



Camp Wawbeek 2012

Sibling & Buddy Camp Application

Registration

Please mark which session(s) you would like to attend. **Session price includes registration fee (\$50). There is an additional \$100 fee for non-Wisconsin residents.**

Youth, Teens & Young Adult Sessions		
These sessions provide a small group setting, according to age, which encourages socialization and growth. Located in the Wisconsin Dells.		
Session Date	Price	Choice
June 17-22, 2012 Teens & Young Adults with Aspergers or High-Functioning Autism Ages 15-25*	\$475	
June 24-29, 2012 Young Adult Ages 15-25	\$475	
June 24—July 5, 2012 Young Adult Ages 15-25	\$950	
July 15-20, 2012 Youth Ages 7-17	\$475	
July 15-20, 2012 Transition Team Ages 15-25	\$475	

Registration Fee: \$50

Registration fee is included in session price. Registration fee must be included with this form to register unless session is full.

Primary Payment Source

Name: _____ Contact (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Fees can be paid online at: <http://www.eastersealswisconsin.com/pay-for-camp>.

Camper Information

Sibling/Buddy Name: _____

Name of Camper you are attending with: _____ Relation: _____

Parent/Guardian Name: _____

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: _____ Birth Date ____/____/____ Gender: Female MaleWhat is your preferred method of receiving notifications and paperwork: E-mail Postal Mail

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

Asian African American Caucasian Hispanic Native American OtherDo you have a physical or cognitive disability? Yes NoDo you need assistance with personal care? Yes NoHave you ever been separated from family before? Yes No

If you answered yes to any of the above questions, please explain: _____

Your swimming ability? Beginner Intermediate Advanced

What group experiences have you had, such as Scouts, school clubs, community groups, etc.? _____

What was the last grade you completed in school? _____

What are your interests, hobbies? _____

With other kids, are you? Outgoing Shy/Reserved**Liability, Field Trip, and Photo Release**

I hereby give my consent for my son/daughter to attend Easter Seals Wisconsin Camps, Wisconsin Dells, WI and give permission to go with the Easter Seals Wisconsin camp staff on field trips during the 2011-2012 camp sessions. In consideration for the acceptance for the applicant we hereby release and waive any claim or cause of action which may accrue against Easter Seals Wisconsin and employees or any other person acting with permission arising out of any injury to his/her person or property during his/her stay at the session(s), in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

I consent I do not consent that any narratives, film, photographs, videotape or sound recordings of my child made by Easter Seals may be used by Easter Seals, and those acting with its permission, for the purpose of illustrations or broadcast in connection with the work of Easter Seals. I understand that use of the aforementioned media may include publication on Easter Seals internet site, www.EasterSealsWisconsin.com. To ensure my child's privacy, Easter Seals will use only my child's first name and the location of the Easter Seals organization where he or she received services.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____

Please complete this form in its entirety. This form must be completed by a parent or guardian. This information must be updated **annually** and is used by Easter Seals health care personnel to assure that each camper receives the best possible care. Please keep a copy of this form for your records and notify us of any changes.

Name: _____ Birth date: _____ Age at camp: _____

If you cannot be reached in an emergency, please list whom to notify in order of preference:

#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: _____

Allergies—List all known and describe reaction

Medication Allergies: _____

Reaction: _____

Food Allergies: _____

Reaction: _____

Other Allergies (i.e. insect stings, animals, environmental, etc.): _____

_____ Reaction: _____

Dietary Restrictions

Any special diet while at camp: Yes No Type: _____

Any Dietary restrictions: _____

Bringing campers own food: Yes No

Health History

Record of immunizations (if obtainable) and date of last tetanus shot: _____

Description of any camp activity restrictions: _____

Additional health information: _____

Any medically prescribed meal plans or dietary restrictions: _____
