KODA Gamp Ohio

The Only Deaf-Owned and Operated KODA Camp in Ohio



July 7—12, 2019
Camp Graham, Clarksville, Ohio
Hearing children age 7 to 17, who have
Deaf parents or grandparents

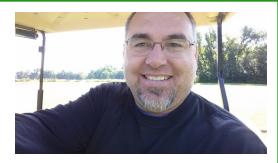
\$235 per camper
Family with more than one KODAs,
1st camper is \$235. 2nd Camper is \$215.
3rd camper is \$190.

- Hiking
- Games
- Team Building
- Family Groups
- Swimming
- Bonfire

- Meet new friends
- Arts and Crafts
- Dance Night
- Meet Adult CODAs
- Deaf Culture Exposure
- Many More!!!

KODA Camp is run by Deron Emmons, Deaf, the original founder of Ohio's KODA Camp in 2000. Deron has over 25 years of experience working with Deaf, Hard of Hearing, Hearing and KODA/CODA individuals and families..

This camp is for hearing children who have deaf parents and/or grandparents. Kids Of Deaf Adults (KODAs) have the experience of living in the Deaf World and the Hearing



World. This camp is an opportunity for KODAs to meet new friends, share their stories, share their values and insights, develop life skills to prevent alcohol and drug use, develop leadership skills by participating in team-building activities and much more!!







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Sunday, July 7 to Friday, July 12, 2019

Registration Eligibility: Hearing children, age 7 to 17 who have deaf parents or grandparents. If KODA Camper has a deaf brother or sister, the

deaf camper is eligible but must be ag	ge between 7 and 17 and accompany with	KODA sibling to camp. KOD	OAs from all states are welcome.
<u>Camper Information</u>			
Last Name	First Name		_ Male/Female Hearing/Deaf
Address:	City:	State:	Zip:
Age: Date of Birth:	Special Foo	od Request?:	
Your child will get 1 KODA Camp C Parent/Guardian Information	Youth L Adult S Ad	each shirt costs \$15. Plea	ase mark how many for each size.
2. Name:			
	e): Pager/Text:		
For emergency, what is the bes	st way to contact you?		
1. Name:	om camp, please list who is authorized	Phone/Tex	t:
2. Name:	Relationship:	Phone/Tex	t:
3rd camper is \$190. Space is limit send the non-refundable deposit Check Amount: (make	are sending more than one camper, the dare sending more than one camper, the dare the campers will be accepted as F \$100 for each camper . The balance make check payable to KODA Camp Ohio)	First Come First Serve Base nust be paid in FULL by Ju Credit Card Amount: Card:	sis. To reserve the space, please ne 30, 2019.
-		<u> </u>	
You will receive a confirmation For campers who fly into Dayto	t Camp Graham in Clarksville, OH. letter and directions to the camp. n International Airport, please contact ortation arrangements. The fee for	Drop-Off: Sunday	, July 7, 2019 at 4:00 PM.
airport transportation is \$50 pe	r camper, for pick up and drop off.	Camp Starts: Sun	day, July 7, 2019 at 5:30 PM

- Please mail this registration form and payment to:

KODA Camp Ohio 732 S. Ludlow St. Dayton, OH 45402

Questions? Please contact Deron Emmons,

demmons@deafterp.com

VP: 937-641-8203

Parents Meeting/Presentation and Pick-up:

Friday, July 12, 2019 at 11:00 AM.



The <u>Only</u> Deaf-Owned and Operated KODA Camp in Ohio <u>Medical Release Form</u>

Camper's Name:				
Please list 2 people who could but 1.		_		
Text:				
2		Relationship:		
Text:	Phone: _		VP or Voice?	
Medical Information:				
Family Physician or Medical Office	ə:			
Address:				
Phone:				
Please check the health issues yo	ur child has:			
Heart Diabetes Epile	epsy Other?			
Allergies (please list or indicate if r	none):			
Medications? No Yes				
Medicine Name	For what conditions	s? Dosage	How often/When?	
Name of your health insurance co	mpany:			
Policy number:	Phone r	number:		
,	(Parent or Legal	Guardian Name), decla	are that I am the parent/legal	
guardian of				
nterpreters of the Deaf, LLC and K				
the event of a medical emergency .				
Signature/Date	Relationship to child			

