

# 2008 TRADITIONAL CAMPER CONFIDENTIAL FORM

To be completed by parent/guardian and returned by May 1, 2008

CAMP CHEERIO  
PO BOX 6258  
HIGH POINT, NC 27262-6258

**Session(s) Attending:**

- |              |   |             |   |
|--------------|---|-------------|---|
| <u>Girls</u> | <input type="checkbox"/> 1 <sup>st</sup> June 1-5       | <u>Coed</u> | <input type="checkbox"/> 1 <sup>s</sup> July 6-12         |
|              | <input type="checkbox"/> 2 <sup>nd</sup> June 8-14      |             | <input type="checkbox"/> 2 <sup>nd</sup> July 13-26       |
|              | <input type="checkbox"/> 3 <sup>rd</sup> June 15-21     |             | <input type="checkbox"/> 3 <sup>rd</sup> July 27-August 2 |
|              | <input type="checkbox"/> 4 <sup>th</sup> June 22-July 5 |             | <input type="checkbox"/> 4 <sup>th</sup> August 3-9       |
|              |   |             | <input type="checkbox"/> 5 <sup>th</sup> August 10-15     |

Camper's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Parents' Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

married  separated  divorced  re-married  widowed  single

If separated or divorced, with whom does your child live? \_\_\_\_\_

Any custody or visitation restrictions? \_\_\_\_\_

Age of child \_\_\_\_\_ Birthday \_\_\_\_\_ Grade next fall \_\_\_\_\_

Brothers/sisters? (names & ages) \_\_\_\_\_

Has child ever been away from home? \_\_\_\_\_ How long? \_\_\_\_\_ Church affiliation \_\_\_\_\_

Does your child sleepwalk?  Yes  No Talk during sleep?  Yes  No

Does your child have a tendency to wet the bed?  Yes  No

Is your child on medication for bedwetting?  Yes  No

If yes for any of the above questions, please list frequency \_\_\_\_\_

Does your child require a bottom bunk due to medical or emotional reasons? \_\_\_\_\_

Bunks will be assigned by counselors. Every effort will be made to put cabin mate requests in close proximity to each other.

Has your child been taking behavioral modification medicine during the school year?  Yes  No

continued on back

Will medication be continued during the summer?  Yes  No Name of medication \_\_\_\_\_

Will your child be taking **ANY OTHER** medications at camp?  Yes  No

If yes, please list type of medication(s) \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

Please list any of your child's special interests/hobbies/clubs/organizations \_\_\_\_\_

Is your child closely attached to any pet(s)?  Yes  No

If yes, please give pet(s) name and type \_\_\_\_\_

Has child been to Cheerio as a camper?  Yes  No If yes, when? \_\_\_\_\_

Was Cheerio a positive experience? \_\_\_\_\_

Were either/both parent(s) former campers or counselors at Camp Cheerio? \_\_\_\_\_

List any other camps your child has attended \_\_\_\_\_

Were other experiences positive? \_\_\_\_\_

The confidential form is shared with your child's counselors prior to arrival at Cheerio in order to be better prepared and be more effective in caring for your child. Use the space below for additional, helpful information. Please be candid. Please explain any history of extended illness, traumatic experiences or health problems. Please list special instructions or practices to be avoided or expanded upon in planning a program for your child.

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If I am not available to pick my child up from camp for any reason, my child has permission to ride with:

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**DO NOT MAKE A CABINMATE REQUEST ON THIS SHEET.** CONTACT THE HIGH POINT OFFICE NO LATER THAN MAY 1<sup>st</sup> If YOU DID NOT PREVIOUSLY MAKE A REQUEST ON THE INITIAL APPLICATION. CABIN ASSIGNMENTS WILL BE MAILED ONE WEEK PRIOR TO EACH SESSION.

I agree Camp Cheerio is released from liability in connection with medical treatment and unavoidable accidents. Camp Cheerio also has my permission to use necessary medical measures in the event of an emergency. My child has permission to leave the campgrounds with authorized camp staff for scheduled trips and outings.

I fully understand the inherent risks involved in the activities my child will be choosing or has chosen. I accept all risks including those activities preliminary and subsequent to the chosen activity. Also, I give Camp Cheerio permission to utilize my child's photograph or likeness in camp promotional materials.

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Parent/Guardian

Date