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
westfall.50@osu.edu

INSTRUCTIONS

Please complete the following forms, including signature and date. Please mail the completed forms, along with the registration fee (check or money order), to the following address:

Jae Westfall
C/O The Ohio State University
A260 PAES Building
305 Annie & John Glenn
Avenue Columbus, OH 43210
Be sure to return your registration as soon as possible as spots are limited and will fill quickly.

Cost: $25 (non-refundable registration fee)- Please make payable to The Ohio State University.

☐ Check   ☐ Money Order

CAMPER INFORMATION

Last Name	First Name	Middle Initial

_____
Age

☐ Male
☐ Female

☐ Left Handed
☐ Right Handed

_____
Phone Number

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 or email to westfall.50@osu.edu)   ☐ No

Does the camper use a communication device?

☐ Yes   ☐ No

If yes, please be sure to send the device with your child to camp each day.

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 USE 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

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