



WNC Down Syndrome Alliance Buddy Camp

YOUTH REGISTRATION FORM

Name of Program* 2024 WNCDSA Buddy Camp Dates* July 15-19, 2024 Location* Lutheridge (NC)

Participant Name* (Full Name) _____

Gender* (M / F) DOB* (MM/DD/YYYY) Grade* (Currently-In or Just Completed) _____

Household Information

Parent/Guardian Name* (Full Name) _____ Relation _____ DOB* (MM/DD/YYYY) _____

Email Address* (abc@123.com) _____ Home Phone _____ Cell Phone _____

Parent/Guardian Name* (Full Name) _____ Relation _____ DOB* (MM/DD/YYYY) _____

Email Address* (abc@123.com) _____ Home Phone _____ Cell Phone _____

Street Address* (123 Somewhere St, Apt. 5) _____ City, State Zip* (City, ST 12345) _____

Church Name (Where you attend) _____ Church Location (City, State) _____

Emergency Contacts

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Health Insurance Information

NovusWay, Inc. has secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

If you have an Rx card, Bin # _____ ID # _____ Group # _____

Doctor's Name & Contact Information _____

Recommendations/Restrictions at Camp (Please Describe in Detail) _____

Camper have Epi-pen? YES _____ No _____

Is camper attending camp for the first time? YES _____ No _____

How does the camper feel about camp/what fears does the camper have? _____

What camp activities do you think the camper will enjoy the most? _____

How does the camper communicate? _____

Does the camper have any behaviors we need to know about? _____

How much assistance does the camper need for toileting, hygiene, and changing into bathing suit?

T-Shirt Size: (Check One)

Youth Small ____ Youth Med ____ Youth Large ____

Adult Small ____ Adult Med ____ Adult Large ____ Adult X-Large ____ Adult 2X ____

Roommate Request* (Full Name)

Dietary Need / Food Allergies

Other Concerns (Mobility, Behavior, etc.)

Permission to Photograph _____ (Y/N)

Photographs taken while at camp may be used in social media posts or in printed publications.

Permission to Transport _____ (Y/N)

Permission to transport camper off site for adventure activities or in the event of an emergency.

PERMISSION TO TREAT: The Person this registration is for has permission to engage in all camp activities except as noted. I hereby give my permission to NovusWay Ministries to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary, related transportation for me/my child. In the event that I or the emergency contact cannot be reached in an emergency I hereby give permission to the Health Care Provider selected by the camp to secure and administer treatment, including hospitalization, for the person named in this form. This completed registration form may be printed/copied for trips off camp.

Parent/Guardian Signature

Date

WNC Down Syndrome Alliance is paying registration costs
Questions? Email us: buddycamp@wncdsa.org

Mail or Email form to:

WNCDSA
PO Box 8338
Asheville, NC 28814

or Email

buddycamp@wncdsa.org