

2021 CAMP HORIZON CAMPER DATA FORM

Please return **this form and the Health form** to Lindsey Sharpe as soon as possible, but no later than July 23rd. Spots for camp will be on a first come, first serve basis. Return applications to:

Lindsey Sharpe
5876 Sunset Canyon St
Hixson TN 37343

Camper Requirements:

- Ages 5-18 and completed kindergarten at the time of camp
- Have a physical disability/ impairment
- Able to communicate basic wants and needs

Camper's Name _____ Nickname _____

Address _____ City _____

State _____ Zip _____

Phone(____) _____ email _____

Check if Trailblazer Friday night arrival (14 years or older only) _____

T-shirt size (circle one): Youth- X- Small Small Medium Large

Adult- Small Medium Large X-Large 2XL

Date of Birth: _____ Grade in Fall _____ Age _____ Gender _____

Pertinent Past Medical history and medical diagnosis: _____

Physical Abilities and Limitations: _____

How does your child communicate his/her basic needs? _____

Primary Means of Mobility (ie, walking, wheelchair, walker): _____

Please list assistive devices your child will have to help mobilize on uneven terrain:

How much assistance does your child need to:

Get dressed: _____

Toilet: _____

Eat: _____

Mobilize over uneven surface: _____

Swim (include type of floatation used): _____

Additional comments: _____

Temperament: Timid____ Quiet____ Aggressive____ Sensitive____

Average____ Excitable____ Other_____

Known Fears or Weakness: _____

Eating, Sleeping Habits: _____

Adjusts to new people: Very Easily____ Easily____ With Difficulty_____

Participates in group activities:

Easily____ With Encouragement____ With difficulty_____

Suggestions on how to address campers fears or encourage participation:

Camper's Experience:

Camper's attitude toward camp experience:

Enthusiastic____ Interested____ Lukewarm_____

Other camp experiences: _____ Satisfactory?_____

Other experiences away from home: _____

Date_____ Parent(s) Signature_____

(Please use back as needed for other information or concerns.)