

**YOUTH NEW HORIZONS CAMP  
REGISTRATION FORM 2008**

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age at camp \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_

Camper Email \_\_\_\_\_ Family Email \_\_\_\_\_

Please describe campers' health impairment/special needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**YES**  **NO** Camp Burton has my permission to use photos or videos of the above named camper for future brochures or outreach.

**YES**  **NO** Camp Burton has my permission to print the above named camper's name and address on the camp roster which is only given to all of the campers and counselors at this session.

**T-SHIRT SIZE** (please circle one): **Small Medium Large X-Large XX-Large**

**I give permission for my above named camper to attend Youth New Horizons Camp, July 20-25, 2008.  
THIS FORM MUST BE SIGNED FOR ADMISSION TO CAMP.**

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE ALL QUESTIONS ON THE FRONT AND BACK  
OF THIS FORM AND RETURN THE FORM WITH A  
\$50.00 NON-REFUNDABLE DEPOSIT TO:**

**Camp Burton – YNH  
9326 SW Bayview Dr  
Vashon Island, WA 98070-7024**

(Please make checks payable to Camp Burton. The deposit is applied to the total camp fee.)

**SEE OVER**

**PERSONAL AND HEALTH INFORMATION**

(use additional paper as necessary)

**DINING**

Does this camper need assistance with eating: YES\_\_\_ NO\_\_\_ If yes, please explain

Are there any food allergies or dietary restrictions: YES\_\_\_ NO\_\_\_ If yes, please explain

**RESTROOM/GROOMING**

How does the camper need assistance using the toilet:

How does the camper need assistance taking a shower:

How does the camper need assistance with getting dressed/changing clothes:

**BEHAVIOR**

Please describe any behavioral issues and include suggestions how our staff can respond:

Has the camper attended an overnight camp before and if so, are there any suggestions for the staff that may be useful for us to provide the best experience possible:

What are some helpful patterns of discipline, both verbal and non-verbal, that are used with the camper that our staff can continue during the week of camp:

**MEDICATION**

Will the camper need any medication while at camp and if so, what is the name and purpose of the medication:

**HEARING, SPEECH, and VISION**

What hearing issues should our staff be aware of:

What speech issues should our staff be aware of:

What vision issues should our staff be aware of:

Thank you for taking the time to complete this form. This information will be used as part of the application process and is confidential. Our goal is to provide an outstanding experience for all the campers and having background information on each applicant assists us in knowing if we can meet your camper's needs.