

Camp Application

Camp Inspire



Special Olympics
Georgia

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All Camper Information Required:

Camper Application, SOGA Athlete Participation Form
(medical), Exhibit A & B Forms, Self-Help Behavior Checklist

Directions: Sections A-D must be completed and signed by a parent/guardian.

All forms must be turned in to Special Olympics Georgia by March 15th to be considered for Camp (June 18-22)

Section A: Camper Information (*Camp is for registered athletes, Ages 13-18 ONLY*)

Camper Name		Nickname	
City/State/Zip		T-shirt size (circle one) Youth: S M L Adult: S M L XL XXL	
Home Phone	Birth Date	Gender	
SOGA Agency Name			

Section B: Parent/Guardian Information

Name of Parent/Guardian with whom the child lives		Relationship to Child
Day/Work Phone	Cell Phone	Evening/Home Phone
E-mail Address (must have in order to process application)		
Parent/Guardian Employer		
Job Title		

Section C: Emergency Contact Information

In Case of Emergency Notify (list name here)		Relationship to Child
Day/Work Phone	Cell Phone	Evening/Home Phone
City/State/Zip		

****Camp will be held at Camp Dream in Warm Springs, GA—June 18-22, 2012****

Mail application to: SOGA 4000 Dekalb Technology Parkway, Ste. 400, Bldg. 400 Atlanta, GA 30340

770-414-9390 Ext. 122 or Ext. 112 www.specialolympicsga.org

Sponsoring Organization



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Section D: Other Information

Camper Name	
Is there anything we should know about your child that will make his/her adjustment to camp smoother?	
Is your child able to function at his/ her age level? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	
How will your child be transported to and from camp and what is the driver's name and phone number?	
Does your child have any serious fears? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe:	
List any physical or activity limitations (e.g., vision or hearing loss, no swimming, etc.):	
Does your child possess the basic independent personal hygiene and grooming skills necessary for overnight stay?	
(Must complete Self-Help Behavior Checklist and attach)	
Does your child have any dietary restrictions/allergies, etc. that should be noted?	
Please indicate any further information about your child's medical, physical, or emotional needs that you feel we should know:	
Parent/Guardian Signature _____	Date: _____
COMPLETED APPLICATIONS MUST BE IN BY MARCH 15TH FOR CONSIDERATION. COMPLETED APPLICATIONS DO NOT GUARANTEE SELECTION FOR CAMP. APPLICANTS WILL BE NOTIFIED OF STATUS BY EMAIL AFTER APRIL 15TH. ATHLETES NOT SELECTED WILL GO ONTO A WAITING LIST AND NOTIFIED IF SELECTED.	ANY ATHLETE ARRIVING AT CAMP NOT ON OUR LIST WILL BE TURNED AWAY. IT IS SUGGESTED TO HOLD ON TO YOUR EMAIL CONFIRMATION.