



handstolove

"where difference does not equal disability"

Camper Application
For Hand Camp 2010
March 26, 27, 28, 2010

Camper Information: Please complete the section below with the information of the camper with the upper limb difference attending camp.

Child Last Name: Child First Name: MI:
Date of Birth (MM/DD/YY): Gender: M / F Primary Language Spoken in Home:
Child's Diagnosis:
Hand Surgeon: Dr. Dell Dr. Chidgey Dr. Wright Other
Home Address: City: State: Zip Code:
Primary Phone: Secondary Phone: E-mail:
Emergency Contact (name/relation/phone):

Child's T-shirt Size: Child XS, S, M, L Adult S, M, L, XL, XXL

Family Information: We are excited to see our membership in Hands to Love continue to grow. However, the space in our camp facility remains the same. **Because of these space constraints, we ask that you limit the number of family members attending camp to four per camper-5 total (Parents/guardian and immediate family only) **

1-Name Relationship to Camper:
Gender: M / F Age at time of camp: T-shirt Size: Child S, M, L Adult M, L, XL, XXL
2-Name Relationship to Camper:
Gender: M / F Age at time of camp: T-shirt Size: Child S, M, L Adult M, L, XL, XXL
3-Name Relationship to Camper:
Gender: M / F Age at time of camp: T-shirt Size: Child S, M, L Adult M, L, XL, XXL
4-Name Relationship to Camper:
Gender: M / F Age at time of camp: T-shirt Size: Child S, M, L Adult M, L, XL, XXL

Camp History: please circle all appropriate answers

Is this your first application to Hand Camp? Yes / No

If yes, how did you hear about Hand Camp? Hand Surgeon or Therapist's Office / Internet / Friend or Neighbor / Other:

If no, circle all previous years attended: 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009

Camp Information: please check appropriate answers

I. Campers' age 4-18: Hand Camp runs from Friday March 26, at 6:00pm - Sunday March 28th, at 11:00am

We will be attending Friday night meal We will not be attending Friday night meal

II. Campers' age 0-3yrs.11 mons. Tiny Tots Day Camp: ONLY Saturday March 27th, 2010, 7am (registration) thru evening events

III. I will be commuting to and from camp and will not need housing. If you choose this option we ask that you attend the full weekend/day activities. No early departures please.

Medical History: The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying needs that should be addressed during camp planning as well as being prepared for emergencies. Please complete the following with your most updated information.

Allergies: Please list all known. Describe reaction and management of the reaction as well as family member that allergies affect.

Medication allergies (list):

Food allergies (list):

Other allergies (list; include insect stings, hay fever, asthma, animal dander, etc.):

Are there any other significant medical conditions that should be identified for any of your family members during the planning process? List all concerns:

All camp applications must be received by February 1st for consideration