

Arizona Magic of Music & Dance

is proud to present our
summer theater camp
2010

Broadway Café

A compilation of songs and scenes from several of your child's favorite movies
including;
*Beauty and the Beast, Jungle Book, Peter Pan, Little Mermaid, Lion King and
Grease*

June 7 to 11th
9:00am to 3:00 pm
\$395
Christ's Church
15555 E. Bainbridge Ave.
Fountain Hills, AZ 85268

Children and young adults with any level of disability, age 8 and above, are invited to attend this magical day camp with activities and rehearsals designed to encourage fun and confidence. Teen buddies cheer on your child during rehearsals, games and art activities which can all be adapted for your child's specific needs. Snacks and Lunches shared together are provided daily. The final stage presentation, complete with costumes and scenery, will be Friday the 11th at noon. Be sure to come with family and friends to watch your child discover "magical possibilities"!

Only 25 camper spots are available, so register your child soon. Download registration forms at www.azmagic.org and return with \$25 deposit to:

Celeste Kaseburg
PO Box 9471
Surprise, AZ 85374

Your deposit will be deducted from the total camp fee with the remaining balance be due by May 31st. Credit cards are accepted. If you would like more information, please contact Celeste at 480-296-3034.

Note: Some full or partial scholarships are available, but limited. Please inquire with Celeste. AZ Magic wants your child to be a star!



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: _____

(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 _____

Publicity Release

This release grants or denies **Arizona Magic of Music & Dance** from using persons in photographs, audio, video or electronic imagery to further the charitable and educational purposes of **Arizona Magic of Music & Dance**, and the advancement of the interest of children and young adults with physical and mental disabilities, through, but not limited to, television, newspapers, websites, radio, and agency generated publicity formats of the person mentioned below, engaged in the activities and events sponsored by **Arizona Magic of Music & Dance**.

CHECK ONLY ONE:

____ I, the undersigned parent and/or guardian **GRANT** permission for my child to be in manners listed above for publicity and educational purposes.

____ I, the undersigned parent and/or guardian **DO NOT GRANT** permission for my child to be used in manners listed above for publicity and educational purposes.

I have read and I understand the above set arrangement with Arizona Magic of Music & Dance.

Parent/Guardian Signature

Date



Arizona Magic of Music & Dance
"Magical Possibilities for Youth with Disabilities"

Your child will be working with a teen volunteer buddy during the week of camp, under the supervision of adult camp personnel and volunteers. In order to for us to match the best teen with your child, please give us some information. Your complete answers will help us make it the most enjoyable camp experience for all.

1) Does your child need any hands on assistance or prompting with any of the following (If so, please describe)

- Feeding, cutting food, opening packages
- Washing hands or face
- Toileting
- Dressing or changing into costume
- Reminders to stay on task
- Cutting, drawing, writing

Describe: _____

2) Is your child bothered by any situations, if so please describe and tell what helps in these situations.

- Loud noises or other sounds
- Crowded areas or
- Bright or blinking lights
- Tactile like paint on hands, stickers, etc.
- Hats on head or other accessories
- Schedule oriented
- Other

Describe: _____

3) Many of our campers are verbal but some need assistance with cues to help verbalization and comprehension. How does your child communicate?

- Verbal
- Non Verbal
- Picture Cues
- Signing
- Communication Device, Big Macs, Step Up Switches, Rocker Plate Switch
- Are there any accommodations we should make?

Describe: _____

- Does your child follow directions easily or are there ways to help him/her understand?
Example: picture cues, lists, time charts

Describe: _____

4) If your child becomes upset or bothered by something, what strategies work best to help? Example: offer reward, quiet time, a favorite object, music, etc.

5) For building buddy interaction, let us know what interests your child - favorite songs or musical artist, favorite pets, TV shows, movies, favorite color/s, favorite place, best friend.

6) Would it be helpful and enjoyable for your child to have two buddies assigned or would they feel more independent with just one?

7) Please list any allergies to food:

8) Please list any allergies to other:

9) Will your child be taking any medications at camp? YES_____ Describe below NO_____

Arizona Magic of Music & Dance will permit administration of either prescription or non-prescription medication to enrolled actor by the Program Manager or a designated staff member. Prescription must be provided in a container dispensed by a pharmacy. Non-prescription medication must be provided in its original manufacturer container labeled with the child's name.

Medication:_____

Prescription number:_____

Dosage (amount to be given):_____

Route (by mouth, etc.):_____

How often or at what time is the medication to be given?

Reason for medication:_____

10) **In addition**, If my child becomes ill during the program, I authorize the Program Manager or a designated staff member to give the following over the counter medications as needed. I understand that the Program Manager will contact me and inform me if this happens.

Please specify the dosage of the ones that can be given:

Tylenol
Dosage_____

Advil
Dosage_____

Benadryl
Dosage_____

Parent/Guardian Signature

Date

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