

**6 days that will change your life!**



# Deaf Teen Leadership Camp 2014



*Teamwork*



*Challenge*



*Fun Times*



*Community*

Become a leader in your school and community

Sponsored by  
**Washington State Association of the Deaf**  
and

**Washington Student Leadership**

A program of the Association of Washington School Principals

- Who:** Deaf high school students, grades 9-12
- When:** June 27 –July 2, 2014  
Friday-Wednesday
- Where:** Cispus Learning Center, Randle, WA  
[www.awsp.org](http://www.awsp.org)
- What:** A fun outdoor camp environment!  
Experience a challenge course.  
Develop skills in:
- Problem solving
  - Teamwork
  - Self-advocacy
- Cost:** \$200 per delegate
- Limited financial assistance available
  - Transportation available for additional fee
- Director:** Maria Christianson [dtlcamp@gmail.com](mailto:dtlcamp@gmail.com)

*Download registration materials at*

[www.awsp.org/DeafTeenLeadership](http://www.awsp.org/DeafTeenLeadership) or call 360.497.5323

# Deaf Teen Leadership Camp

June 27-July 2, 2014 ~ Cispus Learning Center

## Program Overview

### **What is the mission of Deaf Teen Leadership camp?**

The Deaf Teen Leadership camp has four key goals:

- Empower Deaf and hard of hearing youth
- Foster personal growth
- Encourage confidence
- Create personal and community change

### **What happens at Deaf Teen Leadership camp?**

Through an interactive, weeklong camp experience, students learn and practice essential skills.

Workshops are held relating to character building, leadership, communication, integrity, self-identity, advocacy and teamwork. Students at Deaf Teen Leadership also have the opportunity to experience the Cispus challenge course, participate in Deaf culture enrichment activities and meet other Deaf and hard of hearing youth from high schools across Washington.

### **Who should attend?**

Deaf Teen Leadership Camp is open to Deaf and hard of hearing youth entering grades 9-12.

### **Who is a sponsor?**

All delegates require a sponsor. A sponsor is a teacher, counselor or school administrator who recommends the student as a delegate to Deaf Teen Leadership camp.

A partnership of Washington State Association of the Deaf and Washington Student Leadership, a program of the Association of Washington School Principals.



### **What is the cost?**

The cost for students coming from schools that are members of the Washington Association of Student Councils is \$200. Limited financial assistance may be available. Charter bus service to and from the Cispus Learning Center is available for an additional fee. Students can also be transported to camp by a parent, or carpool. *No student drivers are allowed.*

### **How do I register as a Deaf delegate?**

The registration process consists of five steps:

1. Complete the Registration/Medical Form.
2. Have your sponsor and your parent/guardian sign the form.
3. Include with payment and mail to:  
  
Washington Student Leadership  
2142 Cispus Road  
Randle, WA 98377
4. We will send a confirmation to you upon receiving your forms.
5. As the date of camp nears, finalize your transportation arrangements. Students either sign up for our charter bus service at an additional fee, or they are transported to camp with an adult driver.

**Student drivers are not allowed.**

### **QUESTIONS?**

#### **For registration questions:**

Karen Johnson, Camp Registrar  
[karenj@awsp.org](mailto:karenj@awsp.org) or 360.497.5323

#### **For curriculum and camp questions:**

Maria Christianson, Camp Director  
[dtlcamp@gmail.com](mailto:dtlcamp@gmail.com)

Videophone appointments by pre-arrangement

**Washington Student Leadership**  
2142 Cispus Road, Randle, WA 98377  
Phone: 360.497.5323 FAX: 360.497.5324  
[www.awsp.org/DeafTeenLeadership](http://www.awsp.org/DeafTeenLeadership)



**Deaf Teen Leadership Camp 2014**  
 Sponsored by Assoc. of Washington School Principals and  
 Washington State Association of the Deaf  
**June 27-July 2 (Friday-Wednesday)**

**Delegate Registration/Medical Form**

Mail (please do not FAX) to:

Washington Student Leadership  
 2142 Cispus Road  
 Randle, WA 98377

**Deaf Teen Leadership Camp is held at the Cispus Learning Center.**

School \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Year You Graduate: \_\_\_\_\_ Gender: Female  Male  Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent or Guardian Home Phone \_\_\_\_\_ Parent Day/Cell Phone \_\_\_\_\_

Alternate Emergency Contact & Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  XL  XXL

**Medical information below is to be completed by parent or guardian. Attach details if needed.**

Health/dietary concerns including allergies to foods/medications: _____	<b>Vegetarian meals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<b>Allergy to peanuts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<b>Airborne peanut allergy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Current medications / taken for: _____	Dosage & time of day: _____
Can a health care professional provide over the counter medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: _____
Should delegate be restricted from any activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last tetanus shot: _____
Does your child need special accommodations due to physical challenges? _____	

**Sponsor's Recommendation REQUIRED.** (A sponsor is a teacher, counselor or administrator): I recommend this student for acceptance as a delegate to Deaf Teen Leadership Camp.

\_\_\_\_\_  
*Printed Name of Sponsor* *Signature* *Date*

**Student Agreement:** If accepted as a delegate, I agree to abide by all regulations established by the officials of Washington Student Leadership and will strive to be a worthy representative of my community by contributing my best efforts toward the success of the camp. I have read and understand the cancellation policy and I understand that **student drivers are not allowed.**

\_\_\_\_\_  
*Signature of Student* *Date*

**Parent or Guardian Permission:** As the parent or guardian I give my permission for my son/daughter to attend Leadership Camp at the Cispus Learning Center in Randle, Washington. I have read and understand the cancellation policy and I understand that student drivers are not allowed. By signing this form I give permission for photographs, slides or videos of my child to be used for information, publication, presentation or other educational purposes. I authorize the Association of Washington School Principals to obtain medical care for my son/daughter in the event such care is necessary. In the event of an emergency I understand that every effort will be made to contact the parent(s) or guardian of the delegate. Permission is hereby granted to the health care professional or accredited hospital and their associates to perform necessary medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. I also agree to be responsible for the payment of such care.

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*

# Deaf Teen Leadership Camp

# Delegate Registration/Medical Form

**REGISTRATION FEE** \$ 200.00

Transportation Fee (see below) \$ \_\_\_\_\_

**Total Due = \$ \_\_\_\_\_**

**TRANSPORTATION.** Charter bus transportation is available at an additional cost. Pick up locations will be based on registrations. **Student drivers are not allowed.**

Auburn	\$58	Moses Lake	\$65	Tri Cities	\$63
Bellingham	\$63	Seattle	\$60	Vancouver	\$60
Ellensburg	\$60	Spokane	\$68	Wenatchee	\$62
Everett	\$63	Tacoma	\$58	Yakima	\$58

Preferred pick-up location \_\_\_\_\_  No transportation needed

**METHOD OF PAYMENT.** Payment must accompany registration.

**Payment by Credit Card:**

Card Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cardholder's signature \_\_\_\_\_

**Mail this form with payment to:**

Washington Student Leadership  
 2142 Cispus Rd  
 Randle, Wa 98377  
 Phone 360.497.5323

**CANCELLATION POLICY:** Parents may cancel spaces up to May 31 with a full refund. All cancellations received after May 31 will result in a non-refundable processing fee of \$50 plus transportation fees. If cancellation is made less than five working days prior to camp, (June 20, 2014), the full charge of camp plus transportation will apply. Full charges apply for delegates who leave early or do not show up for camp. **All cancellations must be received in writing from the parent by the specified date.**

**FINANCIAL ASSISTANCE REQUEST**

DEADLINE FOR REQUESTS IS JUNE 1<sup>ST</sup>.  
APPLICANTS WILL BE NOTIFIED OF STATUS BY JUNE 10<sup>TH</sup>.

- Partial financial assistance will be available for a limited number of delegates.
- All delegates are asked to pay some portion of the fee as a sign of commitment.
- Funds are the result of the generosity of Deaf Teen Leadership Camp supporters.

Check one: I will pay  \$50.00 (minimum required) OR  \$100.00

Check one:

I am requesting assistance based on situation and income:  
 Number of household members: \_\_\_\_\_ Household adjusted gross income (per tax return) \$ \_\_\_\_\_  
 Extenuating circumstances to be considered: \_\_\_\_\_

I qualify for public assistance (food stamps, social security, free and reduced school meals, etc)

**Certification:** To the best of my knowledge, the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_