



# CAMP YELLOW RIBBON

Summer 2018

Easterseals 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

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FIRST MIDDLE LAST

Age at the time of Camp: -----

Birth Date: -----  
DAY/MONTH/YEAR

Height: (feet/in) -----

Weight: (lbs) -----

Parent/Guardian Name(s):

Heritage:

- African American  Asian
- Hispanic  Caucasian
- Native American  Other: -----

Address: -----

City, State, Zip: -----

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

Home Phone: -----

Cell Phone: -----

- \$0-\$11,999  \$25,000-\$49,999
- \$12,000-\$14,999  \$50,000-\$74,999
- \$15,000-\$24,999  More than \$75,000

Best Phone Number:  Home  Cell

Email address: -----

Service Information:

Would you like to be added to our mailing list?

- Yes  No

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

Can you attend Family Recognition Day on

August 20<sup>th</sup>?  Yes  No

Please list each branch and rank of the military in which a parent/guardian is enlisted.  
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How did you hear about our camp?

- Easterseals newsletter  Dry Hootch
- Easterseals 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.  
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**Emergency Contact 1:**

Name: -----

Relationship: -----

Phone: -----

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

Child:  6/8  10/12  14/16

**Emergency Contact 2:**

Name: -----

Relationship: -----

Phone: -----

Adult:  Small  Medium  Large  
 XL  2XL  3XL

**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- Shy/withdrawn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: \_\_\_\_\_



**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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 June 29, 2018 to:**

Chelsea McCracken  
Easterseals 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 Easterseals or its respective employees and agents may be used by Easterseals and those acting with its permission for the purpose of illustration, broadcast, testimonial in connection with the work of Easterseals and that these materials may be released to the general public. I assign to Easterseals all of my child's rights to these materials.

I understand that these materials made by Easterseals, its employees and agents are owned by Easterseals and that they may copyright them. I further consent to allow Easterseals, their respective employees and agents, and those acting with Easterseals' 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 Easterseals and to release this information to the general public.

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

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

I acknowledge that the rights described above are granted to Easterseals 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 Easterseals 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 Easterseals to release my child's protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals in writing by sending my revocation to **Chelsea McCracken**. I understand and agree that once Easterseals, 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 Easterseals

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

