

Technology, Recreation, and Sport Camps ***June 20-25, 2010***

General Information

The 2010 Summer Education Program will consist of 3 camp options (please clearly mark your choice of camp in the registration section). All camps accommodate visually impaired students in Washington and Oregon, 11-16 years of age. Parents are responsible for transportation to and from the Summer Program. All campers clothing items, swim suite, and personal items must be clearly marked.

- **Tech/Rec Camp:** Each day is split with technology teaching and recreation activities. Cottage activities will be scheduled for the evenings. (Recreation fees may apply)
- **Tech/Rec and Sport Camp:** Each day is split with technology teaching and recreation activities. Sport teaching and clinics will be held in the evenings. (Recreation fees may apply)
- **Sport Camp:** Each day consists of sport clinics and recreational activities. (Recreation fees may apply)

Enrollment for any camp is open to visually impaired students in both Washington and Oregon ***performing at or near grade level and must be able to perform physical activity.*** Priority is given to (1) public school visually impaired students who have never participated and (2) previously attending public school visually impaired students.

Enrollment is limited: Application deadline is May 21, 2010. Letters of acceptance will be mailed during the last week of May. For additional information please call: Washington State School for the Blind, 360.696.6321 ext. 141

Return all applications to:

Washington State School for the Blind
Summer School 2010 – Irwin School Building
2214 East 13th Street
Vancouver, Washington 98661-4120

Registration:

12:30 - 2:30 pm on Sunday, June 20, 2010

Arrival and Departures:

Arrival: Sunday, **June 20, 2010** between **12:30 and 2:30 pm**

Departure: Friday, **June 25, 2010** between **12:30 and 2:30pm** (**Campers must be picked up by 2:30 in the Irwin Building**)

What to bring

Summer camps are very informal. Shorts, T-shirts and jeans are all appropriate, however it is school policy that clothing does not reflect or advertise tobacco products, weapons, and/or gangs - **no exceptions.**

Remember, the weather can change a sweater and jacket should also be packed. Campers don't forget your swimsuit, tennis shoes, **good walking shoes** (not flip flops) and sport attire **PLEASE MARK CLOTHES AND PERSONAL BELONGINGS**. Students should bring their cane, medications, sunscreen and all personal hygiene items. Sheets, towels and linens are provided. Recreational activities may require some additional fees. Parents will be notified of any and all fees required in the letter of acceptance prior to attending camp. We recommend that students arrive with approximately \$20.00 additional spending money for the week.

Special Transportation Arrangements

If your child will arrive and/or depart by bus, train or airline, WSSB will make arrangements to meet them at that location while staff is on duty. Thus arrival times must be after 1:00 pm on Sunday, and before 2:30 pm on Friday.

Camp Information (required)

- Please Mark which camp you wish to attend: **(Students will not be able to switch camps during the week)** (Recreation fees may apply)

_____ Tech/Rec
_____ Tech/Rec and Sport
_____ Sport Camp

Please mark the **top 5** recreational activities you are interested in. Number them 1-5

<input type="checkbox"/> Hiking	<input type="checkbox"/> Adapted Games
<input type="checkbox"/> Bowling	<input type="checkbox"/> Aquatic Park
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Wind Surfing
<input type="checkbox"/> Golf	<input type="checkbox"/> Yoga/Pilates
<input type="checkbox"/> Rowing	<input type="checkbox"/> Strength Training/Powerlifting
<input type="checkbox"/> Tandem Cycling	

- **Student does not have to have prior knowledge or experience in any activity to participate.** Students may not participate in all activities marked, but this will give the director an idea of interests.
- **All Campers will participate in swimming as well as goalball.**
- Sport Camp participants will have sport clinics in swimming, goalball, track and field, wrestling, and judo in addition to their Recreational activities.

Swimming Level: Please mark which applies

- I Do not know how to swim and do not feel comfortable in the water
- I Am comfortable in the water but shallow water swimming only
- I Can swim in shallow and deep water comfortably and can pass a deep end swim test
- I can swim I competitive strokes

Questions: Residential, Medical, Special Transportation

Renee Corso 360.696.6321 ext 121

E-mail: renee.corso@wssb.wa.gov

Educational Program, Enrollment

Craig Meador 360.696.6321 ext 154

E-mail: craig.meador@wssb.wa.gov

Recreation and Camp Questions:

Jennifer Butcher 360-696-6321 ext. 151

E-mail: jennifer.butcher@wssb.wa.gov

Washington State School for the Blind
Summer Camp 2010 Application
(FOR STUDENTS AGES 11-16)

Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Telephone: Area Code () _____

Parent or Legal Guardian: _____

Work Phone: Area Code () _____ Cell Phone: () _____

Emergency Contact: (different than above) _____

Emergency Telephone: Area Code () _____

EDUCATIONAL INFORMATION

Grade level entering for September 2010 _____

Reading Medium: ____ Braille ____ Large Print ____ Regular Print ____ Auditory

Reading Grade Level: _____

School District: _____

Vision Teacher: _____

Does this student use a long cane for travel? ____ Yes ____ no

Does this student have a mobility instructor? Name: _____

Does this student use low vision aides? Describe: _____

Medical Information

Primary Physician: _____

Telephone Number: Area Code () _____

Policy Name/Group Number: _____

Telephone Number: Area Code () _____

Type of Visual Impairment: _____

Acuity: _____

Does the student have any physical impairment other than the vision impairment? If yes, please describe:

Other Medical Conditions:

Immunizations:

DPT	POLIO	MMR1	MMR2	HEP B
1	1	1	1	1
2	2			2
3	3			3
4	4			

Current Medication:

Name of Medication	Dosage	Time to be administered	Reason for medication
1.			
2.			
3.			
4.			
5.			

NOTE: MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AND PRECRIBED BY AN MD, PA, OR NP.

Permission to administer over the counter medication during summer school (i.e. Tylenol, cough syrup)
Y_____ N_____

Please list any restriction regarding over the counter medication:

Allergies: (medication/food) _____

Special Diet (Include Physician's order): _____

Any history of seizures Yes____ No____ If yes, please describe _____

Permissions and Releases

My Child will live on campus during summer school. Yes No

I authorize WSSB personnel to provide emergency medical care for my child in the case of illness or accident in the event I am unable to be contacted.

yes no

I agree to accept responsibility for payment of any medical care for my child that may be necessary during summer school.

yes no

I understand that my child will be subject to the following rules:

1. Students will be allowed off campus only when accompanied by an adult staff member. No exceptions.
2. No tobacco products - no smoking - no knives - no weapons - no exceptions.
3. Any students found with alcohol, controlled substances or drug paraphernalia will be sent home immediately at the parent's expense.
4. All students will participate in leisure and recreational activities as planned.
5. Students will follow the directions of staff members.

Parent/Guardian Signature

Date

APPLICATION DEADLINE: May 21, 2010