

2018- 3rd Annual Adaptive Sports Camp

**(Week 1)** July 30 – Aug 3 **(Week 2)** Aug 6 – Aug 10

I want to register my child for week one \_\_\_\_\_\_\_\_\_\_\_

I want to register my child for week two \_\_\_\_\_\_\_\_\_\_\_

I want to register my child for BOTH weeks \_\_\_\_\_\_\_\_\_\_\_

**Participant Information**

**All participants must be able to propel manual wheelchair independently**

|  |  |
| --- | --- |
| Full Name:  |  |
| Birth Date:  |  | Age at Camp:  |  | Gender: |  |
| Home Address:  |  |
| City: |  | State: |  | Zip Code: |  |
| Parent/Custodial/Guardian Name:  |  |
| Relationship to Camper:  |  |
| Home Phone:  |  | Cell Phone: |  |
| Email Address: |  |
| Camper lives with: ❒ One Parent ❒ Both Parents ❒ Grandparent(s) ❒ Legal Guardian |
| Primary Language Spoken and Understood:  |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Contact: |  | Relationship to Participant: |  |
| Home Phone: |  | Work #: |  | Cell #: |  |
| Secondary Contact: |  | Relationship to Participant: |  |
| Home Phone: |  | Work #: |  | Cell #: |  |

**Health History**

*The following information is used to provide appropriate care for the child at camp. Any changes to this form should be provided on arrival to camp.*

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Disability:  |  | Date of Onset: |  |
| Secondary Diagnosis (if any):  |  |
| Primary Care Physician Name:  |  |
| Physician’s Office & Emergency Phone numbers:  |  |
| Transfer Level: ❒ Independent ❒ Min assist ❒ Mod assist ❒ Total assist |
| Any seizure activity within the last year?  |  | Type of seizure: |  |
| Date of last seizure:  |  | Signs of seizure activity: |  |
| Please list all your medications with noteworthy side effects: |  |
| **Please list all allergies and reactions/treatment:** |
| Medication allergies:  |  |
| Food allergies:  |  |
| Other (insect stings, hay fever, etc.): |  |
| What kind of diet is your child on? ❒ Regular ❒ Mechanical Soft ❒ Pureed  |
| Comments: |  |
|  |

|  |
| --- |
| **Toileting:** |
| ❒ Catheter | Cath Schedule:  |  |
| Level of assistance: ❒ Independent ❒ Partial Assistance ❒ Total Assistance  |
| Describe assistance needed: |  |
| ❒ Diapers ❒ None Used  |
| **Communication (check all that apply):** |
| ❒ Verbal ❒ Nonverbal ❒ Sign Language/ Gestures ❒ Communication □Board/Device  |
| ❒ Pictures  | Other: |  |
| **Equipment** **Used (Check all that apply):** |
| ❒ Wheelchair ❒ Walker ❒ Cane ❒ Crutches ❒ Trach ❒ Oxygen ❒ Assistance Animal  |
| ❒ Prosthetic ❒ Glasses/Contacts ❒ Orthopedic Devices ❒ Hearing Devices ❒ Personal Devices  |
| ❒ Other: |  |
| Propels Wheelchair independently? ❒ Yes ❒ No |
| How often do you use the equipment? ❒ Everyday ❒ For long trips only ❒ Not very often ❒ Sometimes, as needed ❒ Never  |
| There will be storage for personal sports equipment, if camper brings their own (sports chair, cycle, etc.). Sports equipment you will bring:  |
|  |

**General Ability Information**

*Please check the box that best represents the participant for each of the following areas*

**Leisure Participation** (Unrelated to TV, computer and video games). Examples: recreational activities, sports, hobbies, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Low Participation | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | High participation |

**Independence**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Displays low independence | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | Displays total independence |

**Social Skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Avoids/does not tolerate socially | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | Actively engages socially |

**Self-Esteem**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Low Self-Esteem | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | High Self-Esteem |

**Physical Activity** (any activity that elevates heart rate). Examples: brisk walking, running, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Low Participation  | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | High participation |

**Frustration Level**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gets frustrated easily | 1❒ | 2❒ | 3❒ | 4❒ | 5❒ | Doesn’t frustrate easily |

**Behavioral Considerations (please indicate yes or no and give examples):**

|  |  |
| --- | --- |
| Aggression towards self: |  |
| Aggression towards others: |  |
| Coping strategies used: |  |
| Unusual fears or concerns: |  |
| Please list any other information you would like for us to know. Examples: likes/dislikes, helpful hints, etc.  |
|  |
|  |
|  |
| **T-shirt Size:** | ❒ Youth Small ❒ Youth Medium ❒ Youth Large ❒ Youth XL ❒ Adult Small ❒ Adult Medium ❒ Adult Large ❒ Adult XL |

**Registration Information & Questions**

Camp is hosted by MedStar NRH Adaptive Sports Program in partnership with The HSC Pediatric Center’s Kids in Action community program. Registration will be reviewed and you will be contacted regarding acceptance. Fee will be due upon acceptance. Scholarships available based on financial need.

**Cost: $200 for 9-4pm for one week , $375 for two weeks**

For more information, please contact Joan Joyce – joan.p.joyce@medstar.net, 202-877-1420 or Robyn Cohen, rwinston@hschealth.org, 202-557-1851.

**Completed registration forms can be sent by mail, email or fax to Joan Joyce**:

**Mail**: MedStar NRH ATTN: Joan Joyce 102 Irving Street, NW Washington, DC 20010

**Fax**: 202-723-6071 (Attn: Joan Joyce) 