

**Summer Youth Day-Camp 2019  
Check List Form**

	Parent Pre-Camp Survey Form
	Registration Form
	Camp Rules Form
	Emergency Medical Authorization
	Child's Publicity Release
	Participation Waiver
	Tentative Summer Schedule - RSVP Form

Please fill out the following required forms listed above and send to Easterseals Community Center for the Deaf. Please address the package to our Case Coordinator, Elexis Blake. These forms can be sent by mail, email, or fax.

**Mail:** Elexis Blake  
Easterseals Community Center for the Deaf  
299 Edwards Street  
Youngstown, OH 44502

**Email:** [eblake@mtc.easterseals.com](mailto:eblake@mtc.easterseals.com)

**Fax:** 330-743-1616

All forms **MUST BE RECEIVED BY MAY 17<sup>th</sup>** before your child can attend an event starting in June 2019. A finalized schedule will be sent to you once all the required forms have been received.



If you have ANY questions regarding the Summer Youth Day-Camp 2019, please contact our Case Coordinator, Elexis Blake, via phone, email, or text.

**VP:** (330) 787-0128  
**Email:** [eblake@mtc.easterseals.com](mailto:eblake@mtc.easterseals.com)  
**Text:** (330) 519-0713.



J. Ford Crandall Rehabilitation Center  
299 Edwards Street  
Youngstown, Ohio 44502  
phone: 330.743.1168  
fax: 330.743.1616

**Summer Youth Day-Camp 2019  
Parent Pre-Camp Survey Form**

\_\_\_\_\_  
*Child's Name (PRINT)*

\_\_\_\_\_  
*Parent/Guardian(s) Name (PRINT)*

\_\_\_\_\_  
*Mailing Address (Street, City, State, & Zip Code)*

1. Would you, parent or guardian, like to volunteer for some events?  
\_\_\_\_ YES    \_\_\_\_ NO
2. Does your child know/understand American Sign Language?  
\_\_\_\_ YES    \_\_\_\_ NO
3. Do you, parent or guardian, know/understand American Sign Language?  
\_\_\_\_ YES    \_\_\_\_ NO
4. Would you, parent or guardian, like to attend American Sign Language Classes?  
\_\_\_\_ YES    \_\_\_\_ NO

Please check **ONE** of the following boxes. My chosen meeting place, where my child will be dropped off and picked up at, will be:

<input type="checkbox"/>	Easterseals Parking Lot: <b>299 Edwards Street, Youngstown, OH 44502</b>
<input type="checkbox"/>	Marc's Parking Lot: <b>6024 Youngstown-Warren, Niles, OH 44446</b>
<input type="checkbox"/>	Marathon Gas Station Parking Lot: <b>4224 OH-14, Ravenna, OH 44266</b>
<input type="checkbox"/>	Sheetz Parking Lot: <b>15744 St. Clair Ave., Calcutta, OH 43920</b>

I understand once the meet place has been established, I cannot switch locations.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

If you and/or your child is interested in taking **ASL Classes** and/or you are interested in **volunteering** for some summer events, please contact our Case Coordinator, Alexis Blake, via videophone at (330) 787-0128 or via text at (330) 519-0713.



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**Summer Youth Day-Camp 2019  
Registration Form**

\_\_\_\_\_ *Child's Name (PRINT)* \_\_\_\_\_ *Date*

Your child is: \_\_\_\_\_ Cochlear Implant \_\_\_\_\_ Deaf  
\_\_\_\_\_ Hard of Hearing \_\_\_\_\_ CODA

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ *Parent/Guardian(s) Name (PRINT)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Videophone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency:**

Contact Person Name: \_\_\_\_\_

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

**Child's T-Shirt Size:** *Circle One*

Youth: S M L XL 2X 3X

Adult: S M L XL 2X 3X

\_\_\_\_\_ *Parent/Guardian Signature* \_\_\_\_\_ *Date*



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### Summer Youth Day-Camp 2019 Camp Rules Form

#### Youth Rules:

- Seat belts will be worn at all times in the vehicle.
- All adults are to be respected. Listen to them.
- Groups will stay together with their chaperone.
- Keep your hands to yourself.
- Speak kindly to each other and to adults. No swearing or arguing.
- Adults are not responsible to hold items (bring a backpack if you wish).
- We will not be responsible for any lost or stolen items.
- Any inappropriate behavior may result in one day suspension or removal from camp.

#### Consequences:

- Offense #1: Verbal warning
- Offense #2: Verbal warning and will stay with supervisor for the entire day.
- Offense #3: One day suspension for the next event
- Offense #4: Termination

#### Parent/Guardian Rules:

- Your child **MUST** be dropped off and picked up at the designated time given and at the meeting location (refer to the *Parent Pre-Camp Survey Form*) you have chosen for the entire summer.
  - The bus will wait a **MAXIMUM of 10 minutes** after the designated time given.
- Must confirm your RSVP for each event at least **ONE WEEK** in advance.
  - No last minute RSVP, 3 days before the event, will be accepted due to the size of the bus.  
*Example: Event on June 19<sup>th</sup> cannot be RSVP on June 16<sup>th</sup> or after.*
- If your child is unable to attend an event, please inform the Case Coordinator at least **4 DAYS** in advance.

#### For Child:

I have read and/or have been explained the Youth Rules and Consequences: \_\_\_\_ YES \_\_\_\_ NO

I understand the Youth Rules and Consequences: \_\_\_\_ YES \_\_\_\_ NO

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Parents/Guardians:

I have read the Youth Rules, Consequences, and Parent/Guardian Rules: \_\_\_\_ YES \_\_\_\_ NO

I understand the Youth Rules, Consequences, and Parent/Guardian Rules: \_\_\_\_ YES \_\_\_\_ NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Summer Youth Day-Camp 2019  
Emergency Medical Authorization**

**General Information:**

\_\_\_\_\_  
*Child's Name (PRINT)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Street Address*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian(s) Name*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Videophone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_  
*#1(a). Name*

\_\_\_\_\_  
*#2(a). Name*

\_\_\_\_\_  
*#1(b). Relationship to Child*

\_\_\_\_\_  
*#2(b). Relationship to Child*

\_\_\_\_\_  
*#1(c). Contact Number*

\_\_\_\_\_  
*#2(c). Contact Number*

**Social:**

Below is a list of words. Which describes your child's personality and behavior? Please circle those which you feel best describes your child.

- |              |               |          |            |
|--------------|---------------|----------|------------|
| Friendly     | Dependent     | Active   | Confident  |
| Shy          | Independent   | Quiet    | Fearful    |
| Affectionate | Even-tempered | Leader   | Stubborn   |
| Withdrawn    | Moody         | Follower | Complainer |

Does your child have temper tantrums? \_\_\_\_\_ YES \_\_\_\_\_ NO

Important information concerning my child's health history is as follows:

YES	NO	Problem	Medication Being Taken
___	___	Epilepsy	_____
___	___	Bronchitis	_____
___	___	Convulsions	_____
___	___	Meningitis	_____
___	___	Ear Problems/Infections	_____
___	___	Frequent Colds	_____
___	___	Mumps	_____
___	___	Allergies	_____
___	___	Prolonged High Fever	_____
___	___	Eye Problems	_____
___	___	Serious Head Injuries	_____

**Consent Authorization:**

I/We \_\_\_\_\_, parent/guardian of (*Name of Child*) \_\_\_\_\_, do hereby authorize the staff of Easterseals and the Community Center for the Deaf at 299 Edwards Street, Youngstown, OH 44502, to consent to any emergency medical treatment, which may have to be rendered to my child (*Name of Child*) \_\_\_\_\_ in accordance with the criteria set forth below:

I/We give my consent for (*Name of EMS and/or Hospital*) \_\_\_\_\_ and any of its employees, or any other licensed physician to render any treatment deemed necessary and to accept the signature of an authorized staff member of the Community Center for the Deaf, who has my permission to consent to such treatment. In the event extensive medical treatment is needed, I/We prefer that (*Name of Doctor*) \_\_\_\_\_ at (*Phone #*) \_\_\_\_\_ is contacted and my child is transferred to (*Name of Hospital*) \_\_\_\_\_.

I/We understand that I will be contacted at the earliest possible time by either the Community Center for the Deaf staff or the medical treatment staff. This authorization does not cover major surgeries unless the medical opinions of two licensed physicians or dentists concur the necessity for such surgery and are obtained before the surgery is performed.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CCD Staff: \_\_\_\_\_ Date: \_\_\_\_\_



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**Summer Youth Day-Camp 2019  
Child's Publicity Release**

I am the parent or legal guardian of \_\_\_\_\_, a child under 18 years old.  
I understand and agree that any narratives, depictions, pictures, films, photographs, audio-visual or sound recordings, or testimonials of my child made by Easterseals or its respective employees and agents may be used by Easterseals, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial shared with the general public in connection with any work of Easterseals. I assign to Easterseals my child's rights to these materials.

I understand that these materials made by Easterseals, its employees and agents are owned by Easterseals and that they may copyright them. I further consent to allow Easterseals, their respective employees and agents, and those acting with Easterseals permission, to use my child's protected health information, as defined under 45 C.F.R, 164.501, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals, and to release this information to the general public.

I understand that these materials may be published on Easterseals network of websites and this may disclose my child's personal and protected health information online. However, Easterseals online disclosure of my child's name and residence will be limited to my child's first name and geographic location of the Easterseals organization where he or she receives services. Easterseals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals on an irrevocable and unlimited basis without any compensation or payment being made for any current or future use. I understand that my consent is voluntary, and that I may revoke my consent to allow Easterseals to release my child's protected health information if it has not already been disclosed. To revoke my consent, I must notify Easterseals in writing. I understand and agree that once Easterseals, its respective employees and agents, and those acting with its permission, disclose my child's protected health information, this information may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires 1 year from the date of my signature below.

\_\_\_\_\_  
*Child's Name (PRINT)*

\_\_\_\_\_  
*Child's Date of Birth*

\_\_\_\_\_  
*Name of Parent/Guardian (PRINT)*

\_\_\_\_\_  
*Child's Street Address*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Child's City, State, & Zip*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness for Easterseals*

\_\_\_\_\_  
*Date*



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**Summer Youth Day-Camp 2019  
Participation Waiver**

\_\_\_\_\_  
*Child's Name (PRINT)*

\_\_\_\_\_  
*Name of Parent/Guardian (PRINT)*

**Release:** I hereby agree that myself or my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against Easterseals or its representatives, whether paid or volunteer, for any injury or damages in connection with activities offered at Easterseals Community Center for the Deaf during Summer Youth Day-Camp Program.

**Agreement to participate:** I understand the risk of injury from other participants in various activities and settings. If you or your child is injured, you or your child may require medical assistance, at your own expense. I expressly agree and promise to accept all risk existing in these activities. My participation or my child's participation in these activities are purely voluntary, and I elect to participate in spite of risks.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*





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**Summer Youth Day-Camp 2019**

**Tentative Summer Schedule - RSVP Form**

<i>YES</i>	<i>NO</i>	<i>EVENTS</i>
		Zip City
		Carnegie Science Center
		Youngstown DID: 2 <sup>nd</sup> Annual Deaf Games
		Forget Me Not Horse Farm
		Canton DID: Tall Timbers Water Park
		Art Day + Pizza Party
		Wagon Trails or Living Treasure
		Pioneer Waterland
		Bowling or Hiking + Cocca's Pizza
		Skate Zone + Deaf Culture
		ASL Game Night
		Settler's Cabin Park
		Shaker Woods #1
		Shaker Woods #2
		Akron DID (TBA)
		Mansfield DID (TBA)

Please check the "YES" box for each event your child plans to attend this summer. If your child is unable to attend an event, please check the "NO" box. This form will help us finalize our reservations and plans for the summer. We thank you in advance!

Please keep in mind the events, days, and/or times are subject to change. Once we receive all the required paperwork, a finalized summer schedule will be sent to you.

# June 2019

May '19							July '19						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4		1	2	3	4	5	6
5	6	7	8	9	10	11	7	8	9	10	11	12	13
12	13	14	15	16	17	18	14	15	16	17	18	19	20
19	20	21	22	23	24	25	21	22	23	24	25	26	27
26	27	28	29	30	31		28	29	30	31			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19 Zip City Steak & Shake 10 AM - 4 PM	20 Science Center Pack Lunch 10 AM - 5 PM	21	22
23	24	25	26	27 DID Kickoff Event 2nd Annual Deaf Games 11 AM - 4 PM	28 Horse Farm Jib Jab Hotdogs TIME TBA	29
30	1	Notes Please <u>RSVP</u> for each event at least one week in advance! (No RSVP, No Ride) <b>Text:</b> (330) 519-0713 <b>VP:</b> (330) 787-0128 <b>Email:</b> eblake@mtc.easterseals.com				

# July 2019

June '19							August '19							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1						1	2	3
2	3	4	5	6	7	8	4	5	6	7	8	9	10	
9	10	11	12	13	14	15	11	12	13	14	15	16	17	
16	17	18	19	20	21	22	18	19	20	21	22	23	24	
23	24	25	26	27	28	29	25	26	27	28	29	30	31	
						30								

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 ←	1	2	3	4 *4TH OF JULY*	5	6 →
7	8	9	10	11 Tall Timbers Water Park  10 AM - 7:30 PM	12 Art Day Pizza Party  TIME TBA	13
14	15 Living Treasure OR Wagon Trails Pack Lunch  TIME TBA	16 Pioneer Waterland Lunch Provided  10 AM - 5 PM	17	18	19	20
21	22	23	24 Bowling or Hiking Cocca's Pizza  TIME TBA	25 Deaf Culture Skate Zone  TIME TBA	26 ASL Game Night #2  4 PM - 7 PM	27
28 ←	29	30	31 CAMP OYO	1	2	3 →
4	5	Notes Please <u>RSVP</u> for each event at least one week in advance! (No RSVP, No Ride) <b>Text:</b> (330) 519-0713 <b>VP:</b> (330) 787-0128 <b>Email:</b> eblake@mtc.easterseals.com				

# August 2019

July '19							September '19						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6	1	2	3	4	5	6	7
7	8	9	10	11	12	13	8	9	10	11	12	13	14
14	15	16	17	18	19	20	15	16	17	18	19	20	21
21	22	23	24	25	26	27	22	23	24	25	26	27	28
28	29	30	31				29	30					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 ←	29	30	31	1	2	3 →
			CAMP OYO			
4	5	6 Settler's Cabin Park  10 AM - 5 PM	7	8	9	10
11	12	13	14	15	16	17  Shaker Woods #1 Pack Snacks  8:30 AM - 6:30 PM
18  Shaker Woods #2 Pack Snacks  8:30 AM - 6:30 PM	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	Notes Please <u>RSVP</u> for each event at least one week in advance! (No RSVP, No Ride) <b>Text:</b> (330) 519-0713 <b>VP:</b> (330) 787-0128 <b>Email:</b> eblake@mtc.easterseals.com				