



Kids Kamp Registration Form 2017

Submit one form per kamper

The kamper is (check the following):

- Deaf
- Hard of Hearing
- Hearing or deaf child of a deaf parent(s) or interpreter(s)
- Sibling of deaf child
- Classmate or playmate of deaf child
- Just wants to learn American Sign Language

Kamper's name _____

Kamper's address: _____
Street *city* *ZIP*

Age of Kamper: _____ (*must be between age 3 – 15 to qualify*) (*must be potty trained*)

Does the kamper know basic sign language? Y N.

Does the kamper wear Hearing aids? Cochlear implant? N/A

Kamper's dietary needs or allergies: _____

Additional special needs the kamper may require _____

In case of emergency, please contact the following:

Relative or Guardian Name(s) _____
Relationship

Relative or Guardian Signature(s) _____

Address if different than Kamper _____

Day phone: _____ Cell: _____ VP: _____

Email address: _____

The kamper may be released to any person(s) other than the above as long as the relative or guardian calls in ahead of time (616-732-7358) and the person shows ID that matches the name upon arriving.

