



# 2011-2012

## Easter Seals Veteran's

# Family Camp Application

## A Retreat for Veterans and their Families

Easter Seals Wisconsin Camp Wawbeek will offer a chance for veterans and their families to spend much-needed time together at our beautiful camp just outside of Wisconsin Dells. There is no charge for the program except for a \$25 registration fee. All meals and lodging are provided.

The program, unique to Wisconsin, includes fully-accessible recreational opportunities for the veteran and family, therapeutic and informational group sessions, as well as activities for the entire family to do together such as fishing, swimming, and accessible Ropes Course and zip line with certified Ropes Course specialist.

Trained social workers in veteran affairs will facilitate separate optional group sessions with veterans, spouses/family members and children to discuss family issues, readjustment support, problem solving, and resource referral. They will offer time for one-on-one meetings, if desired. While the focus is primarily on fun, participating families will have the opportunity to begin forming social and support networks that may be helpful to them.

Located on 400 beautifully-wooded acres in Wisconsin Dells, veterans and their families will have the option to explore everything that Camp Wawbeek has to offer: the climbing tower, zip line, high/low ropes course, heated pool, team building activities, arts and crafts, environmental education/nature, adapted sports/games and evening activities, along with plenty of downtime for families. All activities are fully-accessible, and veterans with and without disabilities are encouraged to attend

*"To All of the Camp Staff at Camp Wawbeek,*

*Thank you for making our stay at Veteran's Camp amazing! We truly appreciate all your planning and hard work. You made it possible for us as a family to have time together to enjoy each other and to do so many fun and exciting things. We as a family have never had this type of opportunity to spend time together like this without having to take care of endless details. It has been awesome! The accessibility of the buildings and the staff's understanding about disabilities made it possible for us to relax and enjoy ourselves.*

*With Sincere Thanks: The Perez Family"*

### Mail this Application To:

Easter Seals Wisconsin Camps  
101 Nob Hill Road, Suite 301  
Madison, WI 53713

### Apply Online:

[camp.eastersealswisconsin.com/register](http://camp.eastersealswisconsin.com/register)

### Registration Info:

[camp@eastersealswisconsin.com](mailto:camp@eastersealswisconsin.com)  
1-800-422-2324 ext 124

### Wawbeek Program Info:

1450 Highway 13  
Wisconsin Dells, WI 53965  
[wawbeek@eastersealswisconsin.com](mailto:wawbeek@eastersealswisconsin.com)  
608-254-8319

### Website:

<http://camp.eastersealswisconsin.com>



**Veteran/Service Member Information**

Which weekend(s) would you like to attend: October 14-16, 2011 May 4-6, 2012

Name: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender: Female Male

Mailing Address: \_\_\_\_\_

This address is only used for mailing correspondence; please provide the address to which all mail should be sent.

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

What is your preferred method of receiving notifications and paperwork: E-mail Postal Mail

What is the applicant's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

How did you find out about the Veteran's Family Camp?

Advertisements VA Services Word of Mouth Web Search Friends Case Worker TV

Website/Other: \_\_\_\_\_

Person filing out form: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Primary Medical Diagnosis (including Psychiatric): \_\_\_\_\_

Secondary Medical Diagnosis (if any): \_\_\_\_\_

Allergies (Drug, Environment of food): \_\_\_\_\_

Food Preferences (vegan, lactose intolerant, etc): \_\_\_\_\_

**If there is an emergency at camp, please list who to notify:**

**#1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**#2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**#3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Do you require any personal care assistance outside of what your family or caregiver can provide during the session:

Yes (if yes, you will need to complete additional paperwork) No

Do you require any adaptive equipment that you are unable to bring to camp? \_\_\_\_\_

**Mobility and Special Appliances**

Indicate all that apply to camper.

Walks/Runs Independently Uses Walker/Crutches/Cane Wears AFOs or Braces Prosthesis

Uses Wheelchair: Manual Power When: For Long Distances At All Times

Mobility Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Member #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (Drug, Environment of food): \_\_\_\_\_

Food Preferences (vegan, lactose intolerant, etc): \_\_\_\_\_

County: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male

What is the applicant's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

**Family Member #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (Drug, Environment of food): \_\_\_\_\_

Food Preferences (vegan, lactose intolerant, etc): \_\_\_\_\_

County: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male

What is the applicant's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

**Family Member #3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (Drug, Environment of food): \_\_\_\_\_

Food Preferences (vegan, lactose intolerant, etc): \_\_\_\_\_

County: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male

What is the applicant's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

**Family Member #4**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (Drug, Environment of food): \_\_\_\_\_

Food Preferences (vegan, lactose intolerant, etc): \_\_\_\_\_

County: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male

What is the applicant's heritage? (This information is used for statistical purposes only.)

Asian African American Caucasian Hispanic Native American Other

