



2018-2019

Easter Seals Veterans

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. Veterans Family Camps are restricted to veterans and their *immediate family members*. (Thanks for your understanding, so that we can serve as many veterans as possible.) There is no charge for the program. 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.

In the past, Family Camps have welcomed social workers from various veterans' organizations throughout the state of Wisconsin. 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.

Please note, if there is more than one veteran in your family, *each veteran needs to complete a separate registration form.*

"We really enjoyed our time here. We had not been before so didn't really know what to expect. It was great to meet new people and be able to spend time doing the activities with our family. It was very nice to have adult time too and to know our kids were well taken care of! Thank you."

--Veterans Family Camp Participants

"This trip has been an incredible opportunity to get away with my husband and have some fun together. What impressed me the most was how welcoming and kind the staff have been to us from the very beginning!"

--Veterans Family Camp Participants

Mail this Application To:

Easter Seals Wisconsin Camps
8001 Excelsior Drive Suite 200
Madison, WI 53717

Apply Online:

Camp.EasterSealsWisconsin.com/register

Registration Info:

Camp@EasterSealsWisconsin.com
1-800-422-2324

Wawbeek Program Info:

1450 Highway 13
Wisconsin Dells, WI 53965
Wawbeek@EasterSealsWisconsin.com
608-254-8319

Website:

<http://Camp.EasterSealsWisconsin.com>

"We all had a great time, particularly the kids. It was great they were able to do the rock wall and zip line. I particularly enjoyed the "just veterans" time with the reps from the Vet Center. A common theme I hear from veterans is difficulty connecting with non-veterans and this weekend provided us a great opportunity to connect."



Veteran/Service Member InformationWhich weekend(s) will you attend? September 21-23, 2018 May 3-5, 2019 Do you prefer a private room? Y NName: _____ 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 Veterans Family Camp?

Advertisements VA Services Word of Mouth Web Search Friends Case Worker TVWebsite/Other: _____

Person filing out form: _____ Relationship: _____

Branch of Service: _____ Total number of people attending: _____

Medical Information

Primary Medical Diagnosis (including Psychiatric): _____

Secondary Medical Diagnosis (if any): _____

Allergies (Drug, Environment or 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 ProsthesisUses 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 or 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 or 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 or 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 or 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

If you have more than 4 family members attending please copy this page and attach with additional family.

