PHILOSOPHY & GOALS
Camp HERO intends to promote the social growth, creativity, and self-confidence of Deaf/Hard of Hearing children through camp activities and access to appropriate Deaf/Hard of Hearing role models. The purpose of the Camp HERO Board is oversight, fundraising, policy making/development and governance of the camp.

STAFF
The staff is experienced Hard of Hearing, Deaf, and Hearing instructors and includes Deaf adults who bring their skills to camp to serve as positive role models for the campers. Staff-camper ratio is 2:5. Counselors are trained to consider the physical and emotional well-being of the children in a camp setting and encourage a sense of independence during their stay.

CAMPERS
Deaf/Hard of Hearing campers between ages 6 and 17 are eligible.

CAMP
- Check in begins promptly at 5:00 p.m. on Sunday, July 28, 2013
- Camp ends at 3:00 pm Friday, August 2, 2013

FEES
- Early Bird Fee $260 POSTMARKED no later than MARCH 15, 2013
- Regular Fee $310 POSTMARKED no later than APRIL 15, 2013
- Late Fee $360 POSTMARKED after MAY 15, 2013

PLEASE APPLY EARLY!
Send the registration information to:
Bloomsburg University
Dept. of Exceptionality Programs
400 E. 2nd Street Camp
HERO Navy Hall 103
Bloomsburg, PA 17815

Camp HERO Board reserves the right to make decisions regarding acceptance on an individual basis.

Camp HERO Board reserves the right to send campers home if the rules are not followed or if their behavior is impacting the camp experience of other campers.
Camp Registration

Registration **MUST** include: (check off as completed)

- [ ] Camper Application Packet (completed in its entirety)
- [ ] Photocopy of camper medical insurance (front and back of card)
- [ ] Photocopy of driver's license or other photo identification of the individual responsible for picking up your child
- [ ] Payment

Don't forget!

Please refer to the above checklist to assure all items are submitted with your registration. Please be patient when the information requested seems redundant. The application will be incomplete and will not be processed until all the above items are submitted.

I ______________________ (insert name) am verifying that all the above information is included in this packet.

__________________________
Signature

______________
Date

- To register please complete this application packet and mail to: (note new address)

  **Bloomsburg University**
  **Dept. of Exceptionality Programs**
  **400 E. 2nd Street**
  **Camp HERO, Navy Hall 103**
  **Bloomsburg, PA 17815**

- Confirmation of registration will be emailed to each person submitting the packet.
- Contact us with questions at gocamphero@yahoo.com
Camper Name: __________________________________________________________

Gender  M  F    Age at the time of Camp (July 28, 2013): ______

Birth date ___/___/___

Parent/Guardian Name(s):  
____________________________________________________________________

Home Address:  
____________________________________________________________________

City: ___________________________   State: ________   Zip: __________

County of Residence: ____________________________

School District Affiliation:  
____________________________________________________________________

Emergency Contact Information

Name: ____________________________

Relationship: ____________________________

E-mail: ____________________________

Phone # (s):
  (home) ____________________________
  (work) ____________________________
  (cell) ____________________________

2013 Camper Fees

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  • Late Fee $360 POSTMARKED after MAY 15, 2013

Payment Options (please check one)

  Organization Check # ________   Money Order # ________
  School District Check # ________   Personal Check # ________
Personal/Educational Information

Camper Name _____________________________________________________________

Hearing Loss

☐ Mild
☐ Moderate
☐ Severe
☐ Profound

Cochlear Implant

☐ YES
☐ NO

Type: ____________________________ unilateral  bilateral
Model Number/s: ________________ right ________________ left

If yes, are there any restrictions or other information?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Hearing Aids

☐ YES
☐ NO

Type: ____________________________ unilateral  bilateral
Model Number/s: ________________ right ________________ left

Method of Communication

☐ ASL
☐ Signed English
☐ Oral
☐ Total Communication
Does your child have any behavioral issues we should be aware of? If so, how do you suggest that we deal with the behavior at Camp?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there anything more you feel we should know about your child?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide one reference from your child’s school (teacher, counselor, etc.)
Name/Title
________________________________________________________________________
Phone
________________________________________________________________________
HEALTH HISTORY & INSURANCE / EMERGENCY INFORMATION

Camper Name ______________________________ sex ___ age ___ birthdate _________
Parent/Guardian Name ______________________________ Phone __________________
Home Address ______________________________________________
2 nd parent/guardian emergency contact________________________ Phone __________________
Home Address ______________________________________________

If not available, in an emergency notify
Name ______________________________ Phone __________________
Address ______________________________________________________
Name of Insurance Company/Plan ______________________________
Policy/Group # ______________________________________________

Health History
___ Allergies ___ Hay Fever ___ Penicillin _________________________________ Other
___ Asthma
___ Bleeding / Clotting Disorder ___ Heart Defect / Disease ___ Other Drugs
___ Chicken Pox ___ Hypertension ______________________________________
___ Convulsions ___ Insect Stings ___ Poison Ivy, Etc.
___ Diabetic ___ Measles ___ Other
___ Frequent Ear Infections ___ Mumps
___ German Measles ___ Mononucleosis
When was this camper’s last tetanus shot? ______________________________
Has this camper ever required any extensive hospitalization?
________________________________________________________________

Operations or serious injuries (dates) ______________________________________
Limited activities? ______________________________________________________
Dietary restrictions / allergies? ___________________________________________
Current modifications? (send with instructions)
_____________________________________________________________________

Has this camper menstruated? ____ If not, has she been told about it? __________
Is menstrual history normal? ____ Special considerations _______________________
_____________________________________________________________________

Release Forms

Emergency Release Form

This health history is correct, and the person described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION FOR TREATMENT: I hereby give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for this camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the camper named below.

Name of camper ____________________________

Signature of parent/guardian ____________________________ Date ________

I also understand and agree to abide by the restrictions placed on my camp activities:

Signature of camper ____________________________ Date ________
Photography Form

I understand that photographs may be taken at camp to be utilized in publicity and to assist in fund raising efforts for Camp Victory, and I consent to the (photographing, videotaping and/or websites) of myself and/or my child and the use of such pictures and related medical data for any other purposes above mentioned.

Signature of parent/guardian ________________________________ Date ________

Field Trip Form

Campers may also take trips off-site and I hereby give my permission for my child to travel in appropriately supervised and safe transportation to and from any excursion.

Name of camper ________________________________________ Date ________

Signature of parent/guardian ________________________________ Date ________

The above was witnessed by:

Name __________________________________________

Date____________________
Camp HERO has my permission to include my Camper's e-mail address (if applicable) in Camp HERO yearbook materials.

_____ yes _____ no

________________________________________
Parent/Guardian Signature and Date

Email ____________________________________________
Discipline Strategies at Camp HERO

If a camper violates a rule, these steps will be taken:

1. The Camp HERO staff will tell the camper that he/she broke a rule and ask him/her to correct it and obey it.

2. A camper can be given a “time-out” from an activity if he/she continues to violate the rule. The time-out should last about five minutes. This can be repeated with an increase in "time-out" from the activity.

3. If the “time-out” does not appear to be significant enough, the camper could miss a preferred activity. This step should only be taken if ALL THE COUNSELORS IN THE GROUP AGREE and if a problem is persistent. The camper will be told what will happen if he/she violates a rule. If a group decides to use this step, the Camp Director and Medical Team (if appropriate) will be informed at the time.

4. If these steps are not satisfactory, then a camper could be sent home. Counselors provide specific warning and tell the camper what is expected before sending him/her home.

Parents are called and informed of problem(s) and requested to come and pick up the camper.

Once the parents arrive at camp, a discussion will be held involving: parents, camper, counselors, Medical Team (if appropriate), and Camp Director regarding the problem(s) that occurred.

If appropriate, a follow-up meeting can be held at a later date with the parties that are involved.

Counselors are to meet with the other campers in their groups to discuss what has happened.

We/I have read the Discipline Strategies for Camp HERO and We/I have discussed them with our child. We understand that we are responsible for coming to Camp HERO at the request of the staff members if a discipline problem is determined.

Parent/s Signature

__________________________________________________________

Camper Signature

__________________________________________________________