



Youth Registration

Registration Deadline: June 7, 2019

July 14 - 20, 2019 • Ages 6-13

Youth Camp Julienna is a week-long residential summer camp for kids stemming from ages 6-13 who are Deaf or Hard of Hearing. Through challenging and fun activities, campers form lasting friendships and acquire valuable leadership, team-building, communication and social skills. Summer is fast approaching so, reserve space for your camper soon! We can't wait!!

REGISTRATION FEES:	Before May 3, 2019*	Before June 7, 2019
Camp Tuition	\$190	\$225
Registration Fee**	\$50	\$50
Total Cost	\$240	\$275

***Partial scholarships are available for camp tuition before May 3rd.** Scholarship requests should be submitted with completed camper registration forms outlined below. **After May 3rd scholarships funds are no longer available and full payment is expected.**

****Submission of the Registration Fee along with the Application will ensure a spot for your camper.** (Please complete the entire application before submission to Camp Julienna). **Late registration applications and fees must be received by June 14, 2019.**

REGISTRATION CHECKLIST

All items must be received by Camp Juliena for registration to be considered complete.

- Camper Application
- Camper Medical and Emergency Contact Information
- Camper Health Form (Physician Recommendations)
- **Copy of health insurance card.**
- **Copy of Immunization record.**

Enter Amount

- Registration fee (mandatory).....\$ 50.00
- Tuition Fee Total Tuition is enclosed \$ _____
- Partial tuition is enclosed\$ _____

- Scholarship request from (optional)

- I would like to make a donation to support a *camper* or for *general purpose*..... \$ _____
(Please circle)

Total Amount Enclosed.....\$ _____

Please make checks payable to **CAMP JULIENA.**

To reserve your space at Camp Juliena, send completed forms and fees to:

Georgia Center of the Deaf and Hard of Hearing, Inc.
ATTN: Camp Juliena
4151 Memorial Drive, Suite 103-B
Decatur, Georgia, 30032

For information, please contact us at campjuliena@gcdhh.org or call at (470) 851-1003

Youth Camp Juliena 2019 - Camper Application

Camper's Name: _____ BirthDate: _____

Address: _____ Gender: M F

City: _____ State _____ Zip code _____ County: _____

Race/Ethnicity: African-American Asian Caucasian Hispanic Native American Other

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Camper's School: _____

Degree of hearing loss: Deaf Hard of Hearing Speech Impaired

Age of Onset: _____

Hearing augmentation: Hearing Aid Cochlear Implant No Aid/Implant

Is your child a first-time camper? Yes No

How did you learn about Camp Juliena?

Camper's T-Shirt size (Choose One): **Child:** Small Med Large

Adult: Small Med Large X-Large

Scholarship Request

Please understand that GCDHH receives a limited amount of donations to provide camper scholarships. If your child receives a scholarship but is not able to attend camp, please contact us immediately. If you accept scholarship money, but do not bring your child to camp, you may be asked to pay back the money. How much can you pay? **(Parents are required to pay the registration fee)** _____

How much financial aid are you requesting? _____

Please give us a brief explanation of your family's current situation and why your child deserves a scholarship:

For office use only:

Amount approved:	Supervisor:	Date:
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Youth Camp Juliena 2019- Camper Medical and Emergency Information

Participant/Camper Medical and Emergency Information Disclosure

Camper Name: _____ Age: _____ Weight _____ Height _____

Immunizations: Immunizations are up to date: Yes No

Date of Last Tetanus Shot: _____

Current Health History



~~Alergies~~

List ALL current/Chronic conditions:	Foods:
List additional disabilities (physical, mental, psychological):	Drugs:
List other diseases/disorders:	Others:

Past Medical Conditions - Please list past medical conditions, surgeries, or injuries:

Current Medications

Name of Medication	Dosages	How many time a day?	What time a day?	How Given? Oral, inhaler, etc	Will this Medication be given during camp?
			am pm		<input type="checkbox"/> YES <input type="checkbox"/> NO
			am pm		<input type="checkbox"/> YES <input type="checkbox"/> NO
			am pm		<input type="checkbox"/> YES <input type="checkbox"/> NO
			am pm		<input type="checkbox"/> YES <input type="checkbox"/> NO
			am pm		<input type="checkbox"/> YES <input type="checkbox"/> NO

All prescription drugs and medications must be in their original containers and must be turned over to Camp Juliena Staff at check-in.

Insurance Information

I have the following type of insurance: Medical/Hospital Medicaid Medicare

Name of Insurance: _____ Policy/Group Number: _____

Ins Subscriber's Name: _____ Social Security Number: _____

Current Physician: _____ Physician Phone: _____

Ins Claim Address: _____ Pre-Authorization Phone: _____

**** Please enclose a copy of your insurance or Medicaid/Medicare card. ****

Emergency Contact Information

Primary Contact

Name: _____

Relationship: _____

Phone (Day): _____

Phone (Night): _____

Secondary Contact

Name: _____

Phone (Day): _____

Relationship: _____

Phone (Night): _____

YOUTH Camp Juliena 2019- Physician Recommendations and Restrictions

If a camper requires a special diet (other than simple dietary changes) or prescription medications while at camp, the information on this page **MUST** be completed by a physician. If not, parent/guardian may write camper's name, indicate N/A and sign the bottom of this page.

Camper Name: _____

Special Diet Instructions:

Physical Limitations/Activity Restrictions:

Does this person have any communicable diseases? Yes No (if yes, please list and explain on back)

Date of last visit: _____

For girls: Has she menstruated? Yes No If not, has she been informed? Yes No

This person herein described is under my care and in my opinions this person is physically able to engage in camp activities, except as noted above.

Parent signature: _____ Date _____

OR

Physician: _____ Date _____

Telephone: _____

Address: _____ City: _____ State: _____ Zip Code _____

Mail or Fax to: **Georgia Center of the Deaf and Hard of Hearing, Inc (GCDHH)**

ATTN: Camp Juliena

4151 Memorial Drive, Suite 103-B

Decatur, Georgia 30032

Fax: (404) 299-3642

campjuliena@gcdhh.org

Explanation of Communicable Disease

Youth Camp Juliena 2019-POLICIES AND AGREEMENTS

Camper Name: _____ Age: _____ Weight _____ Height _____

Parents/Guardian Pledge and Signatures: By signing this form, I hereby give permission for my son/daughter to attend Camp Juliena at Camp Viola. I affirm that he/she is physically able to care for himself/herself, is able to participate in regular activities, and is of high moral standing. I also give permission for my son's/daughter's picture/video be used in promotional materials such as brochures, newsletters, and videos. I understand that neither Georgia Center of the Deaf and Hard of Hearing, Inc, nor Camp Viola will be liable for my illness, injury, or accident.

Parents/Guardian's Permission to Treat: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted by me. I hereby give permission to the Physician selected by the Camp Director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in any emergency, I hereby give permission to the Physician selected to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I understand Camp Viola, Camp Juliena, nor Georgia Center of the Deaf and Hard of Hearing, Inc. are liable for any illness, injury, or accident of a camper or visitor.

Cancellation and Refund Policy: Upon request; 75% will be refunded if cancelled three (3) weeks prior to camp. No refunds after that time.

Parents/Guardian Signature: _____ Date: _____