\_\_ DOB \_\_\_\_\_ T-shirt Size \_\_\_\_

***\*Please include a recent photograph of your child!\****

Parent's Name or  
Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Where will parent(s) be during camp? \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Contact Other than Parent \_\_\_\_\_ Phone \_\_\_\_\_

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Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Activities Child Enjoys \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nighttime Routine and Sleeping Habits \_\_\_\_\_

\_\_\_\_\_

F.I.R.S.T. Horizons 2009

NAME \_\_\_\_\_

Diagnosis: \_\_\_\_\_

How does your child's disability impact him/her? \_\_\_\_\_

School \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Has your child attended FirstShine or FIRST Horizons camp before?  Yes  No

Does your child have any drug, food, latex or other allergies (e.g. bee stings)  Yes  No

If yes, please explain \_\_\_\_\_

Does your child use/have any of the following (check all that apply)

Wheelchair  Crutches  Walker  Braces  Communication Device

Instructions your child's counselor will need about any assistive technology devices:

How does your child make his/her needs known? If your child is non-verbal, how do you communicate with him/her? \_\_\_\_\_

Has your child ever been suspended or expelled from a school or child care facility due to physical or behaviors challenges (e.g. hitting, kicking, biting, bullying, etc)  Yes  No

If yes, please explain \_\_\_\_\_

Bowel and Bladder Habits:

Please list a non-family contact person for additional information (teacher, therapist, case manager)

Name

Title

Phone

F.I.R.S.T. Horizons 2009 NAME \_\_\_\_\_

Medication my child will take during camp:

Medication-Type	When Taken	Why?

Personal Care Needs:

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Food Allergies and Mealtime Comments:

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Other Information we should know about your child (Please feel free to attach an additional sheet, if needed.):

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\_\_\_\_\_ has my permission to attend F.I.R.S.T. Horizons Camp at Boulderline Camp in Lake Lure, NC from August 3 – 6, 2009.

If a medical problem should arise while my child is at camp and I cannot be contacted, I hereby give the hospital and physician permission to treat, give injections, administer anesthesia, and/or perform surgery for my child named herein. In the event of accident or injury, I do not hold the church or any employee or counselor responsible.

I give permission to the F.I.R.S.T. staff to contact school staff about my child's needs so that the we will be able to match my child with a counselor.

I understand it costs \$100 (cash or check made out to "F.I.R.S.T.") to attend F.I.R.S.T. Horizons as a camper. This fee is not due unless my child is accepted as a camper at F.I.R.S.T. Horizons. Scholarships applications are available for families who need them.

I \_\_\_\_ do \_\_\_\_ do not give permission for my child to be photographed by media.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date