



**Camp Variety for Kids  
2010 Summer Day Camp Application  
August 2 – August 6, 2010**

**Instructions:** Please complete the requested information in each section carefully and completely. All information you provide on this form will remain strictly confidential, and is used by Variety's Camp Coordinator to alert appropriate camp staff and volunteers only when deemed necessary. **PLEASE WRITE CLEARLY IN BLACK OR BLUE INK ONLY.** Be sure the information provided in the application is correct and complete. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of admission to camp. Camper can be refused admission to camp if information is not disclosed.

\*\*\*A recent **color photograph** of the applicant should be included with this form. This photo will assist the camp staff in identifying campers for medications, and ensuring the security of all participants. While the photo need **not** be a special passport photo, it should be a **recent color** photo of only the camper. This photo should be attached to the application and mailed to Variety.

Mail completed applications to: Variety the Children's Charity, Three Penn Center West, Suite 229, Pittsburgh, PA 15276. Deadline is July 2, 2010. (Campers are accepted on a first-come, first served basis – limited to 120 campers per day). Applications will not be accepted after July 2<sup>nd</sup>.

**Section 1 – Camper Profile**

**\*\* Please fill out a separate application for each child with a disability that will be attending camp.** There is a \$25 non refundable application fee for each child with a disability that is attending camp. Please make your check or money order payable to Variety the Children's Charity and include it with your completed application(s).

**Camper with Disability**

Child's Name: \_\_\_\_\_  
*First Middle Last*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime/Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ \*\*\*Email: \_\_\_\_\_

School District (please list even if child does not attend public/private school): \_\_\_\_\_

Nature of Child's Disability: \_\_\_\_\_  
\_\_\_\_\_

Mobility Equipment Used: (i.e.: wheelchair): \_\_\_\_\_

Has your child attended *Camp Variety for Kids* in the past? Yes  No

Campers with a disability who are attending camp may bring siblings with them. The first sibling may attend Camp Variety for Kids for \$55. Additional siblings may attend camp at a \$55 PER DAY – PER SIBLING RATE. Please list all siblings who will be attending camp below. All funds are due PRIOR to the start of camp for your children to be allowed to attend.

Sibling#1 Attending: \_\_\_\_\_ Age: \_\_\_\_\_ (\$55)  
 Sibling#2 Attending: \_\_\_\_\_ Age: \_\_\_\_\_ (\$55/day or \$275/week)  
 Sibling#3 Attending: \_\_\_\_\_ Age: \_\_\_\_\_ (\$55/day or \$275/week)  
 Sibling#4 Attending: \_\_\_\_\_ Age: \_\_\_\_\_ (\$55/day or \$275/week)

Please mark the days that your child/children plan to attend *Camp Variety*:

| <u>Dates</u>                                 | <u>Child</u>             | <u>Adult/Caregiver</u>   | <u>Total</u> |
|--|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> Monday, August 2    | <input type="checkbox"/> | <input type="checkbox"/> | _____        |
| <input type="checkbox"/> Tuesday, August 3   | <input type="checkbox"/> | <input type="checkbox"/> | _____        |
| <input type="checkbox"/> Wednesday, August 4 | <input type="checkbox"/> | <input type="checkbox"/> | _____        |
| <input type="checkbox"/> Thursday, August 5  | <input type="checkbox"/> | <input type="checkbox"/> | _____        |
| <input type="checkbox"/> Friday, August 6    | <input type="checkbox"/> | <input type="checkbox"/> | _____        |

You will be notified no later than mid-July of the days that your child has been scheduled for *Camp Variety for Kids*.

### Parent/Legal Guardian Information

Mother's Information:

Father's Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Information

Please list an individual who can be contacted if there is an emergency and neither parent can be reached.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone: \_\_\_\_\_

## Activity Profile

To help us have a better understanding of the needs and characteristics of your child with disabilities, please answer the following questions:

1. Does your child have a nickname? Yes  No

If yes, what is it? \_\_\_\_\_

2. How does your child communicate his/her wants and needs? \_\_\_\_\_

\_\_\_\_\_

3. Does your child like to participate in the following activities (*check one*)?

|                 |                              |                             |           |                              |                             |
|-----------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| Arts & Crafts   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Computers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Music           | <input type="checkbox"/>     | <input type="checkbox"/>    | Swimming  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| Adaptive Sports | <input type="checkbox"/>     | <input type="checkbox"/>    |           |                              |                             |

4. What type of swimmer is your child? Advanced  Intermediate  Beginner

Other: \_\_\_\_\_

5. How is your child's food prepared (cut into small pieces, chopped, etc.)? \_\_\_\_\_

\_\_\_\_\_

6. Are there foods your child will not eat? Yes  No

Please explain: \_\_\_\_\_

7. Is there anything your child is afraid of (water, dogs, thunder, bugs, etc.)? \_\_\_\_\_

\_\_\_\_\_

8. What happens when your child gets frustrated, upset, homesick? \_\_\_\_\_

\_\_\_\_\_

What can we do to help him/her feel better? \_\_\_\_\_

9. Will your child leave a building unattended or walk away from you in the community?

Yes  No  If yes, what safety precautions do you take? \_\_\_\_\_

\_\_\_\_\_

10. Does your child place inedible objects in his/her mouth or ingest them? Yes  No

If yes, what types of items? \_\_\_\_\_

11. How does your child respond to riding in the car (in case of emergency)? Are there any safety precautions you take (does someone sit with your child, does your child use a special seat or seatbelt, etc.)?

\_\_\_\_\_

\_\_\_\_\_

12. Does your child need one-on-one care giving assistance? Yes  No

If your child requires one-on-one assistance you will be responsible for providing that care. Anyone, such as a parent, relative, TSS caregiver, etc., who is old enough and responsible enough for the care of your child, is welcome at camp.

**Children diagnosed with ADD, ADHD, ODD, AUTISM or similar diagnosis MUST be accompanied by an adult caregiver.**

13. Please describe any assistance your child may need with the following:

Bathroom reminders/assistance: \_\_\_\_\_

Mealtime: \_\_\_\_\_

Participation in activities (sports, games, etc.): \_\_\_\_\_

Behavior/Attention: \_\_\_\_\_

Other: \_\_\_\_\_

15. A typical day's activity schedule may include, but is not limited to: adaptive sports, swimming, arts and crafts, music, computer classes, and nature activities. Please explain reasons your child may be limited in fully participating in any of these activities.

\_\_\_\_\_  
\_\_\_\_\_

### Health and Medical Information

The health and well-being of your child is very important to us. Please complete the requested information in each section. Please include any additional health concerns you may have that are not specifically requested in the space at the end of this section.

#### Insurance:

Name of Primary Care Physician/Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Hospital where care is received: \_\_\_\_\_

#### Dietary Needs:

Please explain any special dietary requirements your child may have while at *Camp Variety for Kids* (low sodium, caffeine free, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

|              | <u>Specific Allergy</u> | <u>Reaction</u> | <u>Treatment used at Home</u> |
|--------------|-------------------------|-----------------|-------------------------------|
| Food         | _____                   | _____           | _____                         |
| Medication   | _____                   | _____           | _____                         |
| Insects/Bees | _____                   | _____           | _____                         |
| Latex        | _____                   | _____           | _____                         |
| Animals      | _____                   | _____           | _____                         |
| Other        | _____                   | _____           | _____                         |

**Medications:**

Please list all medications to be administered while your child is at the summer day camp program. All prescription and over the counter medication must be turned in to the nurse at registration. Please bring medications in their original containers with original labels. Please note: If your child is accepted for multiple days at camp, please send enough medication for all days your child will be attending with them on their first day of camp.

| <u>Medication</u>              | <u>Dose</u>   | <u>How often?</u> | <u>Pill, Liquid, Chewable</u> | <u>Special Instructions</u>           |
|--------------------------------|---------------|-------------------|-------------------------------|---------------------------------------|
| <i>Ex.: Naproxen Sodium DS</i> | <i>550 mg</i> | <i>10 am 2 pm</i> | <i>Pill</i>                   | <i>Crush pill &amp; mix with milk</i> |
| _____                          | _____         | _____             | _____                         | _____                                 |
| _____                          | _____         | _____             | _____                         | _____                                 |
| _____                          | _____         | _____             | _____                         | _____                                 |
| _____                          | _____         | _____             | _____                         | _____                                 |

**Devices:**

Glasses      Contacts      Hearing Aid      Other \_\_\_\_\_ (please circle)

**Additional Health Concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please notify Variety's office (412.747.2680) if your child has been exposed to a communicable disease in the month prior to Camp Variety for Kids.**

**Medical Authorization** (read and sign even if your child does not take routine medications):

I authorize the nurse at Camp Variety for Kids at The Woodlands to administer the medications listed above that I will provide upon check-in. I also authorize the nurse to provide routine medical care as needed. If I am unable to be reached and there is a medical emergency, I give permission for my child to be taken the nearest emergency room for treatment.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

## Parental Permission *(complete all sections)*

Parent or Guardian should fill out each of the following paragraphs.

### Consent and Release to Attend Camp

I/We give our consent for our child \_\_\_\_\_ to attend Variety's camp program at The Woodlands. I/We permit Variety the Children's Charity, sponsors of the camp, to consent and/or provide emergency medical treatment, administer daily medications, treat minor illnesses/injury, and transport my/our child if they deem it necessary. Considering all of the above, I/we waive and release and forever discharge Variety the Children's Charity and Variety the Children's Charity International, their members, employees and officers from and against any and all claims, of any type, for the care of my/our child in the case of all injuries or damages of any nature, which may result while participating in the program. I/We further recognize that they cannot be held responsible for loss of clothing or personal property. I/We accept and acknowledge the risk in participating in the summer day camp program.

\_\_\_\_\_  
*Print Parent/Guardian Name*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

### Photo Release

I/We, as parents/guardians of \_\_\_\_\_, understand, accept and agree that participation in *Camp Variety for Kids* at the Woodlands may result in publicity for educational or promotional purposes of the Camp program. Therefore, I/we irrevocably authorize Variety to use and publicize my/our child's name, for any publication, promotion, trade or business use, or for any other purpose. I/we give my/our permission for Variety the Children's Charity to distribute, now or in the future, any filmed or recorded material involving my/our child or myself. Said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, or radio stations. I/We specifically authorize Variety the Children's Charity, now or at any time in the future, to publicize the name of my/our child and myself, including information regarding his/her physical condition and forever discharge Variety the Children's Charity from and against any and all claims, of any type, which arise from, or are related to, Variety the Children's Charity's use, distribution, or disclosure of any photographs, films, videotapes, electronic recordings or other information, regarding my/our child or myself and Variety the Children's Charity. I/We waive the right to inspect publications or products that include my/our child prior to their release.

\_\_\_\_\_  
*Print Parent/Guardian Name*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

### Participation and Roster Release

I/We give our consent for my/our child to participate in all activities during their stay at the summer day camp program, including but not limited to recreational sports, art, swimming, nature hikes, and music.

\_\_\_\_\_  
*Print Parent/Guardian Name*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

## Transportation

To help us determine transportation needs of our campers, please answer the following questions:

1. Will you be driving your child to and from The Woodlands? Yes  No
2. If not, would you be able to bring the campers to one of our partner locations (Pittsburgh Zoo, IKEA in Robinson, Parkway Center Mall, DeMarco Durzo Building in Monroeville, etc.) for daily transportation to/from The Woodlands?  
Yes  No

Please select the transportation location you will take your child to:

- Monroeville (Pick Up: 8:00 a.m./Drop Off 3:45 p.m.)  
(DeMarco Durzo Building, 2735 Mossie Boulevard, Monroeville, PA 15146)
- Pittsburgh Zoo (Pick Up: 8:00 a.m./Drop Off 3:45 p.m.)
- Parkway Center Mall (Pick Up: 7:45 a.m./Drop Off 4:15 p.m.)  
(Exact location will be sent at a later date)
- IKEA Robinson Towne Center (Pick Up: 8:00 a.m./Drop Off 3:45 p.m.)

3. How many children/adults will be boarding the bus each day? (PLEASE INCLUDE CAREGIVERS IN THESE TOTALS)

|           | Children | Adults/Caregivers | Total # |
|-----------|----------|-------------------|---------|
| Monday    | _____    | _____             | _____   |
| Tuesday   | _____    | _____             | _____   |
| Wednesday | _____    | _____             | _____   |
| Thursday  | _____    | _____             | _____   |
| Friday    | _____    | _____             | _____   |

4. Will your child be using a wheelchair? Yes  No   
**If yes, a parent/caregiver must accompany the child on the bus to and from Camp each day.**

5. Will your child require a Wheelchair Accessible Bus? Yes  No

Parents or authorized individuals must be prompt in dropping off and picking up campers at the designated bus transport location. The buses leave promptly at the times listed above and do not stay once the children have been dropped off in the afternoon. **Please be courteous and respectful of our volunteers and pick up your children on time! Thank you.**