

**"CONFIDENCE IS COOL!"
KIDS CAMP**

Registration Form

Please return to: Shake-A-Leg
PO Box 1264
Newport, RI 02840
Fax: 401-849-8898

DEADLINE: MAY 21, 2010

Participant Name: _____

Address: _____

Street Address

City

State

Zip

Phone Number: _____ Birthdate: _____

Family Email Address: _____

Gender (please circle): Female Male

Disability*: _____

** Please note that this camp is appropriate for children with physical disabilities ONLY, we cannot accommodate the needs of children with developmental and cognitive disabilities,*

Please check which session you are registering for**: (first come, first serve)

** you can attend multiple sessions depending on availability

Session 1: Monday, July 05 - Friday, July 09, 2010

Session 2: Monday, July 19 - Friday, July 23, 2010

FEE: \$75.00 per session - need-based scholarships available upon request

For questions, please contact Sarah Kirwin at (401) 849-8898 or sarahK@shakealeg.org



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KID'S CAMP

General Information and
Medical History Form

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Participant Name: _____

Please CIRCLE which of the following best describes your child's mobility:

Power Wheelchair User

Ambulates with Walker

Ambulates Independently

Manual Wheelchair User

Ambulates with Crutches

Other: _____

Please explain any special medical issues we need to consider for your child:

Does your child have any special communication needs? If so please explain in detail:

List any Allergies we should know about (i.e., latex, insect bites, food, etc.)

Please explain any recent Surgeries or Medical Procedures:

Is your child prone to fatigue?

___ yes ___ no

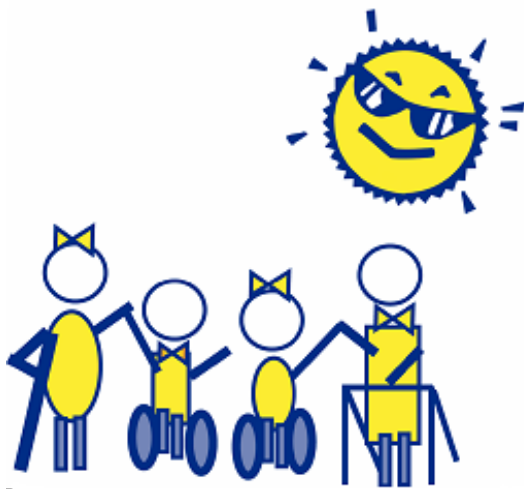
Please give special instructions (if any) about how you like us to handle your child's fatigue:

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Participant Name: _____

List any special feeding/ meal instructions:

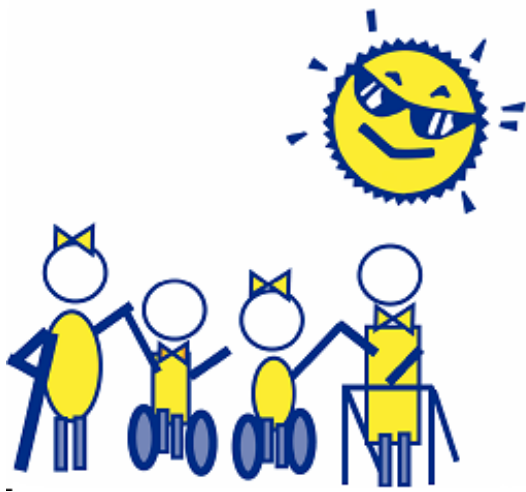
List any special toileting needs (e.g., assistance with catheters, diapers):

List any special transportation needs (e.g. assistance with transfers):

Does your child require a 1:1 aide at school that you feel may need to attend camp as well? *

* Please note that our staff to camper ratio is 1:2, with one registered nurse per (10) attendees, therefore limiting our ability to serve campers with 1:1 needs - attendees are welcomed to bring their personal care aides if this is an issue.

INTERESTS! (Sports & Leisure)



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Participant Name: _____

T-Shirt size (please mark): ___ Small ___ Medium ___ Large ___ X-Large

Emergency contact: _____

Relationship: _____ Contact Telephone: _____

Emergency Contact Address: _____

How did you hear about our program -(website,
physician, newspaper, friend?) _____

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