Kentucky School for the Deaf Statewide 9-12 High School AGRICULTURE CAMP 2018
For Deaf/HH Students & Hearing Students
June 10 –June 22, 2018
Application/Registration Form (Due before May 25, 2018)
Registration closes when camp is full. Please submit early.

Student _____ M___ F___
Last First Middle
Social Security Number _____ Date of Birth _____ Age_____ Race_____
Parents/Guardian_____
Address: _____
Street City State Zip Code
Home Phone (_____) _____ Cell (_____) _____ Parent(s) Work (_____) _____
Email/Pager_____
Local School District _____ School Attending at Present_____Grade_____
Emergency Contacts _____
Name Relationship Phone
Emergency Contacts_____
Name Relationship Phone

GENERAL MEDICAL INFORMATION
Allergies, health problems/concerns_____
Date Last Tetanus Shot_____ Date of Last MMR_____
Medications presently being used_____
Non-KSD students will need their doctor's written order for KSD Health Services to administer medications during Ag Camp.
My child is ___deaf ___ hard of hearing ___ non-hearing impaired. My child uses hearing aids: ____ Yes ____ No. If yes, how many? ____
Preferred Mode of Communication ____ASL ____Signed English ____Oral Other (i.e.: Sim Com, Cued Speech, Pidgin, CASE)
Are there any special learning or equipment accommodations? ___ No ___ Yes, explain_____
What assistive listening device (Cochlear Implant, FM System, etc.), if any, does your child use? _____

Which will your child be? _____ Day Student _____Dorm Student
My child will attend: Week A ___, Week A plus the Weekend ___, Week A & B plus the weekend ___, Week B only ___
Again please… Check all that apply: My child will attend Week A ___, Weekend Camping Trip (16th-18th) ___, Week B ___

Please read each statement and mark appropriately. Consent for the statements is represented by your signature.
In the event that my student should have an injury or medical emergency, I give my permission for them to receive proper/necessary care from a health official employed or representing KSD. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff or the medical facility to render treatment which is considered necessary for the student's well-being. _____ YES _____NO
My student has my permission to be transported in school vehicles to attend activities. _____ YES _____NO
My student has my permission to be photographed and/or videotaped._____ YES _____NO
Photos and/or my student's work can be placed on KSD's website and/or published in articles about the KSD Summer Programs. _____YES ____NO

What is your child's T-Shirt size? _____
Parent/Guardian Signature_____
Date_____

Please send the completed form and $75 non-refundable activity/spending money.
(If sending a check, make it to: KSD AG CAMP 2017)

Due by May 22, 2017 to:
Sandy Smock, Ag Camp Director, KSD Email: sandra.smock@ksd.kyschools.us
Phone (voice/TTY) (859) 239-7017 ext. 6806 Fax: (859) 936-6830 Kentucky School for the Deaf, 303 South Second Street. Danville, KY 40422