WHOLE IN ONE GOLF CAMP

THE OHIO STATE UNIVERSITY

PAES BUILDING, SUITE 138

305 ANNIE & JOHN GLENN AVE.

COLUMBUS, OH 43210

(614) 292-2606

[www.go.osu.edu/wholeinone](http://www.go.osu.edu/wholeinone)

westfall.50@osu.edu

**CAMPER INFORMATION**

Last Name First Name Middle Initial

\_\_\_\_\_ 🞎 Male 🞎Left Handed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 🞎 Female 🞎Right Handed Phone Number

I am Registering for Week: (check one)

🞎 June 5 through June 9, 2017 1:00 pm to 4:00 pm – Down Syndrome ages 6 to 10 years old

🞎 June 12 through June 16, 2017 9:00 am to 12:00 pm – Autism ages 6 to 10 years old

🞎 June 12 through June 16, 2017 1:00 pm to 4:00 – Autism ages 11 to 14 years old

🞎 June 26 through June 30, 2017 9:00 am to 12:00 pm – Autism ages 6 to 10 years old

🞎 June 26 through June 30, 2017 1:00 am to 4:00 pm – Autism ages 11 to 14 years old

🞎 July 10 through July 14, 2017 1:00 am to 4:00 pm – Down Syndrome ages 11 to 14 years old

Camper’s T-shirt Size

🞎 Child Small 🞎 Adult Small

🞎 Child Medium 🞎 Adult Medium

🞎 Child Large 🞎 Adult Large

🞎 Child X-Large 🞎 Adult X-Large

Can the camper use the restroom independently?

🞎 Yes 🞎 No

Has the camper ever played golf?

🞎 Yes 🞎 No

Does the camper have a behavior plan?

🞎 Yes (please attach to this form) 🞎 No

Does the camper use a communication device?

🞎 Yes 🞎 No

Does your camper carry an EPI-PEN or a rescue inhaler?

🞎 Yes 🞎 No

Are your camper’s immunizations up to date?

🞎 Yes 🞎 No

Does your camper have any restrictions regarding physical activity? 🞎 Yes 🞎 No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medications and dosages that your camper takes on a regular basis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the camper’s allergies (medications, food, environmental): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medical conditions that affect the camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the camper’s likes and dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the camper’s communication needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the camper’s sensory needs? Is the camper sensitive to noise or light? \_\_\_\_\_\_\_\_\_\_\_\_

What are the camper’s triggers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the camper transitions between tasks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Parent/Guardian (1) Name Parent/Guardian (2) Name

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

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

Address Address

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

Cell Phone Home Phone Cell Phone Home Phone

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

Email Parent (1) Email Parent (2)

**ALTERNATE EMERGENCY CONTACT INFORMATION**

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

Name and Relationship Phone

**CONSENT FORMS FOR PARTICIPATION**

Parent/Guardian Authorization for Health Care:

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I/we request that, in my/our absence, the above-named camper be admitted to any hospital or medical facility for diagnosis and treatment; and, I consent to such admission, diagnosis, and treatment. I/we request, consent to, and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

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

Parent/Guardian Signature Date Relationship

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

Parent/Guardian Signature Date Relationship

**CONSENT FOR US OF INFORMATION AND PERSONA OF A MINOR**

🞎 I hereby grant to The Ohio State University the right to publish, broadcast, webcast, or disseminate in any other form or medium any or all of the following:

* Stories/information about my child for use in news stories, publications, promotional materials, web features and/or for any other purpose of the university.
* Photographs, video, audio, and other images or likenesses of my child for use in news stories, promotional materials, web features and/or any other purpose of the university.

All photographs, video, audio, images, likenesses, stories and other materials will remain the property of The Ohio State University

🞎 I do not consent to the use of my child’s image for any purpose

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

Signature of Parent/Guardian Date:

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

Signature of Parent/Guardian Date:

**Checks and money orders should be made out to: THE OHIO STATE UNIVERSITY**

**Return this completed form and the camper registration fee to:**

**Jae Westfall**

**PAES Building, Suite 138**

**305 Annie and John Glenn Ave**

**Columbus, OH 43210**