Camp Marshalltown
REGISTRATION FORM

Complete and return to Parks & Recreation, 10 W State Street.

Participants Name:	**Gender:** F	**Birth Date:** / /	**Age:**
Home Phone ( )	Grade Entering:	School Attending:	
Address	City	Zip	
PRIMARY DISABILIES/DIAGNOSIS:			

PARENT(S)/GUARDIAN(S)		
1. Name	Birth Date / /	Relationship To Child
Address	Email	
Primary Phone	Cell #	Work #
2. Name	Birth Date / /	Relationship To Child
Address	Email	
Primary Phone	Cell #	Work #

Please inform those listed that a photo ID is required to pick up this participant.

Persons Authorized To Pick Up Participant	**Relationship to Participant**	**PHONE NUMBER**
1.		
2.		
3.		
4.		

Are there any custody or restraining orders concerns involving this participant to make known to Camp Marshalltown?

Name	**Name**

Circle T-Shirt Size	◯ 6-8	◯ 10-12	◯ 14-16	◯ Adult S	◯ Adult M	◯ Adult L	◯ Adult XL	◯ Adult 2XL

EMERGENCY CONTACT PERSON(S)		
1. NAME	RELATIONSHIP TO PARTICIPANT	
HOME NUMBER	CELL NUMBER	WORK NUMBER
2. NAME	RELATIONSHIP TO PARTICIPANT	
HOME NUMBER	CELL NUMBER	WORK NUMBER

In the event the participant needs medical treatment, I hereby authorize treatment of the above named person by a qualified and licensed health care professional. This authorization is valid only after reasonable effort has been made to contact me.	
PHYSICIAN NAME	**DENTIST NAME**
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
DATE OF LAST TETANUS	
INSURANCE COMPANY	POLICY HOLDER ID

MEDICAL INFORMATION

MEDICATIONS ** If the participant does not have needed medication provided for their day, they cannot stay at camp**

MEDICATION	DOSAGE	FREQUENCY

ALLERGIES

NAME ALLERGY	REACTION	TREATMENT NEEDED

Is the participant subject to seizures?	◯ **Yes**	◯ **No**
If Yes, Is there a specific cause known or suspected?		
Seizure Type	**Frequency**	
Are seizures controlled by medications?	◯ **Yes**	◯ **No**
In the event a seizure occurs at camp, please list steps to be taken (i.e. Call 911, Give Meds, Allow rest & Call parents).		
Are there any doctor's restrictions?	◯ **Yes**	◯ **No**
If Yes, please describe:		

Does the participant use/wear any of the following?

☐ **Contact Lenses**	☐ **Orthopedic Devices**	☐ **Dentures**
☐ **Glasses**	☐ **Hearing Aid**	☐ **Prosthesis**

Other:

MOBILITY INFORMATION

Is the participant ambulatory?			◯ **Yes**	◯ **No**
Does the participant use a wheelchair?	◯ **Yes**	◯ **No**	**If Yes,** ◯ **Manual**	◯ **Electric**
Is the participant able to aid in transferring?			◯ **Yes**	◯ **No**
If Yes, please explain:				

Does the participant use any assistive device? ☐ **Cane** ☐ **Walker** ☐ **Brace** ☐ **Crutches** ☐ **Other**

DIETARY NEEDS

Does the participant have any special diets or dietary restrictions?	◯ **Yes**	◯ **No**
If Yes, please explain:		
Is assistance needed with eating?	◯ **Yes**	◯ **No**
If Yes, please explain:		

PERSONAL CARE

Does the participant need assistance in the bathroom?	◯ **Yes**	◯ **No**
If yes, what assistance is needed?		
Are regular bathroom times needed?	◯ **Yes**	◯ **No**
If Yes, please give details?		
Does the participant need assistance during menstruation?	◯ **Yes**	◯ **No**

COMMUNICATION

Does the participant use sign language	◯ **Yes**	◯ **No**
Can the participant read and write?	◯ **Yes**	◯ **No**
Are there other communication methods?	◯ **Yes**	◯ **No**

If Yes, please specify:

SAFETY		
Please indicate Yes or No to the following:		
Is the participant willing to stay with the group?	**Yes**	**No**
Can the participant be responsible for their belongings?	**Yes**	**No**
Is the participant able to manage his or her own money while at camp?	**Yes**	**No**
Can the participant recognize danger?	**Yes**	**No**
Is the participant able to state their name & phone number?	**Yes**	**No**
Does the participant sometimes wander or run?	**Yes**	**No**

SWIMMING:		
Is the participant able to swim?	**Yes**	**No**
Does the participant need a life jacket?	**Yes**	**No**
Does the participant need 1:1 assistance in the water?	**Yes**	**No**
Does the participant need assistance dressing?	**Yes**	**No**

Please mark the available areas of use while the participant is at the Aquatic Center.

☐ Shallow Water Only	☐ Shallow water (lap lanes --5' deep)	☐ Lazy River
☐ Slides (must be 48" tall)	☐ Deep end (diving well & drop slide)	☐ All areas, no restrictions

Information about swimming ability or restrictions:

BEHAVIOR/PERSONALITY		
Describe the best way to involve the participant in an activity:		
Does the participant have fears or phobias?	**Yes**	**No**
If Yes, please describe:		
What activities, settings or triggers might cause behavior difficulties (noises, airplanes, escalators, flashing lights, etc.)?		
What is the best way to introduce or explain new activities or transitions?		
What things frustrate the participant and how is it best addressed?		
What is the best way to redirect the participant?		
Does the participant act out?	**Yes**	**No**
If Yes, please explain:		
What type of behavior management or reinforcement works best?		
Interests/Hobbies		
Please give any additional information to help allow the best possible camp experience for this participant.		

Parental Permission

1. I/We recognize and agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
2. In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Photo Permission

I authorize the use of photographs or descriptions of me or my child in newspapers, publications, presentations or displays to promote services of Parks & Recreation, Arc of Marshall County or United Way. ☐ YES ☐ NO

Parent/Guardian

(Print) _____ Signature_____ Date _____