



Office for Deaf and Hard of Hearing Services Camp SIGN 2015 Camper Application Information

About Camp SIGN

Thank you for your interest in Camp SIGN, a communication barrier-free environment for students who are deaf or hard of hearing. The Camp SIGN mission is to have all deaf or hard of hearing students from around the state participate in the program regardless of their communication mode. The philosophy of the camp is to provide an environment of acceptance and encouragement. This program operates under the Department of Assistive and Rehabilitative Services (DARS), Office for Deaf and Hard of Hearing Services (DHHS).

Camp SIGN is for boys and girls between the **ages of 8 and 15** who are deaf or hard of hearing and can benefit from an outdoor training program. The Counselor-in-Training (CIT) program develops leadership skills and prepares boys and girls **aged 16 and 17** to become future camp counselors and leaders. CIT participants are former campers who meet the CIT program criteria established by the Camp SIGN committee.

The camp staff is chosen to accommodate the variety of communication needs of the campers. Most of the counselors are professionals who work with individuals who are deaf or hard of hearing. Many of the counselors themselves are deaf or hard of hearing and serve as excellent role models for the campers. Many counselors are former campers and CITs and return year after year to work with the program.

Camp SIGN continues to use a wonderful campsite in the woodlands of Conroe, Texas just 35 miles north of Houston. Camp Misty Meadows is owned and operated by the Girl Scouts of San Jacinto. The date for camp this year is **Sunday, August 2, 2015- Friday, August 7, 2015.**

Applying for your child

Complete DARS3930, Camp SIGN Application for Camper, and return with **a check or money order for \$35** to cover the required application fee for each child. Applications and fee must be received on or before **July 10, 2015**, to be considered for camp. Applications are considered on a first-come, first-served basis. Applications received after July 10, 2015 will not be considered.

Mail application and \$35 fee to:

Camp SIGN, Office for Deaf and Hard of Hearing Services
P.O. Box 12306
Austin, Texas 78711

Once the application is processed, DHHS will begin sending pre-acceptance letters starting July 1, **2015**. The letter indicates the total cost for your child to attend. At that time, you will also receive the required medical and release forms. Please note that a doctor must examine your child and sign the medical form. **No child will be admitted without the required paperwork. Paperwork must be completed and submitted to DARS DHHS by July 17, 2015 for your child to be admitted.**

The cost of the medical examination and transportation of the child to and from Camp SIGN are the responsibility of the parent or guardian.

CANCELLATION and REFUNDS: Camp fees collected will not be refunded for cancellations with less than 14 days' notice, for any reason. In addition, camp fees collected will not be refunded when a camper does not arrive for his/her assigned session, or has been sent home for any reason before completing the session. If Camp SIGN is cancelled refunds will be issued for fees collected.

Camp SIGN depends on donations to keep the program running. Donations do not cover the entire cost of the camp. Parents or guardians will be asked to fill out income information located on the application form to determine the fees for their child. There are two separate fees: *application fee and camp fee*. Fees range from \$35 to \$235 (both application and camp fees) depending on the income of the parent(s) or guardian(s). Medical exams and transportation **are not included** in this fee.

Tax deductible gifts and grants may be sent to Camp SIGN, c/o Office for Deaf and Hard of Hearing Services, P.O. Box 12306; Austin, Texas 78711. For more information, please contact Ann Horn at (512) 410-1387 or by email ann.horn@dars.state.tx.us.



Complete this application and return it with the \$35 application fee to

Office for Deaf and Hard of Hearing Services
PO Box 12306
Austin, Texas 78711

If you need help or have questions, contact us at (512) 410-1387

Fax: (512) 407-3299

Email: ann.horn@dars.state.tx.us

www.dars.state.tx.us/dhhs

Applicant Information

Last name:	First name:	Birth date:	Age at camp date:
Enter X to select gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School:	Grade:	

City:

Enter X to select from each of the following categories.

T-shirt (adult size): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino Race (enter X to select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Status of hearing loss: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Use Hearing Aids <input type="checkbox"/> Cochlear implant <input type="checkbox"/> Other (specify):	Method of communication: <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Signed Exact English (SEE) <input type="checkbox"/> Sign Language <input type="checkbox"/> Oral <input type="checkbox"/> Other (specify):
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Parent or Guardian Information

Enter X to select one.

Parent Grandparent Guardian Other (specify):

Last name:	First name:		
Address:	City:	State:	ZIP code:
Home phone: ()	Work phone: ()	Cell phone: ()	
Pager number or pager address: () or	Email address:		

Person to Contact in Case of Emergency

Name:	Phone number: ()	Relationship:
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Medical Information

Enter X to select all that apply.

<p>Diseases the applicant has had:</p> <input type="checkbox"/> None <input type="checkbox"/> Chicken pox <input type="checkbox"/> German measles <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Other (specify):	<p>Chronic or recurring medical conditions:</p> <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Constipation <input type="checkbox"/> Ear infection <input type="checkbox"/> Fainting <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Seizures <input type="checkbox"/> Other (specify):	<p>Known allergies:</p> <input type="checkbox"/> None <input type="checkbox"/> Animals <input type="checkbox"/> Hay fever <input type="checkbox"/> Insect stings <input type="checkbox"/> Medications <input type="checkbox"/> Pollen <input type="checkbox"/> Plants <input type="checkbox"/> Other (specify):	<p>Emotional or behavioral problems:</p> <input type="checkbox"/> None <input type="checkbox"/> Attention deficit <input type="checkbox"/> Bedwetting <input type="checkbox"/> Emotional disturbances <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Other (specify):
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<p>Does the applicant take medicine?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medicines below:	<p>Does the applicant have behavior problems?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter X to select all that apply.
	<input type="checkbox"/> Temper tantrums <input type="checkbox"/> Hitting others <input type="checkbox"/> Disobeying <input type="checkbox"/> Uncooperativeness <input type="checkbox"/> Attention deficit <input type="checkbox"/> Other (specify):

Note: Any camper who becomes a continual problem at the camp site will be sent home.

Income Reporting

List the average monthly income for each member in the household including children. Report gross income (amount before taxes, insurance, or deductions). You may choose not to provide the income information. If so, you must pay the full camp fee plus the application fee for your child. The amount due is listed in the preacceptance letter.

If you do not wish to list the income information and agree to pay the full camp fee for this camper, enter or print your initials here: _____.

	First name	Last name	Social Security number*	Monthly income
1.			_____	
2.			_____	
3.			_____	
4.			_____	
5.			_____	
6.			_____	
7.			_____	
8.			_____	

~~*If any member of the household receives food stamps or Temporary Aid to Needy Families (TANF), list his or her case number and Social Security number.~~

Signature

By signing this form, I affirm that

I am providing true and correct information regarding my child or foster child;

I am applying to Camp SIGN for my child or foster child. I am submitting a nonrefundable application fee of \$35.00. I understand that I will be charged and held responsible for any fees incurred by checks submitted with insufficient funds;

I agree to release and hold harmless DHHS Camp SIGN from any damages arising out of personal injury or sickness caused by any accident occurring on or off the camp premises;

I give permission to DHHS Camp SIGN officials to provide any and all medical attention to my child in the event of injury or sickness;

I give permission for DHHS Camp SIGN to photograph, use, and release photographs of my child for the purpose of publicizing and promoting Camp SIGN;

I understand that complete cooperation is expected from my child or foster child; and

I understand that I am responsible for transportation to and from the camp for my child or foster child.

Signature of parent or guardian:

Date:

Printed name:

X