

Tourette Syndrome Camp Organization

C/O: Scott Loeff, 6933 N Kedzie Ave, #816 ! Chicago, Illinois 60645-2725 ! Telephone (773) 465-7536,
HTTP://tourettecamp.com
Scott63@prodigy.net

Application-Washington DC Children's Program

Note: This form must be completed in full in order to be accepted and processed. Do not leave any blanks; if the answer to a question is "none," write the word none.

(Please Print) Today's Date: _____

Child's first name: _____ last name: _____

Birth date: _____ Sex: _____ Current Grade in school: _____

Height: _____ Weight: _____

Name(s) of Parent(s) or Guardian: _____

Street Address: _____

City: _____ State: _____ **9-digit** zip code: _____

(Note: last 4 digits of your zip code may be found on any utility bill, or call your post office)

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____

Number where you can be reached during program: (____) _____

Emergency name/phone number: _____ (____) _____

Relationship to child: _____

Has your child attended The Children's program at any previous TSA national conferences?

Yes _____ No _____

If yes, what year(s) _____ How many years? _____

MEDICAL INFORMATION

Year your child was diagnosed with Tourette syndrome: _____

Please describe your child's current motor and vocal tics. **Be as specific as possible**, i.e., echolalia (repeating phrases of self/others), coprolalia (involuntary swearing), touching, etc.

TELL US ABOUT YOUR CHILD

Does your child have Attention Deficit Disorder? _____ To what degree? Mild (1) to Severe (10)

With hyperactivity? _____ To what degree? Mild (1) to Severe (10) _____

Does your child have Obsessive-Compulsive symptoms? _____ To what degree? Mild (1) to Severe (10) _____

Please describe your child's current obsessions and compulsions. **Be as specific as possible**
Explain: _____

List all other medical diagnoses:

Other Health Problems/Injuries: _____

Child Social Security Number (needed for access to White House) ____ - __ - ____

I reaffirm that all information provided in this application is truthful and complete. I agree to allow photographs to be taken of my child and that these photos may be used in publicity and advertisement of the TSCO including but not limited brochures, releases and web site. I also understand that once payment is made to the Tourette Syndrome Camp Organization (TSCO) there can be no refund of camp fees for any reason. I The parents shall be liable for any cost incurred by TSCO. By signing this form, I am agreeing to be available to pick up my camper if (s) he chooses not to conform to program rules and there will be no refund.

Parents / Guardian Signature

Date