



Camp Cōurage Wyoming

Family Application Packet

August 5-7, 2016

**Please return all forms to:
Jessica Perez
PO BOX 1441
Gillette, WY 82718**

Camp Courage Wyoming

Family Name _____

WHEN: August 5-7 2016 (from Noon Friday – Noon Sunday)

WHERE: Crooked Creek Guest Ranch, Dubois WY

APPLICATION DEADLINE: June 3rd, 2016

The Wyoming Comprehensive Cancer Control Consortium (WCCCC) in conjunction with Jason's Friends Foundation would like to invite your family to apply to our weekend Family Camp, Camp Courage Wyoming, located near Dubois, Wyoming. This camp is open to Wyoming children who have been diagnosed with cancer, along with their parents and siblings. We ask that only two adults per family sign up to go, as space is limited.

Best of all, because of generous funding from public and private donations as well as our own fundraising efforts, Camp Courage Wyoming is available to all pediatric oncology families **FREE OF CHARGE!** (Immediate family only, please)

Camp Courage Wyoming offers a wide variety of activities including swimming, horseback riding, disc golf, canoeing, crafts, hiking, and much, much more! Camp Courage Wyoming is a process, not an event. It begins Friday evening and ends Sunday at noon, and it is important that our families be there the entire time.

Also, because this is a family camp, please note that parents/guardians will be responsible for **ALL** medical and personal needs of their children. Because parents are required to be at the camp with the children the camp is not responsible for any medical care.

Space is limited, so apply as soon as possible. The deadline for receipt of applications is June 3rd, 2016. Ten families will be chosen on a lottery basis, two alternative families will also be chosen. If your family is chosen you will receive a call as well as a packet of information. Each chosen family will be paired up with a camp volunteer who will be in contact with you prior to the camp.

If you have questions or concerns regarding Camp Courage Wyoming or this application, please call: Jessica Perez at 307-777-7362 or e-mail Jessica at: jessica.perez@wyo.gov

MAKE SURE YOUR APPLICATION IS COMPLETELY FILLED OUT.

DEADLINE June 3, 2016

DEADLINE June 3, 2016

Family Name _____

Camper Application

To be completed by parent or guardian

Please Type or Print CLEARLY

Personal Information

Family Name: _____

Name of child with cancer _____ Date of Birth _____ Age _____

Address: _____

City/State/Zip: _____ Home Phone: () _____

Mother's Name _____ Father's Name _____

Address : _____ Address: _____

City/State/Zip: _____ City/State/Zip _____

Home Phone: () _____ Home Phone: () _____

Alternate Phone: () _____ Alternate Phone: () _____

Email Address: _____

Emergency Contact (person not living in your home): _____

Relationship to Camper: _____ Phone Number: () _____

Name of siblings attending camp

Full Name _____ Date of Birth _____ Age _____

Full Name _____ Date of Birth _____ Age _____

Full Name _____ Date of Birth _____ Age _____

Full Name _____ Date of Birth _____ Age _____

Would you like your contact information to be included in the camp courage contact sheet? _____

Are you interested in attending a 30 minute spiritual services Sunday Morning? _____

T-SHIRT SIZES AVAILABLE

Child 2-4, 6-8, 10-12

Adult SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE

T-SHIRT ORDER (one shirt per family member):

Family Member Name	Age	Size

Family Name _____

Medical Information

PLEASE COMPLETE THIS PAGE FOR THE CHILD WITH CANCER

Name of child: _____

Cancer Diagnosis: _____ Date of Diagnosis: ____/____/____

List all allergies (including food, medication, etc.) and describe reaction: _____

Immunization History:

*****Please include a copy of your child's immunization card for all children*****

Your school should have copies if you do not.

DPT Series	____/____/____	Last Tetanus Booster (must be within 10 yrs)	____/____/____	Hepatitis B	____/____/____
Polio	____/____/____	Last Polio Booster	____/____/____	Varicella (chicken pox)	____/____/____
Last TB Test	____/____/____	MMR (measles, mumps, rubella)	____/____/____	HIB	____/____/____
MMR Booster	____/____/____	Other _____	____/____/____		

Special Devices:

- Broviac/Hickman
- Port
- Ostomy
- Prosthetic _____

Medications: _____

Please describe any personality issues, parental concerns and/or child fears and include your recommendations: _____

Describe any activities that you wish to be restricted to your child: _____

Additional Comments: _____

Physician Information:

Primary physician: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Oncologist: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Family Name _____

***PLEASE COPY AND COMPLETE THIS PAGE FOR EACH SIBLING ATTENDING CAMP**

Name of child: _____

List all allergies (including food, medication, etc.) and describe reaction: _____

Immunization History:

*****Please include a copy of your child's immunization card for all children*****

Your school should have copies if you do not.

DPT Series	___/___/___	Last Tetanus Booster (must be within 10 yrs)	___/___/___	Hepatitis B	___/___/___
Polio	___/___/___	Last Polio Booster	___/___/___	Varicella (chicken pox)	___/___/___
Last TB Test	___/___/___	MMR (measles, mumps, rubella)	___/___/___	HIB	___/___/___
MMR Booster	___/___/___	Other _____	___/___/___		

Medications: _____

Additional Comments: _____

Physician Information (if different from other siblings):

Primary physician: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Family Name _____

PLEASE COMPLETE FOR EACH PARENT/GUARDIAN ATTENDING CAMP COURAGE WYOMING:

Name of Parent/Guardian: _____

Physician Information

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

General Health History: Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies: Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Insect Stings <input type="checkbox"/> Yes <input type="checkbox"/> No Ivy Poisoning <input type="checkbox"/> Yes <input type="checkbox"/> No Medications <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please list:</i> _____ _____ Other allergies: _____	Immunization History: Verify the following immunizations are UP TO DATE by checking the box below. <input type="checkbox"/> DT or DPT series <input type="checkbox"/> Booster <input type="checkbox"/> Polio Booster <input type="checkbox"/> MMR (measles, mumps, and rubella)
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Name of Parent/Guardian: _____

Physician Information

Name: _____ Telephone: _____

Address: _____ City, State, and Zip: _____

General Health History: Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Measles <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies: Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Insect Stings <input type="checkbox"/> Yes <input type="checkbox"/> No Ivy Poisoning <input type="checkbox"/> Yes <input type="checkbox"/> No Medications <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please list:</i> _____ _____ Other allergies: _____	Immunization History: Verify the following immunizations are UP TO DATE by checking the box below. <input type="checkbox"/> DT or DPT series <input type="checkbox"/> Booster <input type="checkbox"/> Polio Booster <input type="checkbox"/> MMR (measles, mumps, and rubella)
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Please list and explain any recent or current infectious or communicable disease exposure that has occurred:

Family Name _____

Health Insurance Information

To be completed by parent or guardian

Please provide the following information in the event hospitalization is necessary:

Please Type or Print CLEARLY in Black Ink

Family Name: _____

Insurance Company: _____
(Name of insurance company)

Employer: _____
(Employer name)

(address) (city) (state) (zip)

Policy Number: _____

Signature of Cardholder: _____

Name of Cardholder: _____

Names of Family Members Covered: _____

Attach copy of health insurance card here.
Include a front and back copy of the card.

Family Name _____

Camp Courage Wyoming

Code of Conduct and Conditions for Enrollment

Before every sporting event, the coach, players and officials go over the ground rules. Likewise, Camp Courage Wyoming has its own “ground rules” that all campers are required to follow. The rules are needed so that all participants can have the best experience possible.

The parent(s) or guardian(s) in each family are required to read/discuss the following ground rules with their children. This form must be signed and returned with the application.

- 1) I will cooperate with the volunteer and camp staff members in all camp activities.
- 2) I will be responsible for my children’s actions and behavior so that they do not interfere with the enjoyment of the camp by other campers and volunteers.
- 3) The Wyoming Comprehensive Cancer Control Consortium (WCCCC), Jason’s Friends Foundation (JFF) and Crooked Creek Guest Ranch have absolute permission to use the image of any person listed on your camp application in print and/or film for any lawful purpose whatsoever.
- 4) I will be respectful of camp property and the property of other families and volunteers. Camp Courage Wyoming is not responsible for lost items. Please keep this in mind when deciding what to bring to camp (e.g., jewelry, CDs, money, electronic equipment).
- 5) I will follow the rules established by the Crooked Creek Guest Ranch and Camp Courage Wyoming, including: The use of tobacco and drugs of any kind while at camp is not allowed. Swearing, lewd jokes and language and suggestive clothing are not permitted at camp.
- 6) You acknowledge that certain activities may have a risk of injury. You assume full responsibility for the safety of all persons listed on your application. You agree to release and indemnify WCCCC, JFF and Crooked Creek Guest, and all their agents, representatives, and/or employees (paid or volunteer), from any claims, costs, expenses, and/or damages sustained by any person listed on your application.
- 7) All information listed on this application is correct as far as I know, and the child(ren) herein described have permission to engage in camp activities, except as noted by me.
- 8) Due to the uniqueness of this camp, it is understood that the parent(s)/guardian(s) must be in attendance and are fully responsible for ALL medical and personal needs of their child(ren).
- 9) Parents must complete and sign this form for child(ren) to attend camp. Camp is for patients, siblings, parents, and grandparents – though we want direct/immediate family only. Please do not invite friends and neighbors to camp.
- 10) Our volunteers are unavailable to babysit. If your child is not at least four years old, you will be expected to keep your child with you.

I agree to follow the code of conduct and ground rules of Camp Courage Wyoming.

Parent/Guardian’s Signature _____ Date _____

