



Camper Profile Form

The information on this form is **confidential** and will be used to assist camp team leaders in providing a physically & emotionally safe experience during the camp week.

Camper's Name _____

What is your child's experience with camping (has s/he ever been to camp before, etc)?

Please list any specific fears or concerns you or your child may have regarding the camp experience:

Swimming Skill Level

During all boating activities, children will wear approved life jackets.

Does your child know how to swim?

Yes No

If yes, what is his/her level of skill?

Fair
 Good
 Excellent

If no, is your child afraid of the water?

Yes No

How does your child generally handle frustration, anger or stress? _____

Please list any specific considerations for working with Your child when s/he is frustrated, angry or stressed:

How does your child generally interact with his/her peers? Any suggestions for helping him/her interact more successfully?

Is there anything else we should know about your child to assist him/her during the camp experience including any physical, cognitive, social &/or emotional issues?

Any further concerns or questions? Feel free to call Larissa at (614) 403-3891