

Application Deadline: **MARCH 31, 2020**

NAME: \_\_\_\_\_

# Youth SEEK Camper Profile

Bridgeport Camp & Conference Center  
North Texas Conference of the United Methodist Church  
June 9<sup>th</sup>-13<sup>th</sup>, 2020

*This form is provided to camp counselors as background information for working with your Camper.*

**If returning by mail,**  
please attach a recent  
photo of Camper.

**If emailing application,**  
please attach photo to  
email.

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M / F \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ His Wk Phone \_\_\_\_\_ His Cell \_\_\_\_\_

Her Wk. Phone \_\_\_\_\_ Her Cell \_\_\_\_\_

Best Contact Email \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Names and ages of family members: \_\_\_\_\_

Primary Diagnosis (please describe) \_\_\_\_\_

\_\_\_\_\_

School attending/graduated from: \_\_\_\_\_

How does Camper Communicate? \_\_\_\_\_

Describe Camper's Motor Skills: \_\_\_\_\_

\_\_\_\_\_

Can Camper: Button? \_\_\_\_\_ Lace? \_\_\_\_\_ Tie? \_\_\_\_\_ Comb hair? \_\_\_\_\_ Shampoo? \_\_\_\_\_ Undress? \_\_\_\_\_

Does Camper need assistance getting around? \_\_\_\_\_ What kind? \_\_\_\_\_

Has your Camper ever been away from home alone? Yes / No \_\_\_\_\_

Has Camper ever been to SEEK Camp? Yes / No \_\_\_\_\_

Attend/attending other camp(s)? Please list: \_\_\_\_\_

Campers favorite activities? \_\_\_\_\_

What are activities that your Camper does not like/is afraid of? \_\_\_\_\_

How does your camper get along with adults? \_\_\_\_\_

How does your Camper get along with other children/youth? \_\_\_\_\_

Are there behavior problems or concerns that you have specific ways of handling? Would you like us to continue this? We ask because we feel that being consistent in our expectations of the Camper is only fair.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SELF CARE:**

Can Camper shower? \_\_\_\_\_ Can Camper shower self alone? \_\_\_\_\_

Needs supervision only \_\_\_\_\_ Must be bathed? \_\_\_\_\_

Any special props or devices needed for Camper in the shower? \_\_\_\_\_

Can Camper brush teeth? \_\_\_\_\_ Needs assistance/directions? \_\_\_\_\_

Is Camper completely toilet trained? \_\_\_\_\_ Can go alone? \_\_\_\_\_

Wipes self? \_\_\_\_\_ Needs supervision? \_\_\_\_\_ Self-catheterization? \_\_\_\_\_

Needs catheterization help? \_\_\_\_\_ Any specific instructions? \_\_\_\_\_

Words or signs that Camper uses to indicate toilet needs? \_\_\_\_\_

**SLEEP HABITS:** Does Camper sleep? \_\_\_\_\_

Does Camper sleep w/ bed rails? \_\_\_\_\_ Can Camper sleep on top bunk? \_\_\_\_\_

List helpful bedtime routine info: \_\_\_\_\_

**EATING HABITS:**

Left or Right handed? \_\_\_\_\_ Needs NO help \_\_\_\_\_ Needs some help \_\_\_\_\_ Needs much help \_\_\_\_\_

Instruction if help is needed (please explain in detail): \_\_\_\_\_

Chokes easily? \_\_\_\_\_ Chews well? \_\_\_\_\_ Not well? \_\_\_\_\_ Other \_\_\_\_\_

Can Camper wash hands before meals? \_\_\_\_\_ Needs help? \_\_\_\_\_

Specific foods Camper likes? \_\_\_\_\_

Specific foods Camper dislikes? \_\_\_\_\_

Additional information (please describe how you handle any special eating problems): \_\_\_\_\_

**DRESSING HABITS:**

Can camper dress self? \_\_\_\_\_ Appropriately selects clothes? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ With what? \_\_\_\_\_

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**FEMALE CAMPERS ONLY:**

Care during menstrual periods:

Has Camper begun menstrual periods? \_\_\_\_\_ Can Camper manage without help? \_\_\_\_\_

Needs supervision? \_\_\_\_\_ Needs help? \_\_\_\_\_ Exactly what help? \_\_\_\_\_

Is there anything else that you would like us to know about your Camper that could help us make his/her experience even more enjoyable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a person you'd like your Camper to room with? We will take your request in consideration, but please understand that we are not always able to accommodate this request. \_\_\_\_\_

**T-SHIRT**

Each camper will receive a camp T-shirt at camp. Please indicate what size shirt your camper will need.

Children's Sizes:      10 -12 \_\_\_\_\_      14 -16 \_\_\_\_\_  
Adult Sizes:          Small \_\_\_\_\_      Medium \_\_\_\_\_      Large \_\_\_\_\_  
                                 X-Lg \_\_\_\_\_      XX-Lg \_\_\_\_\_      XXX-Lg \_\_\_\_\_

**EMAIL is the FASTEST way to return your application...remember that we operate on first-come-first-serve in order of applications received AND our ability to serve your child's needs.**

**MAIL Application to:**

OR

**EMAIL Application to:**

Youth SEEK  
Dinina Sharber  
3547 Woodleigh Court  
Dallas, TX 75229

youthseekcamp2014@gmail.com

**Payment DOES NOT hold a spot for your camper at camp. We MUST assess the needs of your camper with our staff to ensure we can give your camper the best experience. We will hold all checks until acceptance.**

**Please wait to pay after you have received confirmation of acceptance to Youth SEEK.**

Once you send us pages 1-3 for registration you will receive email/written confirmation for acceptance to Youth SEEK Camp on/or before April 15, 2020. Once confirmed to Youth SEEK, print out the Medical Forms found on the Youth SEEK webpage ([www.seekcamp.org/youth-camp-16-22-years/](http://www.seekcamp.org/youth-camp-16-22-years/)). Your doctor must fill out & sign then return to us by 5/30/20. At that time, you may also go to the Youth SEEK website to pay the camp fee - [www.seekcamp.org/youth-camp-16-22-years/](http://www.seekcamp.org/youth-camp-16-22-years/)

**\*WE WILL CONFIRM SPOTS on/or before APRIL 15<sup>th</sup> AFTER THE APPLICATION DEADLINE 3/31/20\***