

Tourette Syndrome Camp Organization

6933 N. Kedzie #816

Chicago, Illinois 60645

(773) 465-7536 or [E-mail:scott63@prodigy.net](mailto:scott63@prodigy.net)

On Saturday March 6, 2009 from Noon till 5:00PM, The Tourette Syndrome Camping Organization will be hosting a Camp Afternoon at the Lattof YMCA which is located at 300 E. Northwest Highway, Des Plaines, IL

The program is for Boys and Girls ages 8-16 who have Tourette Syndrome and their siblings. The program will include an indoor climbing wall (for all participants) and an indoor ropes course (for participants age 12 and up). The cost is \$30 per child which will include a meal (which will not be till around 3:30PM). Please fill out the attached form(one for each child) and mail in with the payment or pay by credit card on our website at www.tourettecamp.com.

The Tourette Syndrome Association will be hosting a program nearby which parents are welcome to attend. More information will follow on that program.

Tourette Syndrome Camp Organization

C/O: Scott Loeff, 6933 N Kedzie Ave, #816 ! Chicago, Illinois 60645-2725 ! Telephone (773) 465-7536,
HTTP://tourettecamp.com
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March 6, 2010 Camp Afternoon

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: (____) _____

TELL US ABOUT YOUR CHILD

Year your child was diagnosed with Tourette Syndrome: _____ (if your child does not have Tourette Syndrome, Please indicate as well)

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:

