



Magical Possibilities for Youth with Disabilities

ARIZONA MAGIC OF MUSIC & DANCE - PARTICIPANT INFORMATION SHEET

Please fill out the application completely and accurately

Arizona Magic of Music & Dance recommends you consult a physician before participating in the program

ARIZONA MAGIC OF MUSIC & DANCE PARTICIPANT

Participant Name: _____ D.O.B.: ____/____/____ T-Shirt Size _____

Mailing Address: _____ Height: _____ Weight: _____ lbs.

_____ Medical Alert: _____

_____ Email: _____

PARENT/GUARDIAN

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Best time to call: _____

EMERGENCY CONTACT

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

PHYSICIAN INFORMATION

Name: _____ Location: _____

Office Phone: _____

Dietary Restrictions (if any) _____

Please state disability: **(Be Specific)** _____

What, if any, assistive equipment do you use: _____

Seizures in the past 2 years? ____ Yes ____ No Frequency/detail: _____

Christ's Church, Fountain Hills June 7th-11th
15555 E. Bainbridge Ave, Fountain Hills, AZ 85268

(The following categories pertain to specific disabilities. Please complete the section that most describes disability.)

ATTENTION DEFICIT DISORDER ____ ADD ____ ADHD

Do you take medication for your ADD? ____ Yes ____ No How often? _____

VISUAL IMPAIRMENT ____ Partially Sighted/Legally Blind ____ Totally Blind

____ Cataracts ____ Retinopathy ____ Glaucoma ____ Diabetes

____ Optic Atrophy ____ Congenital ____ Trauma ____ Macular Degeneration

____ Retinitis Pigmentosa ____ Other (explain)

Amount of vision (i.e. peripheral, tunnel, light and dark, etc.): _____

HEARING IMPAIRMENT

Do you have difficulties hearing? _____ Yes _____ No

If yes, please explain: _____

OTHER

Do you have difficulty speaking or communicating? _____ Yes _____ No

If yes, please explain: _____

Do you have any learning disabilities (i.e. following instructions, reading, processing sensory input, etc.)? _____ Yes _____ No

If yes, please explain: _____

Do you have any physical disabilities (i.e. low muscle tone, poor hand-eye coordination, etc.)? _____ Yes _____ No

If yes, please explain: _____

Please describe your specific challenge or disability: _____

Do you have a buddy preference? Male _____ Female _____

CURRENT MEDICATIONS

Will your child be taking medications at camp? _____ Yes _____ No

| Medication | Dosage | Schedule | Reason |
|------------|--------|----------|--------|
| | | | |
| | | | |
| | | | |

Allergies (if any): _____

Do we have your permission to share your email with your new friend from camp? YES _____ NO _____

The cost of camp is \$395 which includes a \$25 non-refundable registration fee.

Please send forms back to: Celeste Kaseburg, PO Box 9471, Surprise, AZ 85374