

**“WITH A LITTLE HELP...”, INC. 2018 SUMMER CAMP - CAMPER APPLICATION**

**SATURDAY, JULY 28 - FRIDAY, AUGUST 3, 2018**

**Application Deadline is June 15, 2018**

Please complete the requested information in each section carefully and completely. All information you provide on this application will remain strictly confidential, and is used by WALH’s Camp Coordinator to alert appropriate camp staff and volunteers only when deemed necessary. Be sure the information provided in the application is correct and complete. Any false statement, omission of information, or misrepresentation of the facts called for on this application may be cause for denial of admission of camp.

***Please follow submission instructions located on the last page once completed.***

First Name, MI, Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Landline, if applicable): \_\_\_\_\_ Cell Phone (if applicable): \_\_\_\_\_

Have you resided at this address for less than 3 years? (If yes, provide previous address below.)                      Yes                      No

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Gender:                      Male                      Female                      T-Shirt Size: \_\_\_\_\_

How do you wish to receive correspondence from WALH?                      US Postal                      Email                      Both

Email Address: \_\_\_\_\_

What information would you like included in the camp roster?                      Email                      Address                      None

**VOLUNTEER ATTENDANT**

I will provide my own volunteer attendant:                      Yes                      No

If yes, please provide their name and phone number: \_\_\_\_\_

Is there a specific volunteer you request to assist you? \_\_\_\_\_

*(Although we will do our best to honor your request, availability of volunteers may not allow this)*

**TRANSPORTATION**

*Although we cannot guarantee transportation to/from camp, we will make every effort to assist you in arranging it.*

I need transportation.                      Yes                      No

I can transfer from my wheelchair.                      Yes                      No

I can provide a ride for someone else in wheelchair.                      Yes                      No                      Maybe

Are you able to attend the full week of camp (Saturday through Friday)?                      Yes                      No                      Maybe

If no or maybe, please explain: \_\_\_\_\_

Will you bring a service dog to camp with you?                      Yes                      No

APPLICANT NAME: \_\_\_\_\_

**ADULT CAMPER HEALTH INFORMATION**

Please complete the information below to the best of your ability. Be as specific as possible so we are best able to match you with a volunteer attendant. Information on your medical history and medications should be provided in the event of a medical emergency while you are at "With A Little Help...", Inc. Camp. **Adult campers that require specialized care including but not limited to; catheter care, feeding tube assistance and invasive respiratory care (e.g. trach care) will be required to provide their own attendant/nurse for the duration of camp.**

**HEALTH INSURANCE**

No one will be accepted to camp without having his or her own health insurance coverage.

Do you have health insurance?                      Yes                      No

If yes, please include name of insurance carrier(s) and policy number(s):

\_\_\_\_\_

What type of neuromuscular disease do you have: \_\_\_\_\_

Do you have a history of medical problems (seizures, pneumonia, diabetes, etc.)?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Do you have history of heart problems (including arrhythmia(s), abnormal blood pressure, etc.)?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Do have any drug/food or other allergies?                      Yes                      No

If yes, please list: \_\_\_\_\_

Are you able to administer your own medications?                      Yes                      No

Are you taking prescription medication?                      Yes                      No

If yes, please list (please provide an additional sheet if more space is needed):

<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List childhood diseases you have NOT had (include chicken pox, measles, mumps, etc.):

\_\_\_\_\_

Do you use any of the following assistive devices? Please check those that apply.

Toileting (check all that apply)	Commode	Urinal	Bedpan
Wheelchair (check all that apply)	Manual	Power	
Respiratory Aid	Vent	C-Pap/Bi-Pap	
Lift	Yes	No	

APPLICANT NAME: \_\_\_\_\_

Do you require a hospital bed that is power and adjusts both the head and feet? Yes  No

If yes, please explain necessity: \_\_\_\_\_

Have you contacted your insurance provider to see if they will deliver and set-up the hospital bed under your policy and at no cost to  
"With A Little Help"? Yes  No

Describe your daily routine/care plan:

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What type of assistance do you require?

	Complete	Partial	None	Comments:
Dressing				_____
Eating				_____
Showering				_____
Taking Medications				_____
Toileting				_____
Transferring				_____
Turning at Night				_____
Catheter Care				_____
Other				_____

Will your attendant require special training to make your weekend enjoyable and safe? Yes  No

If yes, please explain:

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Please tell us of anything in particular regarding your needs or comfort in order for us to better accommodate you (i.e. emotional, fears/phobias, special dietary needs/requests, etc.).

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Please give us any other information about yourself that may be helpful to us in matching you up with a volunteer attendant.

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What expectations do you have of your volunteer attendant?

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APPLICANT NAME: \_\_\_\_\_

**PERSON(S) TO CONTACT IN THE EVENT OF ANY EMERGENCY**

**Primary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) (with area code): \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) (with area code): \_\_\_\_\_

**Primary Physician:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECKS**

Have you ever been convicted of a crime?            Yes            No

If yes, please explain the nature of the crime(s) and the date of the conviction and disposition. Please note that a "Yes" response to this question will not necessarily disqualify a camper: \_\_\_\_\_

Do you have any charges that are pending against you?            Yes            No

If yes, please explain. Please note that a "Yes" response to this question will not necessarily disqualify a camper:

Do you consent to and authorize WALH to conduct a criminal background investigation?            Yes            No

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's license # (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Maiden or other surnames (if applicable): \_\_\_\_\_

Other than by marriage, has your first or last name changed? If so, please list all previous names:

\_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

## CODE OF CONDUCT

The mission of “With A Little Help...”, Inc. is to provide our participants with a safe and enjoyable experience while attending either our summer or weekend camp. It is our hope that the application and interview process will answer any of your questions as well as help camp staff determine who you are best suited to be paired with. With that in mind there are also certain expectations we have of both adult campers and volunteers.

- I will not compromise the health and safety of program participants;
- I will represent WALH programs with dignity and pride by being a positive role model;
- I will participate in the required orientation and use the recommended policies and procedures;
- I will preserve the confidentiality of information about program participants;
- I will behave in a morally upstanding way. Obscene, pornographic or lewd materials are not allowed. Any sexual activity at camp is strictly forbidden. I will maintain a respectful and professional relationship with everyone encountered through WALH activities;
- I will have respect for others, privacy and their personal property. Everyone is urged not to bring valued clothing, accessories, computer or camera equipment to camp. WALH is not responsible for loss or damage to personal property. I will not enter sleeping areas other than that for which I was assigned without the permission of those campers and/or volunteers that are occupying the space;
- I understand that harassment, including but not limited to verbal, sexual, racial, religious or that based on physical appearance or ability will not be tolerated;
- I understand that there is a responsibility of mutual respect between camper and volunteer in regard to daily schedules;
- For volunteers – my first responsibility will be that of my adult camper. While we want you to have a good experience, the needs of your camper must come first. If you feel you need some time to yourself, communicate that with your cabin leader or the camp coordinator;
- Once at camp I will not leave without the permission of either the Camp Coordinator, President or their designee. Our insurance policy does not cover any person or persons leaving camp without permission;
- Easter Seals Camp rules should be adhered to. Respect their property and avoid secured areas. All areas of camp should be kept clean. Upon departure it is my responsibility to make sure that my area is left in the manner it was found;
- Absolutely NO alcohol, illegal drugs, weapons, or explosives (including fireworks) will be tolerated at camp. Your first offense will result in immediate dismissal from camp and a one year suspension. Your second offense will result in immediate and permanent suspension from attending WALH camps. Forbidden item(s) will be confiscated prior to dismissal. WALH coordinators reserve the right to contact local authorities of any illegal activity;
- I will not share my prescription drugs with any individuals while attending WALH camp, I further will not take any prescriptions drugs that have not been prescribed for me by my physician;
- Most importantly have FUN! – Whether you’re a camper or volunteer use this experience to meet new friends, get involved in activities and go home with the realization that you made a difference in the lives of others.

While we hope your relationship with us will be a continued and rewarding one, we reserve the right to terminate this relationship at any time for any reason.

Please also know the important role that both long time adult campers and volunteers play at camp. Along with your cabin leader use them as a resource. Respect them for their experience and use the opportunity to learn from them.

## CONSENT FORM

I certify that all of the information that I have provided in this Application is true and accurate. I understand that the withholding of any information sought by the Application including consent to perform a background check, or the giving of false information may result in my disqualification from attending “With A Little Help...”, Inc. Camp further referred to as WALH. **Please read and sign the consent on the following page.** This form must be filled out and accompany camp application and signed by each participant (or his/her guardian) or they will not be allowed to participate or use the facilities or equipment.

The health history contained in this application is correct so far as I know and the person herein described has permission to engage in all camp activities. I certify to the best of my knowledge I do not have any contagious or communicable disease or condition. I also understand that WALH and the camp are not responsible for illness due to previous injuries, health conditions or illness incidental to attending camp.

APPLICANT NAME: \_\_\_\_\_

If there should be a medical emergency while at the WALH Camp or going to and from camp, I authorize treatment by the WALH Camp volunteer medical staff or referred by such staff to emergency medical personnel, nurses and/or physicians. The WALH Camp volunteer medical staff is able to evaluate and treat most minor illnesses and injuries as well as stabilize any serious medical conditions. I also authorize routine treatment by the WALH Camp volunteer medical staff during my stay at camp. I authorize the WALH Camp volunteer camp coordinators and volunteer medical staff to select and designate emergency medical personnel, nurses and physicians to furnish emergency medical and/or surgical care should it be necessary and to arrange transportation and admittance to a hospital in case of emergency. I further absolve WALH, the camp, and camp volunteers and participants from any and all liability for their reasonable acts done in good faith. In an emergency and if time allows reasonable efforts will be made to notify your primary care physician or personal contact.

I am responsible for dispensation of my own medications unless noted in the Health Information section included in this application that I am unable to do so. In which case, volunteer medical staff will assist. Upon arrival at WALH camp I must provide the volunteer medical staff with a current, comprehensive listing of all medication(s), including dosage(s) and frequency of each.

I release and waive any claim or cause of action which may occur against WALH in transit to and from Camp, or during any activity approved by and of said person, and I agree to assume any claim which I might have against any said persons for injury as herein stated.

I consent to WALH using any audio-visual programs, using photographs, or public relations referenced to myself. These may be used for any purpose WALH reasonably deem appropriate. I also consent to have my name, address, email address and telephone number included in the WALH camp roster.

I agree to follow the established Code of Conduct.

In accordance with the Health Information Privacy Act (HIPA), WALH Camp's legal duty will respect the rules around the privacy of medical/health information for the camper or staff and how we protect the privacy of ones medical/health records that we receive and provide. WALH Camp gathers two types of information for our campers and staff. The first is personal identification (name, address, phone number, etc.) and the second is medical information such as medications, medical treatment and medical history. WALH will share personal and medical data only with those people directly involved in their medical care.

#### **RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in sports camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence "With A Little Help...", Inc. and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in sports camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

APPLICANT NAME: \_\_\_\_\_

4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition, which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees’ facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim or negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

**I HAVE READ THE ABOVE STATED CODE OF CONDUCT, CONSENT AND RELEASE FORM. I ACCEPT AND WILL ADHERE TO THESE STANDARDS OF BEHAVIOR WHILE AT WALH CAMP. I UNDERSTAND THAT WALH MAY TERMINATE MY ENGAGEMENT AT ANY TIME FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO FAILURE TO FOLLOW THESE POLICIES. I FURTHER STATE THAT ALL INFORMATION THAT HAS BEEN PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Name/Signature of Camper

\_\_\_\_\_  
Date

**Instructions to submit completed application:**

**OPTION 1:**

1. **Save completed application to your desktop.**  
Name document similar to: “uhlman 2018 summer camp”
2. Email as an attachment to: [info@walh.org](mailto:info@walh.org)

**OPTION 2:**

**Print completed application and mail to:**  
“With A Little Help...” Inc.  
P.O. Box 320243  
Franklin, WI 53132

For more information, call Julie Chaloupka at (262) 939-3612

**SUMMER CAMP APPLICATION DEADLINE IS JUNE 15, 2018**