



# Southern California TAA – Camp George!

## CAMPER & PARENT APPLICATION

July 28 – July 31, 2022

**APPLICATION IS DUE ON FRIDAY, MAY 20, 2022**

### Instructions for completing the Application (Complete one application per camper):

- 1) Complete the entire application for each camper/person (other than adults/guardians) who will be at camp. Adults/guardians only need to complete additional copies of page 4 and include with application.
- 2) INCLUDE A CURRENT PHOTO OF YOUR CHILD (this is used during staff orientation).
- 3) Return Application and photo via email to [eric@socaltaa.org](mailto:eric@socaltaa.org) or FAX to 855-487-2762.
- 4) Payment for all camp fees (as described in the Payment Section) must be received by June 24, 2022.

### CAMPER GENERAL INFORMATION

#### CAMPER INFORMATION:

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Nickname if different: \_\_\_\_\_

Camper has: ☐ Tourette Syndrome ☐ ADD/ADHD ☐ OCD ☐ Other \_\_\_\_\_

Camper does NOT have Tourette Syndrome ☐ Camper is Sibling \_\_\_\_\_ Parent \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at camp (7-17 permitted): \_\_\_\_\_ Gender: ☐ Male ☐ Female

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Parent's Full Names: Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Child's T-Shirt Size: \_\_\_\_\_

## CAMPER MEDICAL INFORMATION & WAIVERS

AFTER THIS COMPLETED APPLICATION HAS BEEN REVIEWED BY CAMP STAFF, AND PRIOR TO YOUR ARRIVAL AT CAMP, YOU WILL BE PROVIDED VARIOUS WAIVERS, WHICH ARE REQUIRED TO BE COMPLETED AND SIGNED IN ORDER TO ATTEND CAMP. IT IS OUR GOAL TO KEEP ALL CAMPERS SAFE. YOU ARE REQUIRED TO ALERT US OF ANY IMPORTANT HEALTH OR SAFETY ISSUES AS PART OF THIS APPLICATION PROCESS. **PLEASE NOTE THAT ANY FOOD ALLERGIES MUST BE COMMUNICATED TO [ERIC@SOCALTAA.ORG](mailto:ERIC@SOCALTAA.ORG) AS PART OF THIS APPLICATION PROCESS, AND AT LEAST 2 WEEKS PRIOR TO ARRIVAL AT CAMP.** CAMPERS WILL BE PARTICIPATING IN A VARIETY OF PROGRAMS AND ACTIVITIES THAT MAY REQUIRE THEM TO STEP OUTSIDE THEIR COMFORT ZONE. YOUR CHILD IS REQUIRED TO PARTICIPATE IN ALL PROGRAMMING WITHOUT THE SUPERVISION OR SUPPORT OF A PARENT/GUARDIAN. IF YOU OR YOUR CHILD ARE NOT READY FOR THIS KIND OF INDEPENDENCE, PLEASE CONTACT [ERIC@SOCALTAA.ORG](mailto:ERIC@SOCALTAA.ORG) TO DISCUSS OUR PROGRAM, AND IF IT WILL BE APPROPRIATE FOR YOUR CHILD.

## CAMPER EMERGENCY CONTACT INFORMATION

First contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Second contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Third contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

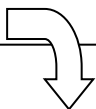
Insurance carrier and number **(Include a photocopy of the front/back of insurance card below OR email/FAX as an appendix to this application )**:

Name : \_\_\_\_\_

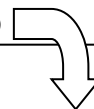
Policy/Group Number: \_\_\_\_\_

Phone Number : \_\_\_\_\_

FRONT OF INSURANCE CARD



BACK OF INSURANCE CARD



## GETTING TO KNOW THE CAMPER

Please describe any behavioral issues that would be helpful for us to know in caring for this camper; for example, wandering, anger management, indiscriminate affection, etc.

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If your child has an IEP or 504 plan in a traditional public school setting, please let us know some of the accommodations that you feel may be helpful within a camp setting.

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Does your child require an aide to accompany him/her at school? ☐ Yes ☐ No

*Please note that our staff and counselors are volunteers that are not equipped to manage behavioral or medical issues that are associated with a child who relies on an aide. If your child requires an aide and is attending camp without the aide, you may be required to accompany your child during certain activities.*

On a scale of 1-10, how well does your child do in the following situations (1 - Not very well, 10 – Very well). Please circle the number that applies.

Interacting with other children without a parent or aide

1      2      3      4      5      6      7      8      9      10

Involves themselves in group activities

1      2      3      4      5      6      7      8      9      10

Please list up to 5 of the most severe behaviors and/or Tics your child experiences, and circle the number that applies to the severity (1 - very challenging, 10 – minor). We ask this information to get a better sense of the challenges your child faces, and so we are in the best position possible to assist if/when your child experiences uncomfortable behaviors.

(Tic/Behavior #1) \_\_\_\_\_  
1      2      3      4      5      6      7      8      9      10

(Tic/Behavior #2) \_\_\_\_\_  
1      2      3      4      5      6      7      8      9      10

(Tic/Behavior #3) \_\_\_\_\_  
1      2      3      4      5      6      7      8      9      10

(Tic/Behavior #4) \_\_\_\_\_  
1      2      3      4      5      6      7      8      9      10

(Tic/Behavior #5) \_\_\_\_\_  
1      2      3      4      5      6      7      8      9      10

Please include any known coping strategies or other techniques that are helpful to your child when the above Tics/Behaviors occur. Please feel free to use a separate sheet of paper if the space provided below is not sufficient.

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Please help us get to know this camper by telling us about their interests/hobbies, likes/dislikes, talents, and any further information you think is important for us to know about this child. Don't be shy!!

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### PARENT/GUARDIAN INFORMATION

This section is required to be filled out by the parent(s) or guardian(s) that will be accompanying the child whose information is provided on pages 1-4. **All campers participating in the overnight program are required to have a parent/guardian also participate in the overnight program.**

Name of parent(s)/guardian(s) that will be present at camp:

(FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

Email Address (if different than what is provided on page 1): \_\_\_\_\_

Cell Phone (if different than what is provided on page 1): \_\_\_\_\_

Home Phone (if different than what is provided on page 1): \_\_\_\_\_

Home Address (if different than what is provided on page 1): \_\_\_\_\_

Street # and Street Name

City, State, ZIP

Have you ever been convicted of a crime involving sex-related or child-abuse related offenses? ☐ Yes

☐ No

If YES, please attach a signed statement indicating the nature and circumstances of the crime(s).

## PAYMENT, APPLICATION SUBMITTAL & OTHER INFORMATION

**DUE TO COVID-19 WE MUST MAINTAIN FLEXIBILITY TO CANCEL CAMP GEORGE OR MODIFY ANY/ALL ACTIVITIES TO COMPLY WITH ANY LOCAL RESTRICTIONS AT THE CAMP VENUE. IF CAMP GEORGE IS CANCELLED, ANY DEPOSIT SENT ALONG WITH YOUR APPLICATION WILL BE RETURNED.**

**SIGNIFICANT FINANCIAL AID IS AVAILABLE FOR CAMP GEORGE IF NEEDED!!** Camp George has private and corporate donors that help subsidize camp fees through scholarships and camp fee credits.

The full cost of camp for 2022 is \$400 per person. BUT, PLEASE DO NOT HESITATE (AND WE ENCOURAGE YOU) TO INQUIRE ABOUT OUR FINANCIAL AID AND FUNDRAISING CREDITS/SUBSIDIES, AS WE RECOGNIZE THAT ATTENDING CAMP IS A SIGNIFICANT EXPENSE.

WE WILL ABSOLUTELY WORK WITH YOU TO ENSURE YOU CAN ATTEND CAMP GEORGE!

Full scholarships DO require certain forms to be filled out (based on the eligibility requirements of the corporate sponsor). To learn more about full scholarships, please complete a CONFIDENTIAL scholarship application (found on the Camp George website) and return it to Jonah Schnel via email ([Jonah@socaltaa.org](mailto:Jonah@socaltaa.org)) or FAX (855-487-2762).

**Camp George is limited to 100 attendees (including our volunteer staff). TO SECURE YOUR PLACE, a refundable deposit of \$50 per camper is required at the time your application is submitted (unless you are a recipient of a full scholarship). As indicated below, please mail a check for your deposit when you submit the application via email or fax. Your full Camp Fees (less the deposit already sent or fundraising credits) must be received prior to camp (Friday, June 24, 2022).**

A check for your Camp George deposit and/or camp fees should be made out to:

“Tourette Association of America Southern California”

and mailed to:

Tourette Association of America Southern California  
2748 Pacific Coast Highway  
#1006  
Torrance, CA 90505

### **Camp George Fees – Full Overnight Camp Program**

- Cost for 1 person for 3 nights/4 days is \$400.00
- This price includes lodging, meals, and all activities.

**Return your application via FAX to (855) 487-2762 or email to [eric@socaltaa.org](mailto:eric@socaltaa.org)**

**APPLICATION IS DUE ON FRIDAY, MAY 20 2022**

If you have questions, please contact:

Eric McGowan, [eric@socaltaa.org](mailto:eric@socaltaa.org)