



Dauphin Island Sea Lab's  
APPLICATION FORM



**Sea Stars** September 20-22, 2019

**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 \_\_\_\_\_

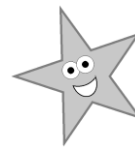
*STREET, P.O. BOX*

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 sandcastle building
- 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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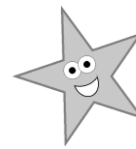
### Essential Eligibility Requirements for SEA STARS Camper Acceptance:

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** \_\_\_\_\_



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: \_\_\_\_\_

# SEA STARS Application 2019 Camper Information

(to be filled out by parent/guardian)



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

## SELF-HELP SKILLS: MOBILITY

This camper

walks unassisted       walks with crutches       walks with a cane       walks with a walker  
 uses a wheelchair       manual       electric      other \_\_\_\_\_

If using a wheelchair, which of the following best describes this person's transfers

no assist       partial assist/standby       total assist

Comments (Including special transfer instructions): \_\_\_\_\_

## SELF-HELP SKILLS: GENERAL

This camper

|                                               |                          |        |                          |         |                          |          |                          |       |
|-----------------------------------------------|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|-------|
| can care for self with little help            | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| can care for self with a lot of help          | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| cannot care for self, and needs a lot of help | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |

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

## HEALTH INFORMATION: SEIZURES

This camper

does not have seizures       has seizures occasionally       has had seizures in the past, but not now  
 may have seizures at camp

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

## SENSORY SENSITIVITY

Use the scale below to rate the following about this camper:

| Low                        |       |   |   |   | High                        |
|----------------------------|-------|---|---|---|-----------------------------|
| 1                          | 2     | 3 | 4 | 5 |                             |
| No                         |       |   |   |   | Yes                         |
| Does not notice pain       | _____ |   |   |   | Feels pain very strongly    |
| No reaction to contact     | _____ |   |   |   | Easily irritated or pleased |
| Cannot tell the difference | _____ |   |   |   | Notifies tiny variations    |
| Does not notice odors      | _____ |   |   |   | Has a keen sense of smell   |
| Does not notice noise      | _____ |   |   |   | Sensitive to sounds         |
| Visually insensitive       | _____ |   |   |   | Visually Sensitive          |

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

## WATER SAFETY INFORMATION

This camper

is comfortable around open water       always       usually       at times       never  
can swim with a life jacket       yes  no       does not like to swim  
has been on a boat before       yes  no

If yes, what type(s) of boat \_\_\_\_\_  
Frequency of boat trips \_\_\_\_\_

With reasonable accommodation, would this camper enjoy a 2-hour boat ride       yes  no

**\*\*Each camper will be required to wear a life jacket (provided) aboard the vessel. If this camper would be more comfortable in their own, please bring one from home.**

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



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

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

**Parents/guardians: Please read and initial the following. All sections MUST be completed by the parent/guardian attending with the camper to process the application.**

\_\_\_\_\_  
**Parent/Guardian  
Initials**

The housing facilities, bathrooms, Estuarium and classrooms are handicapped accessible. Travel to and from exploration sites will either be, on foot, or with the use of our Sea Lab bus. The bus is not handicapped accessible. If your camper uses a wheelchair, the parent/guardian in attendance will be responsible for transporting their camper to and from exploration sites. All exploration sites are located on Dauphin Island, no more than 15 minutes from the lab. We will make reasonable accommodations aboard the boat for all campers and guardians in attendance; however, students might need to be transferred from wheelchairs to seating onboard for the duration of the trip.

\_\_\_\_\_  
**Parent/Guardian  
Initials**

The SEA STARS program is designed for campers and their parent/guardian to participate together. By initialing, you are agreeing to fully participate in all SEA STARS programming with your camper.

\_\_\_\_\_  
**Parent/Guardian  
Initials**

The staff at Dauphin Island Sea Lab is not responsible for the administration of any medication to your camper. Each parent/guardian is responsible for providing and administering all necessary medicines for the duration of the program.

\_\_\_\_\_  
**Parent/Guardian  
Initials**

I have read the provided information about the program. I believe, to the best of my knowledge, my camper will be able to participate, enjoy, and value the SEA STARS experience.

**APPLICATION DEADLINE:**

Please return all forms, **with a \$100 non-refundable deposit**, by **August 26, 2019**. All checks should be made payable to Dauphin Island Sea Lab.

**PROGRAM COST:** Thanks to generous donations to the Dauphin Island Sea Lab Foundation, the \$100 deposit/registration fee is the only cost for this camp. **In the event a reservation is canceled, the \$100 deposit WILL NOT be refunded.**

**Please retain a copy of this form for your records.**

*NOTE:* The Dauphin Island Sea Lab reserves the right to cancel the program in the event enrollment is inadequate. Noncompliance with the rules of the program results in expulsion and forfeiture of registration fee.

Applications should be mailed to:       Sea Stars c/o Discovery Hall Programs  
                                                          Dauphin Island Sea Lab  
                                                          101 Bienville Blvd  
                                                          Dauphin Island, AL 36528