

CSC Deaf Youth Leadership Camp Application

Instructions: Camp for Deaf Youth ages 14-22 will be held at Camp Erdman on Oahu on June 6-8, 2025. Please fill out all sections of the application form below. Completion of this application does not guarantee acceptance into Camp. Your child also needs a referral from his/her DVR counselor.

Camper Information

Child's Full Name	
Nickname, Gender identity preferences, etc.	
Date of Birth	
Current Age	
Home Address	
City/State/Zip	
For clarity, circle your island.	Oahu / Big Island / Kauai / Maui / Molokai
T-Shirt Size (circle one)	Youth Size: YS / YM / YL or Adult Size: S / M / L / XL / XXL
School Name	HSDB Other:
Food Allergies, Dietary Restrictions	
Medications	
Medical or other support needs	
Preferred mode of communication	

Parent/Guardian Information Name (Contact #1) Phone Number Email Relationship to Camper Emergency Contact (if dif from above) Phone Number Email Relationship to Camper

Photo/Video Release	I give permission for my child to be photographed or videotaped during camp activities.	I agreeI do not agree
Medical Release	I authorize camp staff to seek medical treatment for my child in the event of an emergency and understand that I will be responsible for any related costs.	I agreeI do not agree
Participation Waiver	I understand that my child will participate in a range of activities at the Deaf Youth Leadership Camp which may include a <u>high ropes course</u> , <u>archery</u> , <u>obstacle course</u> , <u>and swimming</u> in a pool. I release and hold harmless the camp organizers, staff, and volunteers from any liability related to these activities.	I agreeI do not agree

Parent Signature:	 Date:	
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Thank you for applying to the Deaf Youth Leadership Camp! You will be notified of your child's selection as soon as we receive a referral from DVR. If your child is selected, there may be additional paperwork requirements. Mahalo!