

Louisiana School for the Deaf
Summer Camp Program
June 6 – June 23, 2016

To: Interested Parents and Students
Re: Camp Registration Forms

Thank you for your interest in LSD's summer camp programs. Enclosed is a copy of the registration forms needed for participation. Please fill out all forms and mail or fax back to us as soon as possible.

****LSD camps are open to Louisiana residents only****

It is important that the following information be included on the registration forms as indicated:

- 1. Health insurance numbers**
- 2. Medical information (including medications, if any)**
- 3. Social security number**
- 4. Date of birth**
- 5. Physician signatures**

Please fax or mail the registration forms to:

Fax#: 225-757-3424

**Address: Louisiana School for the Deaf
Attn: Summer Camp – Kattie Sheppard
P.O. Box 3074
Baton Rouge, Louisiana 70821**

For more information please call LSD at 225-757-3202.

Registration Deadline: April 28, 2016
**Registration is limited ... Camper slots awarded on a
first come/first served basis**

Louisiana School for the Deaf Summer Enrichment Camp Programs

****Registration Deadline: April 28, 2016****

Student Name: _____ Parish: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Current School Grade Level: _____ Sex: Male [] Female [] Race _____

T-Shirt Size/**Please Circle One:** Youth Size: S M L XL Adult Size: S M L XL

Camps are open to Louisiana residents only.

Parent's Name: _____

Full Address: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email: _____

Additional Emergency Numbers: _____

Insurance Provider: _____

Insurance Phone Number: _____

Please provide a copy of your insurance card (front and back)

Please list below any food allergies (required for food services):

Louisiana School for the Deaf

Release of Medical Information and Permission Form

I hereby authorize _____ (name of family doctor) to release all pertinent health information with regards to my son or daughter, _____ (child's name), to the Louisiana School for the Deaf. I understand that this information is a required prerequisite for participation in LSD programs. Furthermore, I give LSD authorization to take my child to the nearest hospital if and when emergency services becomes necessary. If my child is taken to a hospital for emergency services and I cannot be reached, I will take full responsibility for the medical cost. Further, I understand that this authorization may be revoked at any time by submitting written notice of the withdrawal of my consent. I recognize that Protected Health Information under HIPPA once received by LSD will be covered under the Family Educational Rights and Privacy Act which protects the privacy of student education records.

Parent/Guardian Signature: _____ **Date:** _____

Parents/Guardians are financially responsible for the health services provided by agencies other than the camp. This may include, but not be limited to ambulance services, physician's billing, prescription medication or co-payments and laboratory/x-ray services.

My signature below indicates I have read and understand the medication policies of LSDVI. I have provided accurate information and I have given or denied permission according to my responses above. I am responsible for giving LSDVI any changes to this information IMMEDIATELY IN WRITING including changes in any permission decisions.

Parent/Guardian Signature: _____ **Date:** _____

LOUISIANA SCHOOL FOR THE DEAF

MINOR RELEASE

Student's Name _____

Please check one of the following boxes stating your agreement or refusal, then sign and date the form.

[] **I hereby agree** to allow my child to participate in any media involvement for educational purposes. I agree that I am to receive no compensation, financial or otherwise.

I further agree that my child's participation confers upon me no rights of use, ownership, or copyright whatsoever.

I release the Louisiana School for the Deaf, its employees, agents, and assigns from all liability for any claims by me or any third party in connection with his/her participation.

I also agree to the use of my child's likeness, portrait, pictures, voice, and/or biographical material about him/her for program publicity and educational promotional purposes.

[] **I do not agree** to allow my child to participate in any media events; nor do I allow my child's name, likeness, portrait, pictures, voice and/or biographical information to be used for program publicity or educational promotional purposes.

Parent/Guardian's Signature

Date



JOHN BELL EDWARDS
GOVERNOR

JAY DARDENNE
COMMISSIONER OF ADMINISTRATION

State of Louisiana

Office of Risk Management

Louisiana School for the Deaf HOLD HARMLESS AGREEMENT

STUDENT'S NAME: _____

By signing this document, I agree to the following:

In consideration of the benefit received from my driving, or being transported in, a state-owned vehicle or vehicle rented to the State of Louisiana, State Department, Agency, Board or Commission, or authorized driver thereof, I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my presence in said vehicle. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my driving or being transported in, a state-owned vehicle or vehicle rented to the State of Louisiana, State Department, Agency, Board or Commission, or authorized driver thereof.

Print Name _____

Signature _____

Date _____

LOUISIANA SCHOOL FOR THE DEAF

PERMISSION TO TRANSPORT

I, _____, the parent and/or legal guardian of
_____, a student attending _____
School in _____ Parish, hereby give permission to the Louisiana
School for the Deaf to provide all necessary transportation for my child between our
home parish and LSD located in Baton Rouge, Louisiana. Furthermore, I give
permission for my child to be transported to and from any LSD function or camp field
trip while participating in LSD Programs, Camps, and/or Activities.

Parent/Guardian Signature

Date

Witness

Date

CAMP ACTIVITIES CHECKLIST PERMISSION FORM

Parents/Guardians: The following list of activities may be scheduled to take place during one of the Camp Programs that your son or daughter is attending. Please review the list of possible activities and indicate your willingness to allow your son or daughter to participate in these activities.

NOTE: Field trips are planned for the purpose of providing educational enrichment and enjoyment. These trips are carefully planned and are usually culminating activities to units of study.

All scheduled activities will abide by the following guidelines:

1. Adherence to safety regulations and recommendations will be strictly enforced.
2. Only certified personnel will monitor specific activities such as lifeguards for all water based activities.
3. Use of required/recommended safety equipment such as helmets and life vests.
4. Each activity will be provided at no charge to the students.
5. Extended activities will generally take place within a 2 to 3 hour drive of Baton Rouge.

- YES NO LSD Swimming Pool
- YES NO Day Trips to New Orleans
- YES NO Local Movie Theatre
- YES NO Bowling
- YES NO State Capital
- YES NO Water Park
- YES NO Bluebonnet Nature Center
- YES NO LSU Theater
- YES NO Kliebert Turtle & Alligator farm in Hammond
- YES NO Other School Sponsored Activities within a 2 to 3 hour drive of LSD

Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Middle and High School Summer Camp Preference Form

Please rate the following options of activities offered 1 – 8 (1 being your top preferred activity)

****The options below are potential activities offered during summer camp. LSD will do our best to place you in your preferred activities. No guarantees.****

_____ Drama

_____ STEM – Water Theme

_____ Automotive – how to change a tire, how to change oil, basic car maintenance

_____ Cooking – breakfast, lunch, dinner prep and recipes

_____ Driver's Education (2 weeks - \$550)

_____ Sports Camp – Train to be ready for upcoming season

_____ Art

_____ ASL – learn American Sign Language

Please check which week(s) you are available for summer camp.

June 6 – June 9

June 13 – June 16

June 20 – June 23

Additional Information

Registration Deadline: April 28, 2016

Registration is limited ... Camper slots awarded on a first come/first served basis

Does your child need transportation *to* camp? Yes No

Parents will be responsible to pick up your child from Camp on June 23, 2015

****If available in your area, details regarding camp transportation will be sent at a later date. ****

Do you plan to attend the Thursday, June 23 family cookout scheduled for 11:00 am to 2:00 pm? Yes No

If yes, please indicate the number of family members who will be attending the Thursday luncheon: _____

****DID YOU INCLUDE THE SOCIAL SECURITY NUMBER ON PAGE 2?**

****DID YOU COMPLETE INSURANCE INFORMATION ON PAGE 2?**

Please be sure that ALL pages are completed before sending! Incomplete applications will not be considered.