

Camp Rainbow June 13th -18th 2005
Camper Application for Parents to complete

Child's last Name _____ First Name _____

Nickname _____ Age _____ Birth date _____

Phone number _____ Grade in school _____

Home Address (street) _____

City State Zip _____

Parent's name _____

Who does child live with? _____

Phone contact # of parents - example: work, cell, emergency contact

E-mail address _____

Has your child been to Camp Rainbow before? _____

If so when? _____ What diagnosis qualifies your child for Camp
Rainbow? _____

When was your child diagnosed? _____

Child's Medical doctor _____

Phone Number and address of physician _____

What does your child know or understand about his/her illness? _____

Child's weight _____ height _____ shirt size Child/Adult
and size _____ Does your child use wheel chair, walker, or
crutches? _____ if so please explain any assistance that is needed
to walk or be ambulatory _____

Does your child need any unusual assistance with personal needs? _____

Has your child stayed away from home before? _____

Does your child have any problems communicating with others?

If your child has cystic fibrosis they will need cultures (see medical form)

Please answer **yes or no** to the questions below: make extra comments as needed please. We want to know as much about your child as possible.

Are there any physical conditions to prevent your child from being in the pool? _____

Any problems being in sun or heat with proper precautions _____

Are there any hearing or vision impairments? _____

Has your child had Chicken pox? _____

Do we have your permission to do the following:

Let child ride horses with assistance? _____

Ride on hayride? _____ Ride in boat? _____

Get haircut from beautician? _____

Ride motorcycle on camp ground with biker _____

Ride in car if needed to leave camp ground for some reason? _____

Have Photo taken at camp? _____

Be on brochures, pictures, or television if chosen? _____

I/We _____ the parent(s) guardian of _____

Agree for our child to attend the functions provided by Camp Rainbow from June 13th to 18th. I/We release Camp Rainbow and its volunteers from any and all liability to my/our child as a result of mode of travel in route to and from the aforementioned camp; engagement of activities during camp; use of materials, buildings, and /or environment; and specifically give my permission for my/our child to attend this function.

Signature _____ Date _____

This form along with physician form should be mailed to Camp Rainbow
P O Box 3522, Clarksville TN 37043

Any questions or concerns you can e-mail Dreamfactory@bellsouth.net

Or call Diane Miner at Premier Medical Group 931-245-7000

Or camp number 931- 647-9865 fax number 931-245-5401

Please return both forms by May 1st if at all possible. Call if unable to do so.

