<table>
<thead>
<tr>
<th><strong>Location</strong></th>
<th>Bradford Woods Outdoor Education Recreation and Camping Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates</strong></td>
<td>July 1- July 6, 2012</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>$375 per camper</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>8 to 18 years</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>The Craniofacial Program of the James Whitcomb Riley Hospital contracts with Bradford Woods to provide CAMP ABOUT FACE. All staff hired to work the summer camp are recruited by Bradford Woods. An intensive training session will be completed prior to the camp session.</td>
</tr>
<tr>
<td><strong>Application Process</strong></td>
<td>Save-a-Spot registration form must be returned with a $25 non-refundable deposit by April 16, 2012. All other camp documents and final payment of $350 is due by June 1, 2012. Please make your check or money order payable to CAMP ABOUT FACE and mail to the Craniofacial Program Office. Cash cannot be accepted. No camper will be turned away due to inability to pay the camp fee.</td>
</tr>
<tr>
<td><strong>Camp Program</strong></td>
<td>The Bradford Woods program provides swimming, boating, crafts, music, and nature experiences. CAMP ABOUT FACE provides an environment for children with craniofacial anomalies to build self-confidence in a supportive environment.</td>
</tr>
<tr>
<td><strong>Mail Completed Application and Fees to</strong></td>
<td>Craniofacial Program Office Riley Hospital for Children 705 Riley Hospital Drive #3538 Indianapolis, IN 46202-5200</td>
</tr>
<tr>
<td><strong>For More Information</strong></td>
<td>Call the Craniofacial Program Office at Riley Hospital for Children at 317-274-2489</td>
</tr>
</tbody>
</table>
Name of Camper________________________________________________________

Birthdate_____________ Sex___________ Height____________ Weight_____________

Diagnosis_______________________________________________________________

Class Level:    Regular________ Special  Ed________ Other__________

Name of Parent/Legal Guardian____________________________________________

Address_______________________________________________________________

Home Phone______________ Work________________ Mobile____________________

E-Mail_________________________________________________________________

IMPORTANT: If parent/legal guardian cannot be reached in an emergency, please notify: _______________________________________________________________

Do you have any goals you would like your child to accomplish at camp?

Does your child use any form of special appliances, such as hearing aids or dental retainers? If yes, please list:

Is there any special care of these appliances?

Date and name of last surgical procedure_____________________________________

Does your child have any dietary restrictions?

Does your child have any problems in the following areas?

Homesickness________ Nightmares_______ Behavior issues__________

Please circle your child’s tee-shirt size:  Adult:      S      M     L     XL

*We cannot insure availability of tee-shirt size*
Check “Yes” or “No” for each statement.

Has your child ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?

Has your child ever been treated for emotional or behavioral difficulties or an eating disorder?

Has your child ever seen a professional to address mental/emotional health concerns?

Has your child had a significant life event that continues to affect the camper’s life such as history of abuse, death of a loved one, family change, adoption, foster care, new sibling, others?

Please explain “Yes” answers in the space below, noting the number of the questions.

Please provide in the space below any additional information we may have forgotten to ask about the camper’s health that you think is important or that may affect the camper’s ability to fully participate in the camp program.
APPLICATION PROCEDURES

- Return the “Save a Spot” camper registration form along with a $25 non-refundable deposit made payable to “Camp About Face” ASAP or by April 16, 2012.

- Parent or guardian fill out and sign “Application”, “Mental, Emotional, and Social Health”, “Legal Guardian Consent including Media Consent, “Bradford Woods Therapeutic Recreation Assessment” and “Camper Statistic” forms (yellow paperwork).

- Parent or guardian fill out and sign “Participant’s Application & Health History”, “Authorization for Emergency Medical Treatment”, and “Photo Release” in the Horseshoes of Hope Packet.

- Have local doctor fill out and sign “Participant’s Medical History & Physician’s Statement” pages 4 & 5 (Horseshoes of Hope Packet), and “Immunization” forms. Please read immunization requirements carefully for different age groups.

- Bradford Woods requires a copy of each camper’s insurance card. Please include a copy of both sides of the camper’s card with your application.

- Mail all of the above, including a copy of the camper’s insurance card, with your final payment of $350 by May 25, 2012.

- A limited number of camperships are available. If you are in need of a full or partial campership, please call our office at 317-274-2489. Please see enclosed letter regarding fund raising.

- To participate in the “Camper Cartridge Collection Contest” begin collecting now, and bring the empty cartridges to camp on Opening Day.
Camp About Face
July 1-6, 2012

Date__________________
Name of Camper_________________________________________________Age_____ 
Birthdate__________Diagnosis_____________________________________
Name of Parent/Legal Guardian________________________________________
Address___________________________________________________________
Street Address City State Zip Code
Home Phone___________Work______________Mobile_____________________
E-Mail___________________________________________________________
T-shirt Size  S  M  L  XL

Please mail by April 16, 2012, along with a $25 non-refundable registration fee made out to Camp About Face to: Craniofacial Program Office, Riley Hospital for Children, 705 Riley Hospital Drive #3538, Indianapolis, IN 46202. If you have questions please call us at 317-274-2489