





# Deaf Teen Leadership Camp

June 28-July 2, 2008 ~ Cispus Learning Center

## **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.

## **What is the cost?**

The cost for students coming from schools that are members of the Washington Association of Student Councils is \$225.00 (non-member schools, \$235.00). Check with Washington Student Leadership if you are uncertain of your membership status. 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 four steps:

1. Complete the Registration/Medical form and include payment method.
2. Mail to:  
  
Washington Student Leadership  
2142 Cispus Road  
Randle, WA 98377
3. We will send a confirmation to you upon receiving your forms.
4. As the date of camp nears, finalize your transportation arrangements for attending the life-changing experience of Deaf Teen Leadership camp. Students either sign up for our charter bus service at an additional fee, or they are transported to camp with an adult driver.

## **QUESTIONS?**

### **For registration questions:**

Washington Student Leadership  
360.497.5323  
Karen Johnson ([karenj@awsp.org](mailto:karenj@awsp.org))  
Jan Phillips ([janp@awsp.org](mailto:janp@awsp.org))

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

*Camp Directors:*  
Howie Seago and Tiffany West  
[howieseago@sprint.blackberry.net](mailto:howieseago@sprint.blackberry.net)  
[tawest05@yahoo.com](mailto:tawest05@yahoo.com)

Video phone appointments by pre-arrangement

**Washington Student Leadership**

2142 Cispus Road, Randle, WA 98377

Phone: 360.497.5323 FAX: 360.497.5324

**[www.awsp.org/leadership](http://www.awsp.org/leadership)**



***Deaf Teen Leadership Camp is held at the Cispus Learning Center.***  
*No student drivers allowed.*

School: \_\_\_\_\_

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

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

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

Age: \_\_\_\_\_ Year you graduate: 20\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_ Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

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

Emergency Contact Other Than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

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

T-Shirt Size: \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XL \_\_\_\_ XXL

The box below is to be completed by parent or guardian:

**Responses Requested:** (If not applicable, write N/A or none.)

Dietary or other Health Concerns (allergies, etc.) *Attach additional information if needed.* Do you need vegetarian meals?  Yes  No

\_\_\_\_\_

Current Medications / taken for: \_\_\_\_\_ Dosage & time of day: \_\_\_\_\_

Is your child allergic to any medication?  Yes  No If yes, list \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Should delegate be restricted from any type of activity?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child need special accommodations due to physical challenges? \_\_\_\_\_

**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, or Chewelah Peak in Chewelah, 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**  
*June 28-July 2 (Saturday to Wednesday)*

Camp Registration Options:

Scholarships **may be** available to those with financial needs. Those requesting funds will be notified June 2<sup>nd</sup>.

Please check appropriate box:

- I am able to pay the \$225 and the additional transportation fees.
- I am requesting a reduced rate of \$140, which includes transportation, based upon my financial need.
- I am requesting full financial support so that my son or daughter can attend camp.
- I am able to help support an additional delegate by making a tax-deductible contribution of \_\_\_\_\_.  
*(All contributions will be acknowledged with a receipt.)*
- Other (Please specify): \_\_\_\_\_

Registration fee \_\_\_\_\_

Transportation fee (see below if needed) \_\_\_\_\_

**Total Due** \_\_\_\_\_

**TRANSPORTATION INFORMATION**

Approximately seven days prior to camp an itinerary will be sent to each delegate requesting transportation. *Special routes or shuttle service may be available. Contact the Leadership office for information.*

**STUDENT DRIVERS ARE NOT ALLOWED.**

Auburn	\$50	Moses Lake	\$55	Tri Cities	\$55
Bellingham	\$53	Seattle	\$52	Vancouver	\$52
Ellensburg	\$52	Spokane	\$60	Wenatchee	\$55
Everett	\$55	Tacoma	\$50	Yakima	\$50

**METHOD OF PAYMENT**

IF NOT REQUESTING FULL FINANCIAL SUPPORT, a purchase order, credit card or check, payable to AWSP must accompany your registration. Receipts will be sent upon SUCCESSFUL PROCESSING of this registration. Adjustments to invoices will be made within the provisions of the cancellation policy.

**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 or purchase order to:**

**AWSP Student Leadership**  
2142 Cispus Rd, Randle, WA 98377

Phone 360.497.5323 FAX 360.497.5324

**Cancellation Policy:** Parents may cancel reserved spaces up to May 31<sup>st</sup> with a full refund. All cancellations received after May 31<sup>st</sup> will result in a non-refundable processing fee of \$50. If cancellation is made less than five working days prior to camp, the full charge of camp plus transportation will apply. No refunds will be given if delegates are required to leave early or do not show up for camp. **All cancellations must be received in writing from the parent by the specified date.**