



**Camp Paha  
Camper Information and Registration**

**12100 W. Alameda Pkwy  
Lakewood, CO 80228 303-987-2490**

*Fill out form completely in black ball point pen - PRESS HARD & PRINT CLEARLY (incomplete forms will be returned)*

Camper Name: \_\_\_\_\_ Camper's Gender:  Male  Female Age \_\_\_\_\_  
Home Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
Parent 1 Home # \_\_\_\_\_ (Cell/Pgr) \_\_\_\_\_ Parent 2 Home # \_\_\_\_\_ (Cell/Pgr) \_\_\_\_\_  
Parent 1 Employer \_\_\_\_\_ Parent 2 Employer: \_\_\_\_\_  
Parent 1 Work # \_\_\_\_\_ Parent 2 Work # \_\_\_\_\_  
Camper's Doctor: \_\_\_\_\_ Parent 2 Address: \_\_\_\_\_  
Doctor's Phone: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact:1 \_\_\_\_\_ Emergency Contact:2 \_\_\_\_\_  
Emerg. Contact 1 Phone: \_\_\_\_\_ Emerg. Contact 2 Phone: \_\_\_\_\_  
Primary Disability: \_\_\_\_\_ Secondary Disability(s): \_\_\_\_\_  
\_\_\_\_\_  
Current Medications: \_\_\_\_\_ School Camper Attends: \_\_\_\_\_  
\_\_\_\_\_  
Teacher: \_\_\_\_\_

Will the Camper be attending Summer School? \_\_\_\_\_ If so at which school?: \_\_\_\_\_  
Does camper participate in:  Occupational Therapy  Physical Therapy  Speech Therapy  Other \_\_\_\_\_  
If so, will you want to schedule them to occur at camp?  Yes  No If yes, when \_\_\_\_\_  
Is camper on behavior management program? \_\_\_\_\_ If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

Is camper on special diet or food restrictions? \_\_\_\_\_

Check all assistive/adaptive devices that apply to your camper:

Crutches  Walker  Cane  Catheter  Glucometer  
 Eye glasses  Helmet  Hearing aid  Other: \_\_\_\_\_

Wheelchair:  Manual  Power Does your camper transfer?  Yes  No Bear Weight?  Yes  No

Is participant verbal?  Yes  No Type of communication: \_\_\_\_\_

Does camper need assistance with feeding?  Yes  No Toileting?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Persons who may pick up my child from camp beside parents are:**

**1. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relation** \_\_\_\_\_  
**2. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relation** \_\_\_\_\_

I do hereby grant permission for my camper's picture to be used in the end of summer photo book, publicity, brochures, videos, newsletters, and/or web sites related to Camp Paha, RISE Above!, City of Lakewood & Friends of Paha:  
 Yes  No. (Please check the appropriate box)  
I do hereby grant permission for my camper's picture to be used in the Camp Paha end of summer photo book ONLY.  
(this is for distribution to campers and staff only)  Yes  No. (Please check the appropriate box)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All registrations MUST be accompanied by a check, money order, cash or CC #.  
Alternative formats of this document are available upon request. TDD 303-987-4862**