



# 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 <b>Teens &amp; Young Adults with Aspergers or High-Functioning Autism</b> Ages 15-25*	\$475	
June 24-29, 2012 <b>Young Adult</b> Ages 15-25	\$475	
June 24—July 5, 2012 <b>Young Adult</b> Ages 15-25	\$950	
July 15-20, 2012 <b>Youth</b> Ages 7-17	\$475	
July 15-20, 2012 <b>Transition Team</b> 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](http://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: \_\_\_\_\_

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\_\_\_\_\_

**Additional Information**

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which camp staff should be made aware.

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The information on this form is accurate and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Easter Seals to provide routine health care, under the guidance of the camp's medical director, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I give permission to Easter Seals to arrange necessary related transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**All prescription medications must be brought to camp in their original pill BOTTLES from the pharmacy. Medications in any other containers, including bubble packs and pre-sets (or pill organizers), *will not be accepted*. All pill bottles must be PROPERLY LABELED WITH CAMPER NAME (including over the counter medications) AND THE CURRENT DOSAGE. Though bubble packs may be the dispensing mode at some facilities, the camper's pharmacist will, if asked, transfer the medications for the camp duration into properly labeled bottles. Please bring the required supply for the days staying at camp PLUS 1 extra day.**

Please remember however, that while a new physical is not required for each session, *it is your responsibility to inform Easter Seals Wisconsin camps of any significant changes in physical, medical, emotional, or behavioral conditions that occur between sessions.*