



**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**