

Camp Kayak 2016: August 1-5

Camper Information Form

Camper's Name: _____

Address: _____ Zip: _____

Phone #: _____ E-Mail: _____ Birthdate: _____ Shirt Size: _____

Parent/Guardian/ Name _____ Phone _____ Email: _____

In case of emergency, whom should we contact:

1) (name & phone #) _____

2) (name & phone #) _____

Describe Camper's swimming ability:

Medical Information and History

Have you ever had any of the following? (please check the yes or no column)

***If you answered YES to any of the medical questions, please explain:

Describe your Camper's disability

Condition	Yes	No	Condition	Yes	No
Are you greatly affected by heat?			Allergies		
Do you have heart disease			Do you have diabetes		
Do you have high Blood Pressure			Do you have problems getting around (walking)		
Are you very sensitive to being in the sun?			Do you have back problems		
Do you get cold easily?			Are you taking medication? (*)		
Are you allergic to insect bites or bee stings			(*) If yes, are there any side effects of the medication such as increased thirst, agitation, or fatigue?		
~If yes, do you carry medication?					

Do you have other allergies? (*)		Do you have Seizures: If yes what triggers them? If yes, what is the date of you last seizure?		
(*) Please list allergies:		Other Medical Concerns we should be aware of:		

What accommodations will the Camper need to participate in Camp Kayak?

Are there any “triggers” that we should be aware of with the Camper's situation / behavior / medical concern? Please explain:

*So that we can better understand your needs, please list any medical, physical, psychological, or emotional issues not mentioned above:

What do you hope to get out of attending Camp Kayak?

Anything else?

Thank you !

*****Please complete and mail the following by July 11th
Camper Information Form, Waiver, \$200.00 payment – Mail to:**

**Texas Rowing For All
“Camp Kayak”
2303 East Side Drive, Unit 118
Austin, Texas 78704**