

ADVENTURE EXPERIENCE

SUMMER CAMP APPLICATION

Deadline: June 1, 2010

(Including waivers)

Sunday, June 27 - Friday, July 2, 2010

WPSD Arrival Time: Sunday after 1:00 pm

Camp Hill Arrival Time: 10:30 am - Noon

Family Picnic: Friday at 11:00 am

Parents must pick up their children at WPSD on Friday, July 2nd at 11:00 am

Departure: Friday after the Picnic

*Transportation can be provided from Camp Hill to WPSD on Sunday, June 27 for an additional \$10 per child

Transportation fee is due with application

Cost: \$130

Ages: 4th grade through 17

Activities include: 9 Miles of Biking
Nature Water Slide
Nature Hiking
Community Service at the Animal Shelter
9 Miles of River Rafting
Alpine Slide
Swimming
Wild Things Baseball Game

Application *(please print or type)*

Camper's Name _____ Age: _____ Date of Birth ____ / ____ / ____

Home Address _____

City _____ State _____ Zip _____

Telephone/TTY Number(____) _____ Video Phone (VP) Number(____) _____

Parent/Guardian Names(s) _____

Daytime Telephone Number(____) _____ Evening Telephone Number(____) _____

Parent/Guardian E-Mail _____ Cell/Text Number(____) _____

School Attended _____ Grade as of Fall 2010 _____

Parent's Personal Pager _____

Hearing Loss: Mild Moderate Severe Profound

Cochlear Implant: If checked, does your doctor give permission for the child to participate in all activities? Yes No

If no, list restrictions _____

Hearing Aids/Cochlear Implants:

Will the camper wear hearing aid(s)/cochlear implants during camp? Yes No

(If yes, please check) Left Ear Right Ear

Make of Aid(s) _____ Model Number(s) _____

Method of Communication: American Sign Language Speech Advanced

Swimming Skill Level*: No Experience Beginner Intermediate Advanced

**If your child requires plugs for swimming, please send them*

Has your child attended WPSD Summer Camp Before? Yes No Year(s) attended _____

Is there anything else you want to tell us about your child? _____

Eastern PA Campers Only:

Will your child need transportation from Camp Hill Office on 6/27? Yes No (\$10 fee per child)

T-Shirt Size:

Adult X-Small Adult Small Adult Medium Adult XL Adult XXL

Method of Payment

Name on Credit Card/Check _____

PLEASE MAKE CHECKS PAYABLE TO **WPSD SUMMER CAMP**

CASH CHECK # _____ MONEY ORDER CREDIT CARD

CAMP FEE \$130 CAMP HILL TRANSPORTATION FEE \$10 TOTAL ENCLOSED _____

CREDIT CARD # _____ EXPIRATION DATE ____/____/____

FOR CAMP OFFICE USE

PAYMENT RECEIVED: YES - DATE RECEIVED _____ NO

NOTES _____

RETURN APPLICATION AND PAYMENT NO LATER THAN 6/1/2010 TO: **WPSD Summer Camp**

300 East Swissvale Ave.
Pittsburgh, Pa 15218