VOCATIONAL SUMMER CAMP 2021 OUTDOOR SENSORY EVENTS FORM



F						
STUDENT	Last Name		First Name		Middle Name	
STL					☐ Male	☐ Female
	Date of Birth (MM/DD/YYYY)				Ge	nder
Listed are possible activities your camper may experience while at camp:			Are there adaptive strategies that have been effective when encouraging your camper to participate?			
Petting Farm						
Swimming						
Horseback Riding						
Arts and Crafts						
Nature Studies						
• S	cience					
Fishing			Does the camper have a favorite activity that could enhance their camp experience?			
Archery			- Camp experience:			
• C	ooking					
• S	cavenger Hunts					
• S	ports and games	_				
• B	owling		Can the camp	er swim independently?	YES	□ NO
Drama and Skits			Does the camper need adaptive ☐ YES ☐ NO			□ NO
Please check off the following activity you give permission for your camper to participate in:			-	wear socks in the water?	☐ YES	□ NO
Swimming			Is camper prone to ear infections after water activities?		☐ YES ☐ NO	□ NO
			-			
			Preventive me	etnoas usea:		
Please use the following space to provide any other important information:						
Parent Signature:			Date:			