



**2019 CAMP COOL**  
**April 27 & May 4, 2019**

**REGISTRATION FORM**

**Child's Information**

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
*Last First M.I.*

**Preferred Name (Nickname):** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*City Zip*

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Disability:** \_\_\_ Vision \_\_\_ Hearing \_\_\_ Mobility \_\_\_ Cognitive  
\_\_\_ None \_\_\_ Other: \_\_\_\_\_

**Accommodations:** \_\_\_\_\_

**Personal Assistant:** Will your child be accompanied by a personal assistant? \_\_\_ Yes \_\_\_ No

**Check all that apply:** \_\_\_ Hearing aids \_\_\_ Glasses \_\_\_ Seizures  
\_\_\_ Tracheostomy \_\_\_ Gastrostomy tube \_\_\_ Ostomy bag  
\_\_\_ Other (Describe: \_\_\_\_\_)

**Medications** (name, dosage, and frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**  Food allergies:  
 Non-food allergies: \_\_\_\_\_

**Precautions and Other Comments:** \_\_\_\_\_

**Sibling/friend:** If your child will be attending with a sibling or friend, please list their name & relationship, and complete a separate Registration Form for that child:  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

**In Case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First*

Phone: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Membership No: \_\_\_\_\_ Group No: \_\_\_\_\_

**Registration**

\_\_\_\_\_ **\$20 Donation** (Refundable donation will go toward T-shirt, and lunch on two Saturdays)

T-Shirt size: (circle one) Youth M L or Adult S M L XL

**Verification**

I verify that the above information is correct:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed Registration Form and donation to:  
Assistive Technology Resource Centers of Hawai'i  
Attn: Camp Cool  
200 N Vineyard Blvd, Suite 430  
Honolulu, Hawai'i 96817



For questions, contact Barbara Fischlowitz-Leong at 808-532-7112 or barbara@atrc.org  
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