

CAMPER INFORMATION

Name: _____
Address: _____

City: _____
State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Videophone: _____
Pager/cell: _____
Email: _____

Age/Grade (as of 9/20): ____/____
Gender: M / F
School: _____

Shirt size (circle one)
Youth size: XS / S / M / L / XL
Adult size: S / M / L / XL / XXL

Height: _____ Weight: _____

Camp Location:

Arizona School for the Deaf and Blind
1200 W Speedway Blvd,
Tucson, AZ 85745

PAYMENT INFORMATION

Payment Information:

Daytime Campers (6-day): \$225
Overnight Campers (6-day, 5-
night): \$275
School Team Fee: 6 players+ - \$1000
-Tuition includes camp fee, room &
board, swimming, shuttle bus, rewards,
events, application and insurance.
-Please include application & a non-
refundable deposit of \$100 (applied to
tuition).

Make checks payable to SWDOC
(Southwest Deaf Optimist Club).

SUBMIT DEADLINE May 16th, 2020

Print, scan, & email to
swdocbcamp@gmail.com or mail
to: SOUTHWEST DEAF OPTIMIST CLUB
ATTN: GERALD BROWN
4001 East 4th Street,
Tucson, AZ, 85711

Cashapp: \$brown245 or Check
Amount: \$ _____
BALANCE: \$ _____

(*Highly recommended age 12-17 use
Southwest Airlines to TUS for young
travelers).

MEDICAL INFORMATION

COVERAGE FOR ACCIDENTAL INJURY
IS REQUIRED FOR ALL PARTICIPANTS.
PLEASE COMPLETE THE FOLLOWING
HEALTH CARE INFORMATION.

Health Insurance Carrier:

Address of Carrier:

Name of Policy Holder:

Policy #: _____

Effective Date: _____

Expiration Date: _____

Do you have food allergies?

No Yes

(what) _____

Are you allergic to any medicine?

No Yes

(what) _____

Do you take medicine regularly?

No Yes

(what) _____

Do you have or had any medical
problem?

No Yes

(what) _____

Other Comment: _____

AGREEMENT

The parent or legal guardian should sign this consent form so that appropriate diagnosis and treatment may be promptly carried out and so that no unnecessary delays will occur with emergency health service procedures. No major health service will be performed except in an emergency, without parents or legal guardians being contacted and fully informed. It should also be understood that under certain circumstances the camper would be transported to area hospitals for treatment and/or diagnosis. I give permission for such diagnosis, therapeutic, voluntary immunization, operative procedures, and transportation as may be deemed necessary for my son/daughter who is under the age of eighteen. I hereby give permission for the use of my child's photo and video to be used on the Arizona School for the Deaf and Blind, Southwest Deaf Optimist Club, Arizona Desert Fire and other camp publications. By my signature, I also understand that any camper who does not abide by the rules and regulations promulgated by the ASDB and/or SDOC is subject to dismissal without reimbursement.

(Signature of Parent or Guardian)

Date

For more information, contact
Coachbrownasdb@gmail.com or
swdocbcamp@gmail.com

WWW.AZDESERTFIRE.COM



CHECK IN and OUT @ NOON
Hard Work Earns Success

APPLICATION FORM



June 18th-23rd, 2020
@Tucson, AZ