

2010 BLACK ROCK SPECIAL CAMP APPLICATION

Personal:

LAST NAME _____ FIRST NAME _____ (NICKNAME) _____ SEX _____ AGE _____ BIRTHDATE ___/___/___

NAME OF PARENT/GUARDIAN _____ DOES CAMPER LIVE AT A GROUP HOME? _____ NAME OF HOME _____

PARENT/GUARDIAN ADDRESS _____

CAMPER ADDRESS _____

PARENT/GUARDIAN PHONE _____ GROUP HOME PHONE _____ ALTERNATE EMERGENCY NO. _____

CHURCH YOU ATTEND _____ CAMPER'S SCHOOL OR PLACE OF EMPLOYMENT _____

HAS CAMPER ATTENDED BLACK ROCK CAMP BEFORE? _____ PREFERRED T-SHIRT SIZE (Adult sizes) S M L XL XXL XXXL

ROOMMATE REQUESTS (up to 2) _____

Helpful Hints For Staff:

CAMP ACTIVITY INTEREST / PARTICIPATION INVENTORY (check all that apply)

	HIGH INTEREST	SOME INTEREST	LITTLE INTEREST			
SWIMMING, WILL EXHIBIT	()	()	()	() NO FEAR	() SOME FEAR BUT CAN BE COAXED	() WILL NOT GO IN WATER

COMMENTS: _____

WALKING, WILL EXHIBIT	()	()	()	() WALKS ON OWN ACCORD	() NEEDS ASSISTANCE WALKING
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COMMENTS: _____

CRAFTS, WILL EXHIBIT	()	()	()	() NEEDS ONE-ON-ONE ASSISTANCE FOR A CRAFT PROJECT
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COMMENTS: _____

GROUP GAMES	()	()	()
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COMMENTS: _____

OVERALL BEHAVIOR ...

1. CAN BE CLASSIFIED AS ... () EASILY MANAGED () REQUIRES SPECIAL HANDLING () OCCASIONAL PROBLEMS, BUT CAN BE MANAGED BY AUTHORITY

COMMENTS: _____

2. FRUSTRATION OCCURS IN DAILY EXPERIENCES ... () NEVER () SELDOM () SOMETIMES () OFTEN

CIRCUMSTANCES THAT PRECIPITATE FRUSTRATIONS ARE: _____

3. BEHAVIOR MANAGEMENT BEST UTILIZED IS ... () FIRMNESS () POSITIVE REINFORCEMENT / WITHHOLDING A REWARD () OTHER

COMMENTS: _____

SEIZURES ...

1. IS CAMPER SUBJECT TO SEIZURES? _____ YES _____ NO DATE OF LAST SEIZURE ___/___/___

2. GIVE DETAILS ON LAST SEIZURE, WHAT BRINGS THEM ON, SPECIAL NOTES ON HOW TO HANDLE: _____

COMMUNICATION SKILLS ... (check all that apply)

1. CAN BE DESCRIBED AS ... () COMMUNICATES ALL NEEDS EFFECTIVELY () INTERACTS WITH AND RESPONDS TO PEERS () OFFERS SPONTANEOUS INFORMATION
 () INTERACTS WITH AND RESPONDS TO ADULT STAFF () NEED TO LISTEN CAREFULLY TO CAMPER () NON-VERBAL

SELF-CARE SKILLS ...

	ALWAYS	OFTEN	OCCASIONALLY	NEVER
1. COMMUNICATES NEED FOR URINATION	()	()	()	()
2. COMMUNICATES NEED FOR BOWEL MOVEMENT	()	()	()	()
3. USES FACILITIES APPROPRIATELY	()	()	()	()
4. SOILS BED DURING THE NIGHT	()	()	()	()

COOPERATIVE SKILLS ...

	ALWAYS	OFTEN	OCCASIONALLY	NEVER
1. FOLLOWS DIRECTION	()	()	()	()
2. RESPONDS TO ADULT STAFF DIRECTIVES/COMMANDS (i.e. "this way", "time to go", "don't throw stones")	()	()	()	()
3. FOLLOWS ALONG IN A GROUP ACTIVITY	()	()	()	()
4. AT TIMES, EXHIBITS BEHAVIOR TO BE APART FROM THE GROUP (WALKS AWAY, REFUSES TO COOPERATE)	()	()	()	()
5. ADJUSTS WELL TO A NEW ROUTINE AND SCHEDULE (i.e. CAMPING EXPERIENCE AWAY FROM HOME)	()	()	()	()

ADDITIONAL COMMENTS THAT WOULD BE HELPFUL FOR THE PROGRAM STAFF TO KNOW:

OFFICE USE:

DEPOSIT _____ CHECK # _____ CONFIRMATION SENT _____ BALANCE _____ CABIN ASSIGNMENT _____