



# 2022-2023

## 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:

[www.EastersealsWisconsin.com/veterans](http://www.EastersealsWisconsin.com/veterans)

*"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."*



AmeriCorps



**Veteran/Service Member Information**Which weekend(s) will you attend? Sept. 23-25, 2022 April 28-30, 2023 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): \_\_\_\_\_

Are you vaccinated against COVID 19? Y N OR Would you like to apply for an exemption? Y N

Allergies (Drug, Environment or food): \_\_\_\_\_ Food Pref. (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: Applicant's heritage? Are you vaccinated against COVID 19? OR Would you like to apply for an exemption?

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: Applicant's heritage? Are you vaccinated against COVID 19? OR Would you like to apply for an exemption?

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: Applicant's heritage? Are you vaccinated against COVID 19? OR Would you like to apply for an exemption?

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: Applicant's heritage? Are you vaccinated against COVID 19? OR Would you like to apply for an exemption?

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

**COVID-19 Policy**

All campers, staff, volunteers, and long-term visitors (someone who will be on camp longer than 2 hours) are required to be fully vaccinated as a term and condition of their participation and employment at our Camp programs. **Acceptable proof of vaccination status is:** 1) the record of immunization from a healthcare provider or pharmacy; 2) a copy of your COVID-19 Vaccination Record Card; 3) a copy of medical records documenting the vaccination; 4) a copy of immunization records from a public health, state, or tribal immunization information system; OR 5) a copy of any other official documentation that contains the type or vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s).

**If you or your camper cannot receive the vaccination for medical or sincere religious reasons**, you may contact Sarah Hubert, Director of Nursing, at shubert@eastersealswisconsin.com to request an exemption form. If you do not wish to comply with our vaccination policy, nor would like to request an exemption, you can email the camp office at eswcamps@eastersealswisconsin.com or call 608-254-2502 extension 191 to cancel your camp registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability & Field Trip Release: *Must be signed by applicant.***

I hereby give my consent to attend Easterseals Wisconsin Camps, located in Wisconsin Dells, Wisconsin, and give permission to go with the Easterseals Wisconsin camp staff on field trips during the 2020-2021 camp sessions. In consideration for the acceptance for myself and family members I hereby release and waive any claim or cause of action which may occur against Easterseals 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, in transit to and from said session, or during any activity approved by and of said persons for injury as herein stated.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release: *Optional signature***

I hereby give my consent for myself and family members to (check all that apply):

- be in narratives, film, photographs, videotape or sound recordings made by Easterseals Wisconsin that may be used by Easterseals Wisconsin, and those acting with its permission, for the purpose of illustrations or broadcast in connection with the work of Easterseals Wisconsin. I understand that use of the aforementioned media may include publication on Easterseals Wisconsin internet site, [www.EastersealsWisconsin.com](http://www.EastersealsWisconsin.com). To ensure my child's or my privacy, Easterseals Wisconsin will use only veteran/family member's first name and the location of the Easterseals Wisconsin organization where services were received.
- have photos taken by camp staff for personal use only

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**National Sex Offender Background Check**

As an individual 18 or older and participating in the Easterseals Wisconsin Veterans Family Camp, I give Easterseals Wisconsin permission to perform a National Sex Offender Public Website check prior to attendance to camp. I can request a copy of my NSPOW check at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information**

Please describe fears, likes, dislikes, or habits that you feel would be helpful for the staff to know. Please provide any suggestions, about you or your family members, you may have for a great weekend at camp.

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