

Reach-Out Camper Registration Form

*Please fill form out to the best of your ability. These forms can help our facility and staff to be prepared for our campers to have the best experience possible while at camp.

Camper Name: _____ Camp Week: _____

Parent/Caregiver Name: _____ Phone Number: _____

Height: _____ Weight: _____ Age: _____

Does camper need adaptive equipment? YES NO

If yes, what adaptive equipment do they need? _____

Does camper have any difficulty with fine motor skills? YES NO

If yes, please explain _____

Is camper non-verbal? YES NO

Has camper EVER had a seizure? YES NO

If yes, please explain type and frequency _____

Are the seizures controlled? YES NO N/A

Does camper have any sensitivities to noise, smells, heat? YES NO

If yes, please explain _____

Please list a few likes and interests of your camper.

Please list any coping mechanisms you know of for your camper.

Please list anything you feel our staff should be aware of about your camper so we can ensure the best possible experience while they're under our care. Feel free to use the back of the paper if necessary.