

SPORTS for Exceptional Athletes (S4EA) – New Camper Questionnaire  
(Complete and return to S4EA prior to camp)

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

Contact Person during camp \_\_\_\_\_ Phone \_\_\_\_\_

Generally, the camper to chaperone ratio is 3:1. Does this camper need a 1:1?  yes  no

Please contact the S4EA office if the camper requires 1:1.

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Camper's needing 1:1 supervision should provide their own chaperone. We are family friendly, a parent or older sibling (age 18 or over) can chaperone. Chaperones need to fill out Volunteer Registration Form and Release for Background Check.

Does the camper need extra help for feeding/toileting/dressing/personal hygiene?  yes  no

If yes, please explain \_\_\_\_\_

Does the camper have vision, speech or hearing problems?  yes  no

If yes, please explain \_\_\_\_\_

Does the camper have mobility needs, wheelchair, walker, etc.?  yes  no

If yes, please explain \_\_\_\_\_

Do any of the camper's medications need to be administered by a nurse, i.e. injectables, etc.?  yes  no

If yes, please explain \_\_\_\_\_

Meds are checked-in at registration and given to Head Chap of the group who will dispense meds at indicated times. 1:1 groups may keep their camper's meds to dispense.

Does camper have any behavioral issues we need to be aware of?  yes  no

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Will camper wander or run off from group or leave cabin in the night?  yes  no

If yes, please explain \_\_\_\_\_

Anything else we need to know about the camper that will help to make camping with S4EA a positive experience?

\_\_\_\_\_

\_\_\_\_\_