Dear Parents/Guardians:

Our camp staff is prepared to work in partnership with you to manage your child’s needs. In order to do this, we require the following:

° complete the attached Program Adaptation Information Form and return it to the Camp Co-ordinators
° assist camp staff by providing complete information concerning your child’s needs

Thank you for your co-operation with this very important matter. If you have any questions or concerns, please contact the Camp Co-ordinators at 520-2600 ext. 1012.

CAMPER INFORMATION

Name: ___________________________________________________          Age: _______

Parent(s)/Guardians(s): _________________________________________________

Camp Session: 1 2 3 4 Leadership

Specialty Camp: ________________________

DESCRIPTION OF EXCEPTIONALITY/BEHAVIOUR OF YOUR CHILD

Describe the behaviours/exceptionality that is specific to your child:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DESCRIPTION OF CAMPER’S NEEDS

Describe any needs that are specific to your child (ie. Sign language, prompts, assistance in specific areas, behaviour guidance):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
DESCRIPTION OF PROGRAM ADAPTATIONS
Describe any areas of the sport programming that may need to be adapted for your child (ie. Level/frequency of participation, pool adaptations, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

BEHAVIOUR MANAGEMENT SUGGESTIONS
Describe any behaviour management techniques that are used at home or school that will aid the camp staff in making your child’s camp experience fun and safe:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Parent/Guardian and Emergency Contact Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Day Time Numbers:</th>
<th>Emergency Contact Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature ___________________________ Date ___________________________
Thank-you for taking the time to fill out our Program Adaptation Information form. The Carleton University Sports Camp Staff intend to make your child’s camp experience as safe and fun as possible. By providing us with this information, we can all work together to ensure your child’s camp experience is a positive one!