



CAMPER PROFILE 2008

Please complete and return this form (or go online and submit) by 05/31/08.

Camper is attending camp session (please check) 1 ___ 2 ___ 3 ___ 4 ___

This confidential profile is used to extend our understanding of each of our campers and to enhance our ability to respond to their individual needs, with the hope that their summer at Independent Lake will be a special one. The information you give us in this form will be private and privileged for the use of directional staff only. All details in this report will be carefully studied and suggestions conscientiously carried out. It is essential that you include all information in order to assure your child has a happy, healthy and productive summer. Your cooperation will enable the camp directors to use your knowledge and advice toward the intelligent guidance of your child.

Camper's Name _____ Sex _____

Address _____ City _____ State _____

Zip Code _____ Home Telephone _____ Birthdate ___/___/___

Emergency Telephone _____ Grade in Sept. 2008 _____

Camper: Please check your areas of interest

- | | |
|---|-------------------------|
| COMPUTERS _____ | MOUNTAIN BIKING _____ |
| TEAM SPORTS _____ | INDIVIDUAL SPORTS _____ |
| ROCK MUSIC _____ | THEATRE _____ |
| VISUAL ARTS/CRAFTS _____ | CIRCUS ARTS _____ |
| MAGIC _____ | TENNIS _____ |
| SWIMMING _____ | BOATING/SAILING _____ |
| WATERSKIING/WAKEBOARDING _____ | DANCE _____ |
| COOKING _____ | SINGING _____ |
| VIDEO/DIGITAL ARTS _____ | NATURE _____ |
| RADIO _____ | ROCKETRY _____ |
| ELECTRONIC MUSIC _____ | HORSEBACK RIDING _____ |
| CREATIVE WRITING/POETRY/NEWSPAPER _____ | _____ |
| ROLE PLAYING GAMES _____ | _____ |
| ROLLERBLADING/SKATEBOARDING/MOUNTAIN BOARDING _____ | _____ |
| ESL, SAT PREP, TUTORING _____ | _____ |
| ROPES, CHALLENGE COURSE, CLIMBING WALL _____ | _____ |
| GO CARTS _____ | _____ |
| BMX RIDING _____ | _____ |

At this time you are only indicating your areas of interest. These are NOT your primes.

As a camper, what are your expectations for the summer?

Celebrating Human Diversity

Winter: PO Box 86 • Newberry FL 32669 • Phone 800-399-CAMP (2267)
 Summer: PO Box 29 • Lakewood PA 18439 • Phone 570-727-4160 • Fax 570-727-4176
 Email: ILCnigel@aol.com • Website: www.independentlake.com

Parent/Guardian: Please fill out this side

List any special programs the camper is involved in at school, such as gifted, remedial, learning difference, etc.

Is the camper enthusiastic about coming to camp? _____

Does the camper have any fears, such as fear of darkness, swimming, etc.? _____

Does the camper have a problem with bed-wetting? _____

What mealtime problems should we anticipate, if any? _____

How have you dealt with the above problem(s)? _____

Has the camper seen a counselor, psychologist or psychiatrist? No _____ Yes _____ If yes, please explain:

Does the camper take any medication on a regular basis? No _____ Yes _____ If yes, please explain:

As a parent, please outline any special areas that you would like us to encourage your child to pursue. At Independent Lake, your child plans each session's program with the assistance of our program director and, while the final choice of activities will be your child's, we can encourage and direct.

Please feel free to discuss any other factors that will lead to a more complete understanding of your child to ensure a successful camp experience.

The responses you have entered above are read by our Directors and Camper Advocates only. They determine which information if any should be shared with our Department Heads and Bunk Counselors. Please comment on what if any of the above information you would prefer NOT be shared beyond the Directors and Camper Advocates staff.

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