

Wonder Valley GRACE Weekend Retreat  
November 9th-10th REGISTRATION FORM

**NO BLANK SPACES!**

Name of Camper \_\_\_\_\_ DOB \_\_\_\_\_  
Age \_\_\_\_\_ Sex: M F Tel. ( ) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.  
Camper Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medical Classification(s) / disability \_\_\_\_\_  
\_\_\_\_\_

Name of legal Guardian \_\_\_\_\_ Type of Guardian \_\_\_\_\_  
Tel. ( ) \_\_\_\_\_ Alt. Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Claim Number \_\_\_\_\_  
We must have a **copy of your current insurance card on file.**  
Insurance card copy attached? Yes \_\_\_ No \_\_\_

\*\*\*\*\*

**RELIGIOUS BACKGROUND**

Does camper attend church regularly? YES NO  
Where? \_\_\_\_\_  
Minister's Name: \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

*In our efforts to meet the spiritual needs of campers, during GRACE Week, we offer an opportunity for them to choose to follow Christ's example and be immersed in baptism. Should your camper make this decision, we will inform parent(s)/guardian by phone then follow your instructions as indicated below. If you have any questions about our belief of immersion, please call us and we will be very happy to speak with you.*

If \_\_\_\_\_ chooses to be baptized by immersion:

- \_\_\_\_\_ Has already been immersed. \_\_\_\_\_ May not be baptized.
- \_\_\_\_\_ I authorize Wonder Valley to perform the baptism.
- \_\_\_\_\_ I request to be present at the baptism.
- \_\_\_\_\_ I prefer to have my minister perform the baptism at Wonder Valley.
- \_\_\_\_\_ I prefer to have my minister perform the baptism at our home church.

**Likes/Dislikes:**

Names of brothers / sisters: \_\_\_\_\_  
Pets: \_\_\_\_\_  
Special hobbies / interest camper enjoys: \_\_\_\_\_  
Likes: \_\_\_\_\_  
Dislikes: \_\_\_\_\_

<b>SELF HELP SKILLS</b>	Independent	Needs verbal reminders/direction	Needs physical assistance
1. Washes hands and face			
2. Brushes teeth			
3. Takes a shower			
4. Shampoos hair			
5. Maintains body cleanliness			
6. Asks to go to toilet			
7. Uses the toilet appropriately			
8. Can apply, change and dispose of sanitary napkin			
9. Can discriminate between clean and dirty clothing			
10. Dresses self			
11. Ties shoes			
12. Can button and zip			
13. Makes bed			
14. Uses fork/spoon			
15. Uses knife for cutting			
16. Drinks from glass			
17. Walks			
18. Uses wheelchair			
19. Transfers			

<b>BEHAVIOR</b>	YES	NO	EXPLAIN
Can occupy free time without constant supervision			
Interacts with staff			
Interacts with other campers			
Does any certain thing cause your camper to have behavior issues? Explain			
If your camper is angry what does he or she do? How often does this occur?			
Please list and explain additional discipline/inappropriate behavioral concerns. <i>*Attach notes for successful strategies and language used with specific behaviors.</i>			

**COMMUNICATION Required device(s) are to be provided by camper and are to be in safe and optimum operational condition.**

Camper is: Verbal Non-Verbal

Camper can express needs and wants with: No difficulty Minimal difficulty Much difficulty Not at all

Camper uses: Sign Language Communication board Other (List) \_\_\_\_\_

\*\*\*\*\* **EMERGENCY CONTACTS** \*\*\*\*\*

***LIST 2 CONTACTS AND 2 PHYSICIANS***

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alt. Tel. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alt. Tel. (    ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Type of DR. \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alt. Tel. (    ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Type of DR. \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. (    ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alt. Tel. (    ) \_\_\_\_\_

**DIET**

*Any special food or additives such as Thickener, Power Pudding, Pedialyte, Ensure, etc... or special eating/drinking utensils required for meals and snacks are NOT provided by Wonder Valley camp.*

Camper's type of diet is:    Normal            Chopped            Blended/Pureed            G-Tube fed

*\*G-Tube fed campers please bring or attach a schedule of times and amounts.\**

Special Dietary Restrictions: YES    NO    List: \_\_\_\_\_

**\*PLEASE NOTE NOT ALL DIETARY RESTRICTIONS CAN BE MET OR ADHERED TO AT CAMP\***

Any additional comments regarding campers diet (uses fingers, likes to use straws, dislikes, etc....)

Is camper a diabetic? YES    NO

If Yes, is diabetes:    diet controlled    orally medicated    insulin dependent

Allergies (Food, medical, or other)? YES    NO List: \_\_\_\_\_

NAME OF MEDICATION AND DOSE OF EACH PILL	DOSAGE AT EACH TIME	TIME	ROUTE	REASON PRESCRIBED

Date of last tetanus?

AIDS USED    **** Be sure to bring to camp. Camp does NOT provide****	YES	NO
Catheter            Type:		
Urostomy		
Ileostomy		
Attends		
Bedpan		

Laxatives	Frequency:		
Suppositories	Frequency:		
Enema	Frequency:		
Wheelchair	Electric or Manual (circle one)		
Crutches			
Hearing aids	<i>bring extra batteries</i>		
Glasses/contacts			
Ventilator	CPAP, BiPAP, PSV, or PCV (circle one)		

HEALTH	YES	NO	UNKNOWN	EXPLAIN
Heart Defect / Disease?				
High Blood Pressure?				
Frequent Ear Infections?				
Mononucleosis?				
Shunt?				
Atlantoaxial Instability?				
Hepatitis B Positive?				
HIV or Aids Related Complex?				
Prone to constipation?				
Prone to diarrhea?				

Does camper have Asthma? YES NO List any specific triggers: \_\_\_\_\_

Does camper have any chronic or recurring illnesses or medical conditions? YES NO  
Explain \_\_\_\_\_

Seizures? YES NO Date of last Seizure? \_\_\_\_\_ Frequency \_\_\_\_\_ Duration \_\_\_\_\_  
Spasticity normal? YES NO Ticks normal? YES NO Any known triggers? YES NO \_\_\_\_\_  
Describe Seizures \_\_\_\_\_

Date of last menstrual period. \_\_\_\_\_ Does camper have cramps with menstruation? YES NO  
When caring for pads/tampons camper is (circle one) independent dependent needs verbal cues

Is camper prone to sleeping problems? YES NO  
Explain \_\_\_\_\_

Is camper incontinent at night? YES NO Any special sleeping position? YES NO  
Describe: \_\_\_\_\_

Any activities camper should **NOT** participate in? YES NO List/Explain \_\_\_\_\_

Does camper need special consideration beyond general supervision of a 3:1 ratio during hygiene and/or activities? YES NO

*Use back for any additional comments regarding camper that could assist in their week.*

**SIGNATURES AND AGREEMENT**

I give permission for \_\_\_\_\_ to appear in photographs and/or video recordings made during GRACE Week. This permission also extends to the use of those photographs and/or video recordings for camp presentations and / or personal keepsakes.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caregiver

\_\_\_\_\_  
Date

I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to \_\_\_\_\_. I will not hold Wonder Valley Christian Assembly or any "GRACE Week" staff responsible for any damage to or loss of said property. I request that Wonder Valley Christian Assembly obtain necessary emergency medical treatment for the above-named camper as needed.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Caregiver

\_\_\_\_\_  
Date

Send this form and at least a \$10 registration fee to:

**Wonder Valley Christian Camp, 7093 W. Wonder Valley Rd., Salem, IN 47167**

**Deadline October 31st**

*For office use only*

*Comments:*