OLD DOMINION UNIVERSITY

A Lions / ODU Partnership

2023 Sports Camp Sponsored by
The Lions Charity Foundation of Southeastern Virginia

2023 SPORTS CAMP REGISTRATION FORM

Name:			Date of Birth
Age:	Sex: ☐ M ☐ 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)*: ☐ Braille ☐ Large Print ☐ Regular Print ☐ N/A

DOES YOUR CHILD EXPERIENCE ANY OF THE FOLLOWING IN ADDITION TO THEIR VISUAL IMPAIRMENT *(please check all that apply)*:

☐ Learning Disabled	☐ Spina Bifida	☐ Autism
☐ Developmentally Delayed	☐ ADD/ADHD	☐ Speech Impaired
☐ Physically Impaired	☐ Cerebral Palsy	☐ Emotionally Disturbed
☐ Hearing Impaired	☐ Down Syndrome	☐ Other
☐ Brain Injury	☐ Multiple Sclerosis	_____

BEHAVIOR *(please check all that apply)*:

☐ Hyperactive	☐ Loud or Abusive Language	☐ Socially Isolated
☐ Temper Tantrums	☐ Hits Others	☐ Inappropriate Sexual Behavior

Warning signs for emotional or physical outbursts:

Techniques for control of inappropriate behavior:

Cognitive Ability:

Communication Skills:

Mobility: ☐ Ambulatory ☐ Non-Ambulatory

SPECIFY TYPE AND DEGREE OF ASSISTANCE REQUIRED IN EACH OF THE FOLLOWING AREAS:

☐ Eating:
☐ Dressing:
☐ Grooming:
☐ Bathing:
☐ Toileting:
☐ Bedtime Routine:

Uses protective undergarments? ☐ Yes ☐ 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