

KODA Camp 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!!



KODA Camp Ohio is a registered trademark of Interpreters of the Deaf, LLC

www.kodacampohio.com





KODA Camp Ohio

The Only Deaf-Owned and Operated KODA Camp in Ohio

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 age between 7 and 17 and accompany with KODA sibling to camp. KODAs from all states are welcome.

Camper Information

Last Name _____ First Name _____ Male/Female _____ Hearing/Deaf _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Special Food Request?: _____

Shirt Size: Youth S ____ Youth M ____ Youth L ____ Adult S ____ Adult M ____ Adult L ____ Adult XL ____ Adult XXL ____

Your child will get 1 KODA Camp Ohio shirt. If you want to order more, each shirt costs \$15. Please mark how many for each size.

Parent/Guardian Information

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

Address (If different from above): _____

Email: _____ Pager/Text: _____ Home: _____ VP or Voice _____

For emergency, what is the best way to contact you? _____

If you cannot pick up your child from camp, please list who is authorized to pick up your child:

1. Name: _____ Relationship: _____ Phone/Text: _____

2. Name: _____ Relationship: _____ Phone/Text: _____

Method of Payment—Check or Credit Card Accepted

The cost for camp is **\$235**. If you are sending more than one camper, the cost for first camper is \$235, 2nd camper is \$215 and 3rd camper is \$190. Space is limited. The campers will be accepted as **First Come First Serve Basis**. To reserve the space, please send the **non-refundable deposit \$100 for each camper**. The balance must be paid in **FULL** by June 30, 2019.

Check Amount: _____ (make check payable to KODA Camp Ohio) Credit Card Amount: _____

Credit Card: _____ Visa _____ MasterCard _____ Name on Card: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

- KODA Camp Ohio will be held at Camp Graham in Clarksville, OH.
- You will receive a confirmation letter and directions to the camp.
- For campers who fly into Dayton International Airport, please contact Deron Emmons to make transportation arrangements. The fee for airport transportation is \$50 per camper, for pick up and drop off.
- The **final deadline** for registration and payment is **June 30, 2019**.
- 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

Drop-Off: Sunday, July 7, 2019 at 4:00 PM.

Camp Starts: Sunday, July 7, 2019 at 5:30 PM.

Parents Meeting/Presentation and Pick-up:

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



KODA Camp Ohio is a registered trademark of Interpreters of the Deaf, LLC



KODA Camp Ohio

The Only Deaf-Owned and Operated KODA Camp in Ohio Medical Release Form

Camper's Name: _____

Please list 2 people who could be reached in case of an Emergency:

1. _____ Relationship: _____

Text: _____ Phone: _____ VP or Voice?

2. _____ Relationship: _____

Text: _____ Phone: _____ VP or Voice?

Medical Information:

Family Physician or Medical Office: _____

Address: _____

Phone: _____

Please check the health issues your child has:

Heart ___ Diabetes ___ Epilepsy ___ Other? _____

Allergies (please list or indicate if none): _____

Medications? No ___ Yes ___

Medicine Name	For what conditions?	Dosage	How often/When?

Name of your health insurance company: _____

Policy number: _____ Phone number: _____

I, _____ (Parent or Legal Guardian Name), declare that I am the parent/legal guardian of _____ (Child's Name) and I give my permission to the Interpreters of the Deaf, LLC and KODA Camp Ohio staff to provide or access treatment for my child in the event of a medical emergency .

Signature/Date

Relationship to child



KODA Camp Ohio is a registered trademark of Interpreters of the Deaf, LLC