



A Lions / ODU Partnership

2022 Sports Explosion Weekend Sponsored by The Lions Charity Foundation of Southeastern Virginia

REGISTRATION FORM

2022 LIONS SPORTS EXPLOSION WEEKEND

Name:		Date of Birth	
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Mother's Name:			
Home Phone:		Work Phone:	Other:
Father's Name:			
Home Phone:		Work Phone:	Other:
Contact Name & Email:			
Description of visual impairment and acuity:			
Please indicate reading ability (please check): <input type="checkbox"/> Braille <input type="checkbox"/> Large Print <input type="checkbox"/> Regular Print <input type="checkbox"/> N/A			
DOES YOUR CHILD EXPERIENCE ANY OF THE FOLLOWING IN ADDITION TO THEIR VISUAL IMPAIRMENT (please check all that apply):			
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Autism	
<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Speech Impaired	
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Emotionally Disturbed	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Other	
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Multiple Sclerosis	_____	
BEHAVIOR (please check all that apply):			
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Loud or Abusive Language	<input type="checkbox"/> Socially Isolated	
<input type="checkbox"/> Temper Tantrums	<input type="checkbox"/> Hits Others	<input type="checkbox"/> Inappropriate Sexual Behavior	
Warning signs for emotional or physical outbursts:			
Techniques for control of inappropriate behavior:			
Cognitive Ability:			
Communication Skills:			
Mobility: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Non-Ambulatory			
SPECIFY TYPE AND DEGREE OF ASSISTANCE REQUIRED IN EACH OF THE FOLLOWING AREAS:			
<input type="checkbox"/> Eating:			
<input type="checkbox"/> Dressing:			
<input type="checkbox"/> Grooming:			
<input type="checkbox"/> Bathing:			
<input type="checkbox"/> Toileting:			
<input type="checkbox"/> Bedtime Routine:			
Uses protective undergarments? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ATHLETE INFORMATION (please check all that apply):

Have you ever been to an overnight camp before? Yes No

Do you participate in sports at school or in your community? Yes No

If yes, what sports?

PLEASE CHECK THE APPROPRIATE T-SHIRT SIZE:

Child Small (6-8)

Adult Small

Adult X-Large

Child Medium (10-12)

Adult Medium

Adult XX-Large

Child Large (14-16)

Adult Large

HEALTH HISTORY (please check all that apply, give date of diagnosis, and if appropriate note current management procedure below):

Frequent Infections

Cancer

Lung Disease

Diabetes

Skin Conditions

Kidney Disease

High Blood Pressure

Heart Defect/Disease

Shingles

Bleeding/Clotting Disorder

Asthma

Other _____

Please list allergies, including allergies to medication, food, and insects:

Please list any dietary needs (i.e., lactose intolerant, vegetarian/vegan, allergies, picky eater):

Seizures: Yes No

if yes, what type? _____ Duration of seizures: _____

When was the last seizure? _____

IMPORTANT: if your child must take medications, vitamins, or supplements while at camp, **they must be listed** on this form. All medications must be sent to camp in their **original prescription containers**.

MEDICATION NAME	DOSE (How much given each time)	FREQUENCY (Times a day med is given)	WHAT IS MEDICATION GIVEN FOR?	CHANGES / NOTES (Staff Only)

Please provide any significant information not noted above:

RETURN COMPLETED FORM VIA EMAIL TO: lionpatk@cox.net