

COLORADO POST-POLIO ROCKY MOUNTAIN GETAWAY
For polio survivors, spouses and/or caregivers

Sunday, August 19, thru Thursday, August 23, 2018
Rocky Mountain Village (Easter Seals Camp)
Empire, Colorado
2018

APPLICATION

Name: _____

Age: Under 60 Over 60 Over 80

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Year you had Polio? _____ Where was home at that time? _____

How did you hear about the CPPO Post-Polio Rocky Mountain Getaway?

Have you been diagnosed with Post Polio Syndrome? Yes No

If the answer is Yes, in what year were you diagnosed? _____

How does Post Polio Syndrome affect you now?

CAMP MEMBER GOALS

To assist us in providing a Camp experience that is beneficial to all those in attendance, please give us an idea of your goals in attending the camp (such as support, relaxation, treatment options, etc.)

Name: _____

The following questions will help describe your current functional level and help the camp personnel to meet your needs: (check all that apply)

Reminder: The altitude at camp will be 8,000 feet!

BREATHING:

- Independent
- I use oxygen (what type of oxygen dispensing equipment?) _____
- I use a ventilator. I use CPAP/BiPap. I use an inhaler I will bring my own equipment
- I will need the following equipment:

MOBILITY (check all that apply):

- Independent.
- I use assistance from: another person, Walker, Crutch(es),
- Cane(s), Orthosis/brace(s), Manual wheelchair, Scooter, Power wheelchair

Would you need assistance to walk or wheel 100 yards, and which can include a small incline?
 Yes No

Are you able to climb a flight of stairs? (Homebuilders Lodge has an elevator)

- Yes, without difficulty
- Yes, but I need to take my time
- I am unable to climb a flight of stairs

Dressing: I dress without help I need some assistance

Feeding: I don't need any help I need some assistance (please specify what kind of help is needed)

Bathing Equipment: (if applicable)

- I will bring my own shower bench
 - I would like to borrow a shower bench (describe type used)
-

I am independent with my daily care but my spouse will attend with me.

Name _____

REGISTRATION AND FEES:

Fees for the camp are for the entire camp experience. There are no one-day fee options.

Registration fees for the camp are dependent on the housing options chosen:

Housing (please check your preference):

- _____ On Campus housing--\$350 per person
- _____ RV on site in place of campus housing—\$250 per person + \$20 per day electrical hook up fee. No other hook ups, i.e., water/sewer, available.
- _____ Day Camper with off-site lodging—\$250 per person

Shuttle for Denver International Airport:

Each way--\$55 per person

HOUSING:

Sleeping accommodation assignments will be made on a first-come, first-served basis.

While Colorado Post-Polio has made every effort to provide appropriate housing for all individuals attending the camp, bed options are limited.

Please rank your on-campus sleeping preference/needs (1—your first choice, 2—your second choice, 3—your third choice, N/A—not a choice):

- _____ Queen bed (couples only). 3 available
- _____ Private room, two lower level bunk beds (couples or person and caregiver)
- _____ Lower bunk. Single persons will be sharing a room with at least one other.
- _____ Hospital bed

Single attendees: Optional—I would like to share a room with the following person(s) who will also be attending: _____

Service dogs:

No pets are allowed. Registered, licensed, properly socialized service dogs are permitted.

_____ I will be bringing a service dog with proper credentials.

Approximate size (small, medium, large) _____

Anticipated Arrival Date: _____

Anticipated Departure Date: _____

Name: _____

DIETARY:

Please identify any special dietary needs (the chef is experienced in dealing with many dietary restrictions)

Please provide additional information about health or medical concerns we should know about:

TRANSPORTATION:

We need to know what transportation needs are required to get to and from the Camp. Colorado Post-Polio will investigate transportation options and advise what is available in future communications.

- I will arrange my own transportation
- I could provide transportation for others. How many? _____ Contact # _____
What kind of mobility devices can your vehicle accommodate?

- I would like to have transportation from the **Denver Metro area. If available, pick up will be at a single stop. Easter Seals camp shuttle fee--\$55 per person each way.**
 - I can ride in a standard vehicle (car, SUV, etc)

I need a vehicle that will accommodate:

- Power Chair. Scooter Other _____
- Identify the type of tie-downs you would need _____

- I would like to have transportation from **Denver International Airport. Easter Seals camp shuttle fee--\$55 per person each way.**
 - I can ride in a standard vehicle (car, SUV, etc)

I need a vehicle that will accommodate:

- Power Chair. Scooter Other _____

Identify the type of tie-downs you would need _____

ACTIVITIES:

Included with this registration form is a tentative/partial list of activities that will be finalized at camp. What other topics or activities would you like to see included, if possible?

Do you have a hobby or recreational activity that you enjoy and would you be willing to share your skills with other camp attendees? If so, please provide details:

Name: _____

CAREGIVER/SPOUSE/ADULT FAMILY MEMBER INFORMATION:

Caregivers/spouses/adult family members may also attend. Caregivers are encouraged to attend all educational sessions and activities with the polio survivor they are assisting. There may also be some sessions available just for caregivers to provide them with education, training, and support. **Caregivers/spouses/adult family members pay the same fee as participants.**

A limited number of rooms with a queen size bed are available for couples. Please refer back to the section on **Housing** to indicate your preference for this room.

Are you attending the Camp with a caregiver/spouse/other adult family member?

- Yes No

I am independent with my daily care, but my spouse will attend with me.

If your spouse/caregiver/adult family member will be attending, please provide the following information for each additional person in your party:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____

Email _____

Allergies/special needs (including dietary):

My caregiver assists me with:

My caregiver is interested in learning _____

CONFERENCE EXPENSE INCOME TAX DEDUCTION:

Transportation and Registration for the Camp for you, your spouse or care giver, may be deductible for tax purposes, since the event concerns chronic Post Polio illness. The majority of time spent at the event must be attending sessions on medical information. The cost of meals and lodging is not deductible.

You Should Consult Your Tax Advisor For Guidance!

To complete this application, fill out all information, and mail it to the address listed below.

If you are viewing this application online, you may complete the application, save your information and then print. The application **cannot** be submitted online and must be mailed to the address listed below.

Fee totals for this application—Calculate number in party times cost per person:

Registration/housing _____
Shuttle to camp _____
Shuttle from camp _____
Grand total _____

Amount paid at this time _____ Balance due _____

Application and \$50 per person deposit must be received by July 15, 2018.

Cancellation policy: The amount paid will be fully refunded if cancelled before August 8, 2018. No refunds will be issued for cancellations made after that date and the full registration fee is expected to be paid.

Mail to:

CPPO Camp
13719 W 59th Drive
Arvada, CO 80004

PAYMENT INFORMATION:

Make checks payable to: **Easter Seals Colorado**
Memo: CPPO Getaway

Credit Card Information:

VISA or Master Card only. Credit Card Number _____

Name on Credit Card _____

Billing Address: _____

City _____ State _____

Expiration Date: _____ 3-digit Security Code: _____

Amount of Payment to be charged at this time: _____

Signature _____

If you have questions, contact Sue Brandon, (763) 377-2287 Email--sue.brandon@q.com

Signature of Camp Attendee: _____

Date of Application: _____

Office use only—date application postmarked/received: