

**AVANTI CHALLENGE APPLICATION
2010**

____ First time Challenge camper

____ Returning Challenge camper

Camp Dates: Sunday, June 13 to Saturday, June 19, 2010
Application Deadline: February 26, 2010

NAME: _____ **BIRTH DATE:** _____ **AGE:** _____

ADDRESS: _____

PARENT(S) / GUARDIAN: _____ **PHONE:** _____

EMERGENCY PHONE: _____ **EMAIL:** _____

FAMILY DOCTOR: _____ **CLINIC:** _____

ADDRESS: _____

MEDICAL/PSYCHOLOGICAL DIAGNOSES: _____

MEDICATIONS AND PURPOSE: _____

PHYSICAL INJURIES/ LIMITATIONS: _____

VISION OR HEARING PROBLEMS: _____

ALLERGIES: _____

SPECIAL DIET NEEDS: _____

GRADE COMPLETING: _____ **SPECIAL ED CATEGORY (If any):** _____

SUPPORT NEEDED TO BE SAFE AT SCHOOL (not hurting self or others, not antagonizing others, staying with group, following directions): _____

FRIENDSHIPS (describe peer relationships): _____
