



Dauphin Island Sea Lab's
APPLICATION FORM



Sea Stars September 24-26, 2021

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 (DISL or other): (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! Appropriate COVID protocols (with current CDC recommendations) will be in place for campers and staff. 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 2021 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 | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| enjoys being in the swimming pool       | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| enjoys arts and crafts                  | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| enjoys being outdoors                   | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| is friendly and well liked by others    | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| may get into fights with others         | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |

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

**SELF-HELP SKILLS: BATHROOM**

This camper

- |                                          |                                 |                                  |                                   |                                |
|------------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| has normal bladder control               | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| has normal bowel control                 | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| may occasionally wet the bed             | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| needs some assistance using the bathroom | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| needs assistance in the shower           | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| wears diapers                            | <input type="checkbox"/> yes    | <input type="checkbox"/> no      |                                   |                                |

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

**SELF-HELP SKILLS: EATING**

This camper

- |                                                  |                                 |                                  |                                   |                                |
|--------------------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| can feed self without assistance                 | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| can feed self with a little help                 | <input type="checkbox"/> always | <input type="checkbox"/> usually | <input type="checkbox"/> at times | <input type="checkbox"/> never |
| Requires special diet                            | <input type="checkbox"/> yes    | <input type="checkbox"/> no      |                                   |                                |
| If yes, what kind?                               | _____                           |                                  |                                   |                                |
| (Some common food allergies can be accommodated) |                                 |                                  |                                   |                                |

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

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

This camper

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

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

**SELF-HELP SKILLS: SLEEP HABITS**

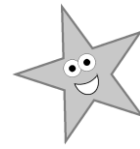
This camper

- |                         |                                                          |                               |                          |                           |                          |
|-------------------------|----------------------------------------------------------|-------------------------------|--------------------------|---------------------------|--------------------------|
| has no trouble sleeping | <input type="checkbox"/>                                 | has difficulty falling asleep | <input type="checkbox"/> | doesn't like to go to bed | <input type="checkbox"/> |
| sleepwalks              | <input type="checkbox"/> yes <input type="checkbox"/> no |                               |                          |                           |                          |

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



SEA STARS Application 2021 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 \_\_\_\_\_  
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 \_\_\_\_\_ always \_\_\_\_\_ usually \_\_\_\_\_ at times \_\_\_\_\_ never  
can care for self with a lot of help \_\_\_\_\_ always \_\_\_\_\_ usually \_\_\_\_\_ at times \_\_\_\_\_ never  
cannot care for self, and needs a lot of help \_\_\_\_\_ always \_\_\_\_\_ usually \_\_\_\_\_ at times \_\_\_\_\_ 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 \_\_\_\_\_ Notices 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 \$50 deposit**, by **August 27, 2021**.  
All checks should be made payable to Dauphin Island Sea Lab.

**PROGRAM COST:** Thanks to generous donations to the Dauphin Island Sea Lab Foundation by Rotary Children’s Foundation, Austal, and Krewe of Kindness, the only cost is a \$50 refundable application fee/deposit.

**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 deposit.  
Cancellations due to health concerns, including those related to COVID-19, will be refunded.

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