

2011-2012**Wisconsin Elks/Easter Seals Respite****Sibling & Buddy Camp Application****Registration**

Please mark which session(s) you would like to attend, including an alternate choice(s) in case session is full, by ranking them in number order. **Session price includes registration fee (\$50). There is an additional \$100 fee for non-Wisconsin residents.**

Respite Weekend Sessions

Located in the Wisconsin Dells.

Session Date	Price	Choice by Rank
September 16-18, 2011	\$150	
September 30 - Oct 2, 2011	\$150	
October 21-23, 2011	\$150	
November 4-6, 2011	\$150	
December 2-4, 2011	\$150	
December 27-30, 2011	\$150	
January 20-22, 2012	\$150	
February 3-5, 2012	\$150	
February 24-26, 2012	\$150	
March 30 - April 1, 2012	\$150	
April 20-22, 2012	\$150	
May 18-20, 2012	\$150	
Total # of Weekend Sessions You Would Like to Attend is:		

Respite Summer Sessions

Located in the Wisconsin Dells.

Session Date	Price	Choice by Rank
June 10-15, 2012	\$475	
June 17-22, 2012	\$475	
June 24-29, 2012	\$475	
July 1-6, 2012	\$475	
July 8-13, 2012	\$475	
July 15-20, 2012	\$475	
July 29 - August 3, 2012	\$475	
August 5-10, 2012	\$475	
August 12-17, 2012	\$475	
I would like to attend:		
<input type="checkbox"/> One Summer Session		
<input type="checkbox"/> Two Summer Sessions (limit)		

Asperger's Sessions

Located in the Wisconsin Dells.

Session Date	Price	Choice
November 18-20, 2011	\$150	
March 16-18, 2012	\$150	
July 22-27, 2012	\$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: _____

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.

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.*