Camper/Athlete Eligibility Inventory

**Parents/Guardians** please complete this form in order to help us determine if CANC is a good fit for your child. Attach this to the Athlete form and email to [CANC@raisingcane.org](mailto:CANC@raisingcane.org) or PO Box 12911, Raleigh, NC 27606.

Child’s Name: Date:

Please circle your responses.

Will your child be between the ages of 11and 17 years old at the time of CANC, July10, 2013? Yes No

Is your child within 1 year of their grade level for academics? Yes No

Is your child able to independently dress and care for their personal hygiene?

Yes No

Does your child have a teacher of the visually impaired and a diagnosis of blind or visually impaired? Yes No

Does your child have an Orientation and Mobility Specialist? Yes No

Does your child cooperate within a group and generally have a positive attitude?

Yes No

Is your child free of other physical disabilities and mobility restrictions such as wheelchairs or crutches? Yes No

Can your child sustain physical activity for several hours at a time, each day of the camp session? Yes No

If you answered No to any questions, please explain below.