

CAMP YELLOW RIBBON

August 14-18, 2016





Military & Veterans Initiative

OUR CALL TO ACTION

Meeting the Needs of America's Military Service Members & Veterans

Easter Seals Southeast Wisconsin advocates for, connects with and provides support services for military service members, veterans and their families as they reintegrate back into communities and pursue healthy, productive lives.

Our commitment to reaching out to the military community goes back to World War II. Easter Seals has a long history of providing support to individuals who need a helping hand. We are poised with family supports to navigate the often difficult journey as service members return home.

In partnership with The Dixon Center, Easter Seals' staff and stakeholders at the national and local affiliate levels are working closely with the Dixon Center's team to create synergies that dramatically enhance real access to services and advocacy. This greatly benefits military service members and veterans, their families and the families of the fallen.

Easter Seals Southeast Wisconsin has launched a number of different programs to help meet the needs of veterans and service members in our community. Visit our website to learn more!

VETERAN PROGRAMS

- **Caregiver Support and Training:** Offers training to family caregivers of service members and veterans who choose to receive care from home.
- **Employment Services:** Provides training, job placement, resources and other services to assist returning military service members and veterans to secure career opportunities.
- **Community Reintegration Programs:** Helps identify and access community transition supports and services, including counseling, employment, child care and financial assistance.
- **Community One Source:** Provides personalized assistance in accessing military benefits, financial assistance, employment, health services and community resources.



Military children ages 7-14 with a parent who has been, is currently or will be deployed are welcome to join us at this week long overnight summer camp.

Camp Yellow Ribbon (CYR) supports children during a time when they may be struggling to cope with the impact of deployment and/or their parents' transition back to civilian life.

CYR is offered to military families of any service branch. It provides children with emotional support through traditional summer fun camp activities, while connecting and sharing with other children who understand their military experience.

In addition, it is provided as a means to allow parents or caregivers an opportunity to focus on other immediate family needs while knowing their children are safely being cared for by professionals educated in providing that support.

What to Expect:

- Exploring nature at beautiful Camp Edwards YMCA Camp & Retreat Center
- Small group activities to increase relationship building
- Great food served in the camp's dining hall
- Fun, safe lodging in cabins with bunk beds, bathrooms, showers and air conditioning
- Fun campfires - fun camp sing-alongs and s'mores with camp friends
- Dance
- Swimming and canoeing on Lake Beulah
- Hands-on activities that promote team building, self-confidence, communication and leadership skills
- Arts and crafts projects
- Sporting activities and fun camp games



CAMP YELLOW RIBBON INFORMATION

Start Date: Sunday, August 14, 2016

End Date: Thursday, August 18, 2016

Registration Fees:

\$50 to those campers participating in the Summer 2016 session.

LOCATION:

Camp Edwards YMCA Camp & Retreat Center
N8901 Army Lake Rd.
East Troy, WI 53120

Eligibility:

UP TO 50 Boys and Girls ages 7-14 who have a Parent/Guardian who are veterans or serve under the United States Military.

PLEASE NOTE: Preference for admittance into Camp Yellow Ribbon will be shown to those campers who have a parent/guardian who is currently serving a deployment cycle.

Registration Due:

May 27, 2016

*Applications will also be available online at www.eastersealswise.com in March 2016.

Contact Bridget Mangan at (414) 286-1844 or bridgetm@eastersealswise.com for more information.



CAMP YELLOW RIBBON

Summer 2016
Easter Seals Southeast Wisconsin

PLEASE ATTACH A RECENT PHOTO OF THE CAMPER to be used for participant identification.
Applications will not be processed without a picture.

Camper's Name: _____

Gender: Male Female

Age at the time of Camp: _____

FIRST

MIDDLE

LAST

Height: (feet/in) _____

Birth Date: _____

DAY/MONTH/YEAR

Weight: (lbs) _____

Parent/Guardian Name(s): _____

Heritage: _____

African American

Asian

Hispanic

Caucasian

Native American

Other: _____

Address: _____

Household Income: *Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources.*

City, State, Zip: _____

\$0-\$11,999

\$50,000-\$74,99

Home Phone: _____

\$12,000-\$14,999

More than \$75,000

Cell Phone: _____

\$15,000-\$24,999

Best Phone Number: Home Cell

\$25,000-\$49,999

Email address: _____

Service Information:

Would you like to be added to our mailing list?

Is a parent/guardian currently enlisted in an 18-month deployment cycle? Yes No

Yes No

Specify: _____

Can you attend Family Recognition Day on

Please list each branch and rank of the military in which a parent/guardian is enlisted.

August 20th? Yes No

How did you hear about our camp?

Easter Seals newsletter Dry Hootch

Easter Seals website Email

Mental Health America Facebook

Metroparent Ad Twitter

Metroparent Online Other

Camp Resource

Please list each branch and rank of the military in which a household member other than a parent/guardian is enlisted.

Emergency Contact 1:

Name: _____

Shirt Size: (50% Cotton/50% Polyester)

Relationship: _____

Child: 6/8 10/12 14/16

Phone: _____

Adult: Small Medium Large

XL 2XL 3XL

Emergency Contact 2:

Name: _____

Relationship: _____

Phone: _____

Camper's Name: _____



Behavioral Information:

- Generally easy-going/happy
- Shy/withdrawn
- Unsure of new situations
- Helpful
- Readily follows instructions

Activities Camper Enjoys:

- Arts and Crafts
- Sports
- Music
- Nature/Outdoor
- Reading
- Other: _____

Are there any activities that the camper should specifically be excluded from? Yes No
Specify: _____

Does the camper have any fears? Yes No
Specify: _____

Can the camper swim? Yes No
Specify: _____

Does the camper have trouble sleeping at night? Yes No
If so, what do you suggest to help them sleep? _____

Do you expect the camper to experience home sickness? Yes No
If so, what do you suggest to ease their transition? _____

Please describe any questions or concerns the camper has surrounding their parent's/
guardian's deployment or military service? _____

Are there any topics surrounding military life that you would like to be addressed during camp?

What are the reasons for sending your child to camp? _____

Please list any other information you feel staff would benefit from knowing: _____

Camper's Name: _____

HEALTH INFORMATION

Allergies:

Animals: _____

Environment: _____

Food: _____

Medicine: _____

Other: _____

Permission to give camper over the counter medications:

- Antacid First Aid Cream Tylenol
- Ibuprofen Bug Spray Sunscreen
- Other: _____

Parent/Guardian Signature: _____

Date: _____

Seizures:

- None Myoclonic
- Absence (Petit Mal) Generalized Tonic
- Complex Partial Clonic (Grand Mal)
- (psychomotor) Atonic(Drop Attacks)
- Simple Partial Mixed

In the event of an emergency, please provide the following information, so we can request the best care according to your wishes.

Drop Seizures Frequency: _____

Physician's Name: _____

List symptoms BEFORE seizures occur: _____

Phone: _____

When should EMS be contacted? _____

Insurance Provider: _____

Insurance Number: _____

Disability:

- Autism Down Syndrome Cerebral Palsy
- Rett Syndrome Attention Deficit Disorder Cognitive Disability
- Hearing Impairment Learning Disability Physical Disability
- Speech/Language Emotional Disability Other: _____

Degree of Disability:

- Mild Moderate Severe

Physical Limitation: Ambulation Hearing Prosthesis Sight Speech Spasticity

Please Specify and include any adaptive devices that are used: _____

Please write any other medical issues we should be aware of: _____

Please list any special dietary restrictions the camper needs to adhere to: _____

Does the camper have a communicable disease: Yes No Specify: _____

If yes, this will not necessarily affect the camper's enrollment. We need accurate information to plan for the camper's safety and to maintain a safe and protective environment for all campers.

Camper can maintain bladder control: Always Sometimes Never Needs Reminder

Camper can maintain bowel control: Always Sometimes Never Needs Reminder

Does the camper wear depends/diaper or pull-ups? Yes No Only at night

Medications:

Please list any medications the camper is taking even if they will not be administered at camp: _____

Please list medication, dosage and time of medications that are needed to be administered AT CAMP.

Medication	Dosage	Time
------------	--------	------

To list more medications, please attach an additional sheet if needed.

Camper's Name: _____



Please read and check the appropriate boxes for each area.

The applicant listed has permission to engage in all recreational activities and field trips except noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the respite supervisor or by his/her designated staff to secure proper treatment for the applicant listed, including hospitalization and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

Yes No

I understand Easter Seals Southeast Wisconsin and Camp Edwards YMCA Camp & Retreat Center are not responsible for lost, stolen or damaged personal articles brought to the camp site.

Yes No

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches, take and show films and videotapes by Easter Seals Southeast Wisconsin, Camp Edwards YMCA Camp & Retreat Center, Dryhooch and Mental Health America of Wisconsin for any purpose deemed appropriate.

Yes No

I hereby consent to Easter Seals Southeast Wisconsin Staff to:

- Administer medications according to physician's instructions. Yes No
- Perform special medical care as I have instructed. Yes No

I hereby release and waive any claim or cause of action which may accrue against Easter Seals Southeast Wisconsin, Camp Edwards YMCA Camp & Retreat Center, any employee of listed agencies or any other person acting with the permission of either, arising out of any injury to their person or property during their stay at Easter Seals Summer Camp, in transit or during any activity.

A signature indicates agreement of the above statement. Any applicant ages 18 or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please send completed applications by May 27, 2016 to:

Bridget Mangan
Easter Seals Southeast Wisconsin
c/o Camp Yellow Ribbon
2222 S. 114th Street
West Allis, WI 53227

CHILD MODEL PUBLICITY RELEASE

I am the parent or legal guardian of _____, a child under the age of 18.

I understand and agree that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of my child made by Easter Seals or its respective employees and agents may be used by Easter Seals and those acting with its permission for the purpose of illustration, broadcast, testimonial in connection with the work of Easter Seals and that these materials may be released to the general public. I assign to Easter Seals all of my child's rights to these materials.

I understand that these materials made by Easter Seals, its employees and agents are owned by Easter Seals and that they may copyright them. I further consent to allow Easter Seals, their respective employees and agents, and those acting with Easter Seals' permission to use my child's protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast or testimonial in connection with any work of Easter Seals and to release this information to the general public.

I understand that these materials may be published on Easter Seals' network of Web sites and this may disclose my child's personal and protected health information online. However, Easter Seals' online disclosure of my child's name and residence will be limited to my child's first name and the geographic location of the Easter Seals organization where he or she receives services.

Easter Seals does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easter Seals may decide not to use them.

I acknowledge that the rights described above are granted to Easter Seals on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easter Seals will not condition any treatment or finding to my child on the completion of this authorization. I also understand that I may revoke my consent to allow Easter Seals to release my child's protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easter Seals in writing by sending my revocation to **Bridget Mangan**. I understand and agree that once Easter Seals, its respective employees and agents, and those acting with its permission, disclose my child's protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires three years from the date of my signature below.

I have read this release and authorization before signing below, and I fully understand its contents. By signing, I also agree to give Mental Health America of Wisconsin, Dry Hootch and Camp Edwards YMCA Camp & Retreat Center permission to use any photo for their promotional use.

Signature of Parent or Guardian

Witness of Easter Seals

Printed Name of Parent or Guardian

Date

Date

Address

City, State, Zip Code

EDWARDS YMCA CAMP

Release Form / Waterboggan Permission / Parent Pack Acknowledgement

RELEASE FORM

Camper: _____ Session: _____

I authorize the following people to pick up my child from their camp session or to be notified in case of an emergency.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

In an effort to provide a safe environment for your camper, the staff of Edwards YMCA Camp cannot allow any person other than those designated above to transport your child from camp property.

~ ~ ~ ~ ~

PERMISSION TO RIDE THE WATERBOGGAN

My child, _____ has permission to ride on the banana boat towed behind the camp's speedboat. All riders wear life jackets and their safety is of the highest concern.

~ ~ ~ ~ ~

PARENT PACK SIGN-OFF

I acknowledge that I have read this Parent Pack and agree to the Terms & Conditions set forth by Edwards YMCA Camp.

<i>Signature of Parent/Guardian</i>	<i>Date</i>
-------------------------------------	-------------

Walk With Me

*Interested in forming
a team for
Walk With Me?*

*Attend the Kick-Off
Breakfast to meet our
Ambassadors and learn
more about becoming a
Team Captain.*

Easter Seals Southeast Wisconsin Walk With Me Kick-Off Breakfast!

Wednesday, April 28, 2016 - 7:30-9:00 am
(Check-in begins at 7:00 am)

**ManpowerGroup, Inc.
100 Manpower Place
Milwaukee, WI 53212**

**RSVP by April 23, 2015 to Paula at:
414-963-5934 or paulas@eastersealswise.com**

Meet our Walk With Me Ambassadors!



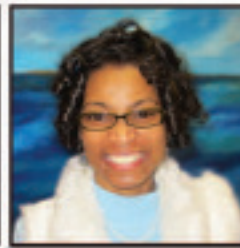
JACQUIE



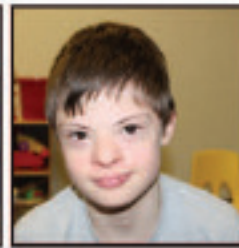
MADDIE



ROMAN



TAMISHA



VICTOR



ZACH

Save the Date!

Wednesday, June 29th



**LET'S
FLAMINGLE**

...at our 10th annual Walk With Me!

Last year more than 500 people participated
in our walk and helped raise more than
\$94,000 to support our Easter Seals programs!

Walk With Me 2016 at the Milwaukee County Zoo!

www.walkwithme.org/milwaukee | 5 p.m. Registration

For more information, please contact Paula at (414) 963-5934 or paulas@eastersealswise.com.



YOU'RE INVITED TO FAMILY RECOGNITION DAY!

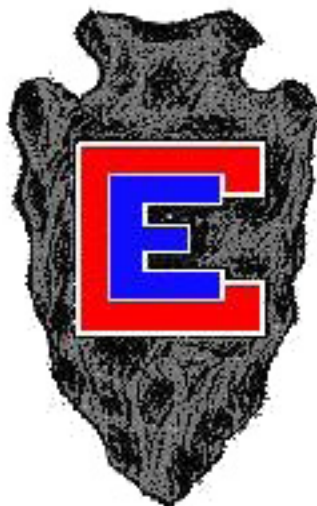
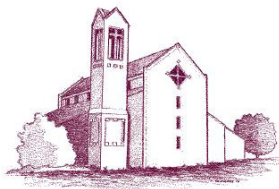
Thursday, August 18, 2016

10 a.m. - 2 p.m.

Your entire family can join us for lunch and fun on the last day of camp. You can talk to the camp counselors, tour the camp and meet your child's new friends!

Thank you to our Camp Yellow Ribbon partners:

**ST. ELIZABETH
ANN SETON
CATHOLIC PARISH**



Camp Edwards
YMCA Camp & Retreat Center



Easter Seals Southeast Wisconsin
2222 S. 114th Street
West Allis, WI 53227

Non-Profit Org.
U.S. Postage
PAID
Milwaukee, WI
Permit No. 2781



www.eastersealswise.com

