



Dauphin Island Sea Lab's
APPLICATION FORM



Sea Stars September 14-16, 2018

CAMPER INFORMATION

Full Name: _____

Preferred Name: _____ Home Phone: _____

Date of Birth: _____ Age: _____

Developmental Disability: _____

Approximate Mental Age Level: _____

Address: _____

STREET, P.O. BOX

CITY, STATE, ZIP CODE

COUNTY

Gender: Male Female SHIRT SIZE: SM MED LG XL XXL
ADULT SIZES

School Now Attending: _____ School Phone: _____

Service Dog Required: YES NO Refrigerated Medication Required: YES NO

Camps Attended Previously: (Name & Year) _____

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**PARENT/GUARDIAN INFORMATION. ONLY ONE PARENT/GUARDIAN PER CAMPER, ONLY ONE CAMPER PER PARENT/GUARDIAN. (PARENT/GUARDIAN MUST BE AT LEAST 21 YEARS OLD)**

Full Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Gender: Male  Female  SHIRT SIZE: SM  MED  LG  XL  XXL

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address \_\_\_\_\_

*STREET, P.O. BOX*

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
*CITY, STATE, ZIP CODE*

Allergies/Dietary Restrictions: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_



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

Parent/Guardian Name: \_\_\_\_\_

## ABOUT SEA STARS:

**Activities will include:**

- A 2-hour boat trip to explore Mobile Bay
- Beach combing and sand castle contest
- Exploring the salt marsh and catching marsh animals
- Visiting the Estuarium, the aquarium at the Dauphin Island Sea Lab
- A night-time beach excursion
- Marine-themed arts and crafts
- Having a great time!



During camp, we will be exploring Dauphin Island and its habitats. An 8-person team of experienced educators and counselors (a 2:1 camper to staff ratio) will conduct the SEA STARS program for the weekend. We will be outside for up to two hours at a time, being moderately physically active. Discovery Hall Programs will provide plenty of shade and drinking water for all activities, as well as take time to rest and enjoy the scenery during our explorations! Our goal is to have safe, hands-on fun while learning about Alabama's Gulf coast!

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### Essential Eligibility Requirements for SEA STARS Camper Acceptance:

An eligible applicant must meet the following criteria:

1. Has a physical or mental disability (excluding learning disabilities);
2. Is between the ages of 9 and 18;
3. Has the ability to effectively communicate needs to SEA STARS staff (this communication may consist of a verbal, audible, or physical response such as an eye shift or a very slight gesture; persons in a minimally responsive state would not meet this criteria);
4. Has the ability to adapt to the group living routine of Camp within 24 hours from time of check-in without disruption to the group living environment. Disruption includes, but is not limited to the following: not following directions of camp counselors and program leaders;
5. Is not abusive toward himself/herself or others, i.e. does not physically, verbally, or sexually abuse self or others, which abuse may include hitting, biting, scratching, spitting, kicking, excessive swearing, excessive or inappropriate yelling or verbal degradation, inappropriate touching or fondling or other inappropriate behavior;
6. Does not pose a direct threat to himself/herself or others that cannot be eliminated or reduced below the level of a direct threat with or without reasonable accommodation. Direct threat is defined as a substantial risk of harm to the camper or others; direct threat may include having a highly contagious condition such as tuberculosis, hepatitis, an open or draining wound or rash, topical parasites, etc. or other conditions that may be spread through casual human contact;
7. Does not have a medical condition or impairment that requires specialized medical treatment (i.e. intravenous infusions, tube feeding);
8. Does not have a medical condition or impairment that has a substantial risk or likelihood for complication or injury;
9. Is in acceptable health as indicated by: Not having a temperature greater than 100.4 orally; not having blood pressure greater than 160/90; not having a heart rate greater than 120 BPM;
10. Has ability to eat or drink amounts adequate for nutritional support;
11. Has the ability to be out of doors in various barrier island habitats for 2 hours at a time;

**My camper meets all essential eligibility requirements for SEA STARS**

**Parent/Guardian Signature** \_\_\_\_\_

**SEA STARS Application 2018 Camper Information**  
(to be filled out by parent/guardian)



Camper's Name: \_\_\_\_\_

*Please answer the following questions as honestly as you can, so we can start getting to know this camper.  
Attach additional sheets if necessary.*

**SOCIAL SKILLS**

This camper

- |                                         |            |             |              |           |
|-----------------------------------------|------------|-------------|--------------|-----------|
| gladly participates in group activities | ___ always | ___ usually | ___ at times | ___ never |
| enjoys being in the swimming pool       | ___ always | ___ usually | ___ at times | ___ never |
| enjoys arts and crafts                  | ___ always | ___ usually | ___ at times | ___ never |
| enjoys being outdoors                   | ___ always | ___ usually | ___ at times | ___ never |
| is friendly and well liked by others    | ___ always | ___ usually | ___ at times | ___ never |
| may get into fights with others         | ___ always | ___ usually | ___ at times | ___ never |

Comments: \_\_\_\_\_

**SELF-HELP SKILLS: BATHROOM**

This camper

- |                                          |            |             |              |           |
|------------------------------------------|------------|-------------|--------------|-----------|
| has normal bladder control               | ___ always | ___ usually | ___ at times | ___ never |
| has normal bowel control                 | ___ always | ___ usually | ___ at times | ___ never |
| may occasionally wet the bed             | ___ always | ___ usually | ___ at times | ___ never |
| needs some assistance using the bathroom | ___ always | ___ usually | ___ at times | ___ never |
| needs assistance in the shower           | ___ always | ___ usually | ___ at times | ___ never |
| wears diapers                            | ___ yes    | ___ no      |              |           |

Comments: \_\_\_\_\_

**SELF-HELP SKILLS: EATING**

This camper

- |                                                                  |            |             |              |           |
|------------------------------------------------------------------|------------|-------------|--------------|-----------|
| can feed self without assistance                                 | ___ always | ___ usually | ___ at times | ___ never |
| can feed self with a little help                                 | ___ always | ___ usually | ___ at times | ___ never |
| Requires special diet                                            | ___ yes    | ___ no      |              |           |
| If yes, what kind?                                               | _____      |             |              |           |
| (Some common food allergies or restrictions can be accommodated) |            |             |              |           |

Comments: \_\_\_\_\_

**SELF-HELP SKILLS: COMMUNICATION, HEARING, VISION**

This camper

- |                                     |            |                     |                   |                |
|-------------------------------------|------------|---------------------|-------------------|----------------|
| speaks clearly                      | ___ always | ___ usually         | ___ at times      | ___ never      |
| speaks but is hard to understand    | ___ always | ___ usually         | ___ at times      | ___ never      |
| does not talk                       | ___ always | ___ usually         | ___ at times      | ___ never      |
| can communicate, but not with words | ___ yes    | ___ no              |                   |                |
| uses a communication device         | ___ yes    | ___ no              |                   |                |
| hearing                             | ___ normal | ___ hard of hearing | ___ partial loss  | ___ total loss |
| vision                              | ___ normal | ___ partial loss    | ___ legally blind | ___ total loss |

Comments: \_\_\_\_\_

**SELF-HELP SKILLS: SLEEP HABITS**

This camper

- |                             |                                   |                               |
|-----------------------------|-----------------------------------|-------------------------------|
| ___ has no trouble sleeping | ___ has difficulty falling asleep | ___ doesn't like to go to bed |
| sleepwalks                  | ___ yes ___ no                    |                               |

Comments: \_\_\_\_\_





