



# 2020-2021

## Easterseals Veterans

# Family Camp Application

## A Retreat for Veterans and their Families

Easterseals 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:

Easterseals Wisconsin Camps  
8001 Excelsior Drive Suite 200  
Madison, WI 53717

### Apply Online:

[camp.eastersealswisconsin.com/camp-registrations](http://camp.eastersealswisconsin.com/camp-registrations)

### Registration Info:

[Camp@EasterSealsWisconsin.com](mailto:Camp@EasterSealsWisconsin.com)  
1-800-422-2324

### 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>

*"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 Information**Which weekend(s) will you attend? Sept. 26-27, 2020 April 30-May 2, 2021 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.)

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

