VSDB: CSI & Basketball camp

June 25th-30th, 2006

February 15, 2006

Dear Parent (s):

Calling all **deaf and hard-of-hearing students ages 11-17** to join our great teaching staff as we embark on a mystery crime scene of fun and intrigue and athletics this summer at the Virginia School for the Deaf and Blind! In the morning hours you will become forensic scientists in a great whodunit week of fun! After lunch you will then attend a fantastic basketball camp with the locally known coach Paul Hatcher (winningest high school coach in Virginia) of Lee High School and the Tennessee School for the Deaf Basketball Coach Richard Davis.

This program is scheduled from Sunday, June 25th to Friday, June 30th on the VSDB campus in Staunton. Registration will be from 2:00-4:00 p.m. on Sunday, June 25th, in the **Chapel**. Classes and basketball camp will begin on Monday, June 26th. **Students and their luggage must be picked up in the dormitory by no later than 12:30 p.m. on Friday, June 30th.**

The program is funded by a grant from the Department of Education. A small amount of spending money will be needed for the evening hours.

In order to attend this program, your child's primary disability must be deaf or hard-of-hearing. These forms must be completed in order for your child to be accepted into the summer enrichment program.

1. Application form
2. Documentation of Immunization form
3. Summer Program Permission Form
4. A completed medical form
5. Student Medication form
6. Copy of the current IEP
7. Permission to Treat Medical Form

The medical form **MUST be sent to us ASAP**. We cannot accept any student without all the required immunizations and documentation.

Either mail the forms to the address below or you may FAX the registration information at 540-332-9066 by May 2, 2006. **All the enclosed forms must be completed before your child can be accepted**. In the past we have had to create a waiting list for applicants due to the overwhelming response to the program! Please don't delay.

If you have questions, please contact us here at VSDB (540-332-9051 or 540-332-9021).

Sincerely,

Tanya Faidley
Summer Enrichment Coordinator

VSDB
Summer Enrichment Program
PO Box 2069
Staunton VA 24402-2069

CSI & Basketball Summer Enrichment Program

Application Form

AGES 11-17

Virginia School for the Deaf and the Blind – Staunton

Department for the Deaf

Sunday, June 25th – **Friday**, June 30th, 2006

Student's Full Name: _____

Date of Birth: _____Age:_____

Social Security Number: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: (Home) _____ (Work) _____ (Emergency_____)

Email address:_____

Student's School for the 2005-2006 Session: _____

School Address: _____

City: _____ State: _____ Zip: _____

Student's Grade Placement for 2005-2006: _____

Disability (ies) (List all):

_____

Mode of Communication (Oral, ASL, Cued Speech, etc.): _____

_____

Degree of hearing loss: _____

Hearing Aids/Types: _____

Reading Level: _____

Has the student ever been away from home? _____

Please list any allergies that the student has: _____

_____

Please list any activity restrictions for the student: _____

_____

Has the student previously attended VSDB Summer School before? _____If so, what year? _____

NOTE:
All completed forms along with a current IEP must be attached to this application for entry to summer school.

Thank you,

Tanya Faidley
Summer Enrichment Coordinator
(540) 332-9051 (V/TTY)
(540) 332-9066 (FAX)

The Virginia School for the Deaf and the Blind-Staunton does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Nancy Armstrong, Superintendent
P. O. Box 2069
Staunton, VA 24402-2069
(540) 332-9000

For further information on Federal non-discrimination regulations, contact the Office for Civil Rights at OCR.DC@ed.gov or call 1(800) 421-3481.

You may also view Executive Order 1 (2006), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, sexual orientation, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. You may obtain additional information at the Commonwealth of Virginia's official Web site concerning this equal opportunity policy.

THE VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND
Deaf Department
P.O. BOX 2069
STAUNTON, VIRGINIA 24402

Summer Enrichment Program

We must receive this form prior to registration day

DOCUMENTATION OF IMMUNIZATIONS FOR SUMMER PROGRAM

(To be completed by physician)

STUDENT'S NAME: _____

IMMUNIZATION	DATE
1. Diphtheria-Pertussis-Tetanus	
2. Diphtheria-Tetanus Booster	
3. Polio	
4. Measles, 10-day	
5. Mumps	
6. Measles, German 3-day	
7. Tuberculin Test—Must be PPD/Intradermal [Must be within 90 days of June 25, 2006] _____ Negative _____ Positive	
8. Hepatitis B Vaccine	
9. Hib Vaccine	

SIGNATURE OF PHYSICIAN OR HEALTH CARE PROVIDER: _____

PRINT NAME HERE: _____

DATE: _____

PLEASE RETURN THIS FORM BY May 2, 2006

TO

Tanya Faidley--
VSDB-STAUNTON, Deaf Dept.
P.O. BOX 2069
STAUNTON, VA 24402

Summer Enrichment Program--June 25th-30th, 2006
"CSI & Basketball Summer Enrichment Program"

SUMMER PROGRAM PERMISSION FORM

STUDENT'S NAME:

_____

Dear Parent(s)/Guardian(s):

We need permission for certain *on* and *off* campus activities and media release for the students who come to our summer program. Students are supervised at all times. Please indicate below which permissions you would like to grant your child. Thank you.

I GRANT MY CHILD PERMISSION, AT THE DISCRETION OF THE SUMMER PROGRAM STAFF, HOUSEPARENTS, AND THE STUDENT LIFE OFFICE, TO:

Yes	**No**	**Leave campus by bus or car for a school-related function with supervision of the school staff**.
Yes	**No**	**Travel in a group by bus, car, or on foot in the Staunton area.**
Yes	**No**	**Swim at the VSDB pool, the park pool, or other public facilities when a lifeguard is present.**
Yes	**No**	**Field trip that is out-of-town.**
Yes	**No**	**I hereby give my permission to VSDB-S to use my child's picture or videotape with accompanying information, for news media purposes. I understand that any pictures/article/tape used by VSDB-S will be in the best interest of my child and the school.**

COMMENTS: _____

_____

I UNDERSTAND THAT I AM ASSUMING FULL RESPONSIBILITY FOR THIS CHILD WHILE HE/SHE IS AWAY FROM SCHOOL.

_____
(Signature of Parent or Guardian)

PLEASE RETURN THIS FORM BY May 2, 2006
Tanya Faidley, Program Coordinator
VSDB, Deaf Department
P.O. BOX 2069
STAUNTON, VA 24402

Virginia School for the Deaf and the Blind

Staunton, VA 24402

STUDENT MEDICATION FORM

To be filled in by Physician:

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to:

_____ who will be attending the VSDB-S Summer Enrichment Program
(Student's name)
June 25 – 30, 2006 and this medication may be administered by school personnel.

PERSCRIPTION(S), MEDICATION NAME AND DOSAGE:

_____
_____
_____

TIME: _____

DURATION: _____

REASON FOR MEDICATION: _____
_____

PHYSICIAN'S SIGNATURE: _____

DATE: _____

To be filled in by Parent/Guardian:

I, _____ parent/guardian of _____
(Student's name)
request that the school personnel of Virginia School for the Deaf and the Blind at Staunton administer medication prescribed above to my child while they are attending VSDB-S. I agree to furnish the medication in the container supplied by the pharmacy with the label intact.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

SAVE THESE DIRECTIONS TO VSDB
[NOTE: THE HIGHWAYS ARE WELL MARKED FOR VSDB]
(540-332-9021/540-332-9000/540-332-9027)

IF YOU ARE COMING FROM THE EAST:

Take I-64 to the west and exit at I-81 N to Staunton. On I-81, remain in the right lane. Take Exit 222 and bear right onto Route 250 W into Staunton. Go through eight stoplights. At the 8th stoplight turn right onto Statler Blvd. At the first stoplight turn left onto Commerce Road. Then make a right turn onto New Hope Road. You will see the back entrance to VSDB. Follow the road up the hill and bear left. This is a circle drive but you will pass the Chapel, where registration will be held, on the right near the stop sign. The Chapel has a large lookout window on top of it! There is parking around this area.

IF YOU ARE COMING FROM THE SOUTH:

Take I-81 N to Exit 222. Take Exit 222 and bear right onto Route 250 W into Staunton. Go through eight stoplights. At the 8th stoplight turn right onto Statler Blvd. At the first stoplight turn left onto Commerce Road. Then make a right turn onto New Hope Road. You will see the back entrance to VSDB. Follow the road up the hill and bear left. This is a circle drive but you will pass the Chapel, where registration will be held, on the right near the stop sign. The Chapel has a large lookout window on top of it! There is parking around this area.

IF YOU ARE COMING FROM THE NORTH:

Take I-81 S to Exit 225. Take Exit 225 and bear right onto Route 275. Go to the 1st traffic light which is Route 11. Turn left at the light and go South on Route 11 for a block. At the Y intersection where there's a light, bear left onto Route 11 Bypass. Go through the first stoplight and then make a right hand turn onto New Hope Road. You will see the back entrance to VSDB. Follow the road up the hill and bear left. This is a circle drive but you will pass the Chapel, where registration will be held, on the right near the stop sign. The Chapel has a large lookout window on top of it! There is parking around this area.

VIRGINIA SCHOOL FOR THE DEAF AND BLIND
SUMMER BASKETBALL CAMP
JUNE 26-27-28-29, 2006

DEAF BOYS AND GIRLS: MIDDLE SCHOOL & HIGH SCHOOL
CAMP OPEN TO THOSE ENROLLED
IN SUMMER SCHOOL ONLY.

CAMP HOURS: **1:30 PM UNTIL 4:30 PM DAILY**

BB CAMP DIRECTOR: **John Wayne Hite**
Athletic Director VSDB
540-332-9028

COACHING STAFF: **Paul L. Hatcher**
Head Basketball Coach-Lee High School past 38 years.
29-Regular season district champs
20-District tournament champs
11-District tournament runner-ups
12-Regional tournament champs
5-Regional tournament runner-ups
14-Teams have qualified for State tournaments

13-Final four appearances
4-State runner-ups
4-State championships

<u>Richard Davis</u>
Head Basketball Coach-Tennessee School For The Deaf-Knoxville, Tenn. Past 6 years
28-Years coaching
Record against deaf schools 33-8
Past 6 years has been in the final four of the Deaf Mason Dixon Tournament

Players will report to the gym Sunday after dinner to be divided into Skill levels

SKILL LEVELS TAUGHT AT CAMP:

- **Shooting**
- **Dribbling**
- **Passing**
- **Pivot Play**
- **Rebounding**
- **Transition Game**
- **Defense**

ADDITIONAL STAFF: **Former players of camp coaches**
VSDB coaching staff
Assistant coaches of camp staff

VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND – STAUNTON

PERMISSION FOR ROUTINE AND/OR EMERGENCY MEDICAL, DENTAL CARE, OR MENTAL HEALTH

Name of Child_____

DOB_____ Social Security Number_____

Name of Parent(s)/Guardian(s)_____

Home Address_____

_____ Phone # (_____)_____

Place of Mother's or Guardian's Employment_____

Address_____ Phone # (_____)_____

Place of Father's or Guardian's Employment_____
Address_____ Phone # (_____)_____

The parent/guardian authorizes the *VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND-STAUNTON* to obtain routine medical, mental health, dental, and emergency care services. This includes hospitalization, the performance of necessary diagnostic tests, surgery, and/or administration of medication to his/her child or a child for whom you are responsible, if an emergency occurs when he/she cannot be located immediately. It is understood that this agreement covers situations which are true emergencies and only when the parent/guardian cannot be reached. Otherwise the parent/guardian expects to be notified immediately. It is also understood that it includes the school sponsored activities or athletic events when it is felt appropriate or necessary by the school official in charge. Parents/guardians will assume full responsibility for prompt payment of medical expenses not covered by insurance.

Signature_____
Date_____

1. Payment for MEDICAL treatment for this child will be made by:
   Medical#_____
   Medicare #_____
   Other Health Insurance_____
   a. Company Name_____
   b. Policy #_____ Phone Number_____

2. Payment for DENTAL treatment for this child will be made by:
   Medicaid #_____
   Medicare #_____

Other Health Insurance_____

c. Company Name_____

d. Policy #_____ Phone Number_____

3. Payment for MENTAL HEALTH treatment for this child will be made by:

Medicaid #_____

Medicare #_____

Other Health Insurance_____

e. Company Name_____

f. Policy #_____ Phone Number_____

NOTIFICATION TO TREAT:

1. PHYSICIAN to be notified in an emergency_____

Address_____ Phone # (_____)_____

2. DENTIST to be notified in an emergency_____

Address_____ Phone # (_____)_____

3. EYE PHYSICIAN to be notified in an emergency_____

Address_____ Phone # (_____)_____

4. MENTAL HEALTH worker to be notified in an emergency_____

Address_____ Phone # (_____)_____

5. USE OF MEDICATION: Does your child take any kind of medication regularly? ☐ YES ☐ NO

If YES, please bring the medication in its original pharmacy bottle or over the counter medication container. List below each prescription drug the child is authorized to use and state the time and conditions of use.

_____

_____

6. Is your child allergic to any medication, food or insect? If YES, name the substance and describe the symptoms. Otherwise, state ***no*** or ***unknown***.

_____

_____

7. Does your child have any significant medical problem, chronic condition or disability?

☐ YES ☐ NO

If YES, describe below in detail. State each health problem separately and explain its effects, duration, treatment, etc. Use back if necessary.

_____

_____

8. Does your child have a history of substance abuse? ☐ YES ☐ NO If YES, state below each substance by name and any known facts concerning its use by the child, e.g. length of use, treatment provided, most recent usage, etc.

_____

_____

9. Does your child have any special nutritional requirements or special diet? ☐ YES ☐ NO
If YES, please explain : _____

_____

_____

10. Does your child have ear tubes? ☐ None ☐ Right Ear ☐ Left Ear ☐ Both Ears

11. Has your child ever had any surgery? ☐ YES ☐ NO If YES, please describe what surgery was done.

_____

_____

12. Has your child ever been hospitalized? ☐YES ☐NO If YES, indicate when and reason for admission.

_____

_____

13. Has your child ever had any serious illness/injuries that affect current state of health?
☐ YES ☐ NO
If YES, describe

_____

_____