Easter Seals 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. There is no charge for the program except for a $25 registration fee. 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.

Trained social workers in veteran affairs will facilitate separate optional group sessions with veterans, spouses/family members and children to discuss family issues, readjustment support, problem solving, and resource referral. They will offer time for one-on-one meetings, if desired. 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.

Located on 400 beautifully-wooded acres in Wisconsin Dells, veterans and their families will have the option to explore everything that Camp Wawbeek has to offer: the climbing tower, zip line, high/low ropes course, heated pool, team building activities, arts and crafts, environmental education/nature, adapted sports/games and evening activities, along with plenty of downtime for families. All activities are fully-accessible, and veterans with and without disabilities are encouraged to attend.

“Thank you for making our stay at Veterans Camp amazing! We truly appreciate all your planning and hard work. You made it possible for us as a family to have time together to enjoy each other and to do so many fun and exciting things. We as a family have never had this type of opportunity to spend time together like this without having to take care of endless details. It has been awesome! The accessibility of the buildings and the staff’s understanding about disabilities made it possible for us to relax and enjoy ourselves.

With Sincere Thanks: The Perez Family”
**Veteran/Service Member Information**

Which weekend(s) would you like to attend:  
- September 20-22, 2013  
- May 2-4, 2014

Name: ________________________________  
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 Address:____________________________________________  
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  
- TV  
- Website/Other:________________________________________

Person filing out form:__________________________  
Relation to Applicant:________________________

Branch of Service:__________________________  
Total number of people attending:____________

**Medical Information**

Primary Medical Diagnosis (including Psychiatric):________________________

Secondary Medical Diagnosis (if any):________________________

Allergies (Drug, Environment of 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  
- Prosthesis

Uses Wheelchair:  
- Manual  
- Power  
When:  
- For Long Distances  
- At All Times

Mobility Comments:______________________________________________

______________________________________________  
______________________________________________  
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<table>
<thead>
<tr>
<th>Family Member #1</th>
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<tbody>
<tr>
<td>Name: __________________________  Relationship: __________________________</td>
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<tr>
<td>Mailing Address: __________________________ State: ____ Zip: __________________________</td>
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<tr>
<td>Mailing City: __________________________  State: ____ Zip: __________________________</td>
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<tr>
<td>County: __________________________  Birth Date <em><strong>/</strong></em>/____  Gender: [Female] [Male]</td>
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<td>[Asian] [African American] [Caucasian] [Hispanic] [Native American] [Other]</td>
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If you have more than 4 family members attending please copy this page and attach with additional family.
**Liability & Field Trip Release: Must be signed by applicant.**

I hereby give my consent to attend Easter Seals Wisconsin Camps, located in Wisconsin Dells, Wisconsin, and give permission to go with the Easter Seals Wisconsin camp staff on field trips during the 2012-2013 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 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, 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 Easter Seals that 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 or my privacy, Easter Seals will use only veteran/family member’s first name and the location of the Easter Seals 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: ______________________

---

**Additional Information**

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

________________________________________________________________________________________

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