



Dear Parent or Guardian,

Thank you for your interest in 2016 Sertoma Camp Endeavor. We are open to deaf and hard of hearing children. Hearing children of deaf adults (CODA) and hearing siblings of deaf children are also welcome to register. All children must be between the ages of 7 and 17 during camp. This year's fun theme is "Pirates of Endeavor!"

This year, Camp Endeavor will run for one full week. Parents or a designated person will need to bring their child to camp to check-in between 2-4pm on Saturday, July 9th. A suggested packing list is enclosed for your convenience.

Camp will end on Saturday, July 16th with a special luncheon at noon and a Sertoma Appreciation show. All parents and families are invited to attend! All campers need to be picked up and leave by 2:00pm.

This year, there will be a tuition fee of \$100.00 for every child with no additional financial requirements to attend camp. Rather, we are asking for donations if the parents and family can afford it. Sertoma Camp Endeavor, Inc. is a 501-C3 non-profit organization and donations are income tax deductible. It costs Sertoma \$600.00 per camper for one week, so any donation amount would be appreciated. **A check or money order for the \$100.00 camp tuition must be sent in with the enclosed REGISTRATION FORM.** Please send to:
Ray Giustiniani, Jr
Camp Director
102 Gentian Road
St. Augustine, FL 32086

The first 60 campers will be accepted on a first come, first serve basis, so it is a good idea to register early. **The registration deadline is May 1, 2016.** It is important to note that the registration form requires a copy of your medical insurance card that covers your child. Refunds will be given for cancellations if the camp is notified before June 30th.

To be able to attend Camp Endeavor, a camp physical must be completed by a licensed physician that verifies your child's health condition. **The CAMP PHYSICAL FORM is also enclosed and must be sent to the Camp Director by the deadline of June 15, 2016.**

If you have any questions, please contact me at SertomaCampDirector@gmail.com. More information can be found on our camp website at www.sertomacampendeavor.net.

Sincerely,

Ray Giustiniani, Jr.
Camp Director

Suggested Checklist for 2016 Camp Endeavor

- Sleeping bag (Required for Teens)
- Blanket for bed
- Pillow and a set of twin sheets
- Beach towel
- 2 bath towels
- Laundry bag
- Toothbrush/toothpaste
- Shower gel or soap in a container
- Shampoo
- Brush/comb
- Any other toiletries needed (deodorant, feminine products, etc)
- Light jacket or hooded sweatshirt
- 2 pairs of long pants or sweatpants
- Shorts
- Shirts/T-shirts/tank tops
- Swimming suit/trunks
- Socks
- Tennis shoes
- Flip flops/sandals
- Underwear
- Pajamas
- Flashlight w/ extra batteries
- Camera (optional)
- Sunscreen lotion
- Insect repellent
- Water bottle
- 1 nice, casual outfit for Friday evening banquet & dance
- Small backpack or duffel bag
- Spending money for field trip (optional)
- Water shoes (Required for Teens' overnight canoe trip)
- Small backpack or duffel bag
- Our theme for 2016 is "Pirates of Endeavor!" Any Pirate clothing or accessories are welcome.

*Please do NOT bring any electronic games or devices to camp, including phones. Camp is not responsible or liable for any broken or lost items. If any camper brings a phone or other electronic devices, it will be secured in the office. Camp Endeavor has a Video Phone (VP) in the office if parents need to contact their child. Campers will be encouraged to write to their families and mail will be handed out during lunch.



REGISTRATION FORM (Deadline May 1, 2016)

***Camp Dates: July 9-16 "Pirates of Endeavor!"**

***Camper Eligibility Criteria:**

Deaf and Hard of Hearing children, their hearing siblings, and Hearing Children of Deaf Adults (CODA); Ages 7 to 17 years old

Camp tuition fee: \$100.00 per camper.** Enclose a check or money order with registration made out to: ***Sertoma Camp Endeavor.

APPLICANT INFORMATION	
Child's Name: _____	
Birthdate: ____/____/____ Age at camp: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Current School: _____ Current Grade: _____	
School Address: _____	
Child is:	Child lives with:
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
<input type="checkbox"/> Hearing sibling	<input type="checkbox"/> Father <input type="checkbox"/> Other: _____
<input type="checkbox"/> Child of a Deaf Adult (CODA)	

PARENT/GUARDIAN INFORMATION
Mother or Guardian's Name: _____
Address: _____
City, State, Zip: _____ County: _____
Phone: (____) _____ Email address: _____
Father or Guardian's Name: _____
Address: _____
City, State, Zip: _____ County: _____
Phone: (____) _____ Email address: _____

Has your child ever attended a camp before?
<input type="checkbox"/> Yes (Camp name: _____) <input type="checkbox"/> No
Indicate your child's swimming experience:
<input type="checkbox"/> Beginner (little or no swimming ability; stays in shallow water)
<input type="checkbox"/> Intermediate (Has some swimming ability; stays in water depth below shoulder)
<input type="checkbox"/> Advanced (Swims well; can swim in deep water above head)
Campers will receive a complimentary camp shirt. Check your child's T-shirt size:
Adult size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Child size: <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16)
How did you hear about Sertoma Camp Endeavor? (check one)
<input type="checkbox"/> Website: _____ <input type="checkbox"/> Person: _____
<input type="checkbox"/> School: _____ <input type="checkbox"/> Other: _____

PARENTAL CONSENT FORM

Child's Name: _____

My child may participate in any camp-sponsored field trips away from Sertoma Camp Endeavor premises, and be transported by vehicles driven by designated licensed staff.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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My child may participate in video clips that highlight camp activities and events. The video may be used to promote Sertoma Camp Endeavor.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Photographs may be taken of my child during camp activities. The photos may be used for publication or other media use related to the operation or promotion of Sertoma Camp Endeavor's program.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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My child may participate in ALL camp activities. If no, please list activities to be excluded:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian Signature_____
Date**INDEMNIFICATION AGREEMENT**

I agree to indemnify, hold harmless, and defend Sertoma Camp Endeavor and their respective employees, agents, and representatives from and against any all liabilities, claims, or demands which may be asserted against any of them in connection with our applicant's participation in Sertoma Camp Endeavor. This includes holding Sertoma Camp Endeavor harmless for any injury which may occur to our child while travelling to and from the camp facility.

Parent/Guardian Signature_____
Date**CODE OF CONDUCT**

I understand that the following are prohibited at Sertoma Camp Endeavor: alcohol, tobacco, or illegal drugs, discriminatory comments, violence, sexual conduct, and inappropriate clothing and jewelry. I understand that the applicant is responsible for his/her conduct at all times and must comply with safety regulations, environmental protections policies, and behavior standards of Sertoma Camp Endeavor. I understand that any violation of the above will be grounds for expulsion with no refund.

Applicant Signature (Child)_____
Date_____
Parent/Guardian Signature_____
Date

HEALTH INSURANCE INFORMATION

Child's Name: _____ DOB: _____
Height: _____ Weight: _____ SS# _____
HEALTH INSURANCE _____ Policy # _____
OR MEDICAID # _____

****PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD with this application. Your child cannot be accepted to camp without insurance coverage.****

EMERGENCY CONTACT INFORMATION

Parent/Guardian's Name: _____
Home phone: () _____ Work phone: () _____
Cell phone: () _____ Emergency phone: () _____

ALTERNATIVE EMERGENCY CONTACTS

Name of 1st Emergency Contact: _____
Phone: () _____ Relationship to applicant: _____
Name of 2nd Emergency Contact: _____
Phone: () _____ Relationship to applicant: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that the parent/guardian and emergency contacts listed cannot be reached in an emergency, I hereby give permission for the camp medical director to secure and administer necessary treatment, including hospitalization, for my child, _____ . I will assume financial responsibility for such arrangements.

Parent/Legal Guardian Signature Date

FAMILY MEDICAL DOCTOR

Name: _____ Phone: _____
Address: _____
City, State, Zip: _____

Child's Hearing Status:

- Deaf Hard of Hearing Hearing

Check any of the following assistive devices your child uses:

- Hearing aid(s) Other: _____
- Cochlear implant(s) None

Child's Communication Mode(s): (check all that apply)

- Speech Gestures Sign Language
- Cued Speech Lipreading Other: _____

MEDICAL HISTORY (Check all that apply to your child)	
<input type="checkbox"/> ADD	<input type="checkbox"/> Fainting
<input type="checkbox"/> ADHD	<input type="checkbox"/> Frequent colds
<input type="checkbox"/> Allergy to environment (ie. trees, pollen)	<input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Allergy to any food	<input type="checkbox"/> Frequent sore throat
<input type="checkbox"/> Allergy to insect stings	<input type="checkbox"/> Glasses or contacts
<input type="checkbox"/> Allergy to any medication	<input type="checkbox"/> Heart problem
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Blood pressure problems	<input type="checkbox"/> Lung problems
<input type="checkbox"/> Broken bone	<input type="checkbox"/> Menstruating
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Mononucleosis in past 12 months
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Orthodontic appliance
<input type="checkbox"/> Convulsions or seizures	<input type="checkbox"/> Persistent cough
<input type="checkbox"/> Constipation	<input type="checkbox"/> Psychiatric counseling
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Skin problems (ie. itching, rash, acne)
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Stomach problems
<input type="checkbox"/> Emotional difficulties	<input type="checkbox"/> Stress/Anxiety
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> OTHER (Please specify below)
Explain any boxes checked above:	

List all medications prescribed by a doctor: **(medications brought to camp must be in the original prescription bottle, with correct dosage and directions on the label)**

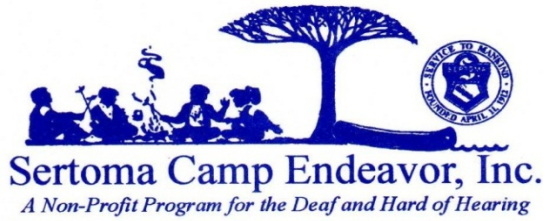
List any activity restrictions your child must follow:

Does your child need assistance with any of the following? (check all that apply)

toileting showering eating dressing

Does your child have any fears or phobias? If yes, please describe.

Does your child have any additional disabilities or special needs? If yes, please describe in detail.



2016 Sertoma Camp Endeavor
CAMP PHYSICAL EXAM FORM

Deadline: June 15, 2016

Mail completed form to:
 Ray Giustiniani, Jr
 Camp Director
 102 Gentian Road
 St. Augustine, FL 32086

Camper Name: _____ Date of Appointment: _____

This form is to be completed by a licensed physician, nurse practitioner, or physician's assistant. The examination must be completed within **6 months** of participation in camp.

Height	Weight	Blood Pressure	Vision
		/	

	Normal	Abnormal	Comments
Skull, scalp, face, neck	<input type="checkbox"/>	<input type="checkbox"/>	
Nose and sinuses	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Throat and tonsils	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs, chest, breasts	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>	
Anus and rectum	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine system	<input type="checkbox"/>	<input type="checkbox"/>	
G-U system	<input type="checkbox"/>	<input type="checkbox"/>	
Upper extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Lower extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Feet	<input type="checkbox"/>	<input type="checkbox"/>	
Lymphatic glands	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Other Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	

Administration of Medication: I hereby authorize a qualified health supervisor at Sertoma Camp Endeavor, Inc. to administer the following medication prescribed for _____.
 (Camper's name)

Name of medication(s)	Date prescribed	Usage directions

Approval of Other Medications if Needed	YES	NO
Administration of Tylenol is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Benadryl is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Kaopectate is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Milk of Magnesia is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Pepto-Bismol (contains aspirin) is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Robitussin is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Chlortrimeton is approved?	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Ibuprofen/Advil is approved?	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATIONS AND RESTRICTIONS FOR SERTOMA CAMP ENDEAVOR:

There are medical reasons for limiting and/or restricting swimming, horseback riding, canoeing, or other outdoor activities such as hiking, participation in active sports, or sleeping in tents: YES NO

Limitations:

Known food allergies, environmental allergies or other types of allergies:

Treatments and diets that are to be continued while participating in Sertoma's camping program:

I have examined this camper and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as noted above, and is free of any communicable or contagious disease.

Signature of licensed practitioner: _____

Printed name: _____

Address: _____

Phone: _____ Date: _____