

Williamson County Parks and Recreation Camp Will 2015 Registration Form

Please note: A parent or legal guardian must register and complete all forms.

Participant Information

Participant's name _____

Date _____ Age _____ DOB _____

Parent/Legal Guardian's Name _____

Relationship to Participant _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Of the phone numbers listed above, which number should we call first? _____

Parent/Legal Guardian E-mail: _____

Emergency Contact (Other than a parent/legal guardian) _____

Emergency Contact Phone _____ Relationship to Participant _____

School Participant Attends _____

Participant's Physician _____ Office Number: _____

Hospital Preference _____

Please check any that apply and add any comments.

- | | | | |
|---|---|----------------------------------|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> ODD | <input type="checkbox"/> OCD | <input type="checkbox"/> PDD-NOS | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Ataxia | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Prader Willi | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Chiari Malformation |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Aspergers | | |

Comments/Other:

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Medical Information

Please circle all that applies to the participant:

Tube Feeding	Diabetes	Ear Tubes	Vision Impaired
Hearing Impaired	Asthma	Dentures	Heart Condition
High Blood Pressure	Depression	Catheterization	Vagus Nerve Stimulator

Other _____

Please provide specific information for any other medical condition (Example: Activity restrictions, etc.).

Medications

Please identify type, dosage and time of all medications participant is currently taking (regardless if the medications are taken during camp hours or at home outside of camp hours).

Name of Medication _____ Treatment for _____

Dosage _____ Time _____ Possible side effects _____

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Dosage _____ Time _____ Possible side effects _____

Food Restrictions

Gluten Free Diet Casein Free Diet

Comments/Other: _____

Allergies

Tree Nut Peanut Other

Comments: _____

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Does participant have or has had a history of seizures?

YES _____ NO _____

If yes, what kind? (Grand Mal, Petit Mal, Other) _____

Describe behavior after seizure _____

Date of last seizure _____

Conditions or circumstances that might trigger a seizure _____

Recreation Interests

Please circle all that applies to the participant:

Swimming

Active Play

Art

Sports

Music

Alone Play

Community

Other _____

Comments: _____

Behavior

Please mark if your child exhibits any of the following behaviors and please give an example of each.

Examples

__ Runs away from the group _____

__ Inappropriate touching of self/others _____

__ Inappropriate language _____

__ Biting _____

__ Self abusive behavior _____

__ Aggression _____

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Behavior (continued)

Please mark if your child exhibits any of the following behaviors and please give an example of each.

Examples

Tantrums

Other

What has been the most effective in managing these behaviors?

Sensory Processing Difficulties

Is your child sensitive to:

Comments:

Comments:

Sound

Vision

Balance

Vestibular

Auditory

Firm Touch

Light Touch

Taste

Smell

Textures

Lights

Jumping

Transitions

Proprioception (Movement)

Self Awareness

What helps your child to adapt to these sensory issues?

Heavy Lifting

Brushing

Active Play

Swinging

Hanging from Monkey Bars

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Sensory Processing Difficulties (continued)

___ Squeezing

___ Weight Vest Will you send one? _____

___ Head Phones Will you send one? _____

___ Other _____

Comments: _____

Please note:

Select forms and releases will only be available at the time of registration. While this may involve more of your time during the registration process, please understand that we want to receive the most accurate information in order to provide your camper with a safe and fun summer.