



## What is Camp CHAT?

Camp CHAT is a weekend retreat for teens with hearing loss and their families. Campers will engage in communication activities using the latest digital wireless microphones and technology. Depending on the camp location, campers will also have the opportunity to participate in traditional camp activities such as a challenge course, trail biking, swimming, ziplining, fishing, hammock relaxing and campfire excitement. Camp is conducted by a licensed audiologist with the support of graduate student clinicians.

**Teens:** Teens just like you who want to have a fun day meeting new friends and a fun opportunity to try wireless technology!

**Siblings:** Brothers and sisters ages 6+ will have just as much fun with their own special activities.

**Parents:** You will be amazed at what your child can do!  
*At least one parent must attend.*

**Coaches:** UT Dallas audiology graduate students will host a high-energy weekend of fun and will guide and facilitate discussions.



## When:

**March 8 - 10, 2019**

Friday at 6:30 p.m. - Sunday at 1:00 p.m.

## Where:

Briarwood Retreat Center

70 Copper Canyon Road | Argyle, Texas 76226

## Cost:

\$150 for 1 teen and 1 parent +

\$50 for additional parent/sibling

## Contact:

Linda Thibodeau

thib@utdallas.edu | 972.883.3463

## Callier Center for Communication Disorders

The Callier Center for Communication Disorders helps people communicate throughout their lives — to hear and be heard, to understand and be understood. For more than 50 years we have provided treatment, training and research to help people of all ages hear, speak and connect with others.



# Registration Form

Space is Limited. Register Today!

To register, send completed form to:  
Callier Center for Communication Disorders  
c/o Linda Thibodeau  
811 Synergy Park Blvd., Richardson, TX 75080

\_\_\_\_\_  
Teen's Name Date of Birth

\_\_\_\_\_  
Sibling #1 Date of Birth

\_\_\_\_\_  
Sibling #2 Date of Birth

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

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

Does the teen wear a hearing aid? \_\_\_\_\_ Manufacturer? \_\_\_\_\_ Model? \_\_\_\_\_

Does the teen wear a cochlear implant or other device? \_\_\_\_\_ Manufacturer? \_\_\_\_\_ Which ear? \_\_\_\_\_

What is his/her primary mode of communication? Oral \_\_\_\_\_ Total Communication \_\_\_\_\_ ASL \_\_\_\_\_

Are there any special accommodations for the teen, sibling, or parent/guardian? (Dietary/physical restrictions?)

\_\_\_\_\_  
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\_\_\_\_\_