



# 28th Annual Junior Wheelchair Sports and Recreation Camp

**July 30th - August 3rd, 2018 (Application Deadline: June 1st, 2018)**

\*\*COMPLETE IN DETAIL

Date \_\_\_\_\_

\_\_\_\_\_

Camper's First Name

Last Name

Nickname

\_\_\_\_\_

Address

City

State

Zip

County

\_\_\_\_\_

Parent E-mail

Camper's E-mail

\_\_\_\_\_

Mother's Name

Father's Name

Custodial Parents address (if different from Camper's address)

\_\_\_\_\_

Address

City

State

Zip

County

\_\_\_\_\_

Custodial Parents Phone: Home

Work

Cell

## IN CASE OF EMERGENCY (OTHER THAN PATENT/GUARDIAN)

\_\_\_\_\_

Name

Day Phone

Relationship

\_\_\_\_\_

Family Physician Name:

Phone:

\_\_\_\_\_

Insurance Company:

Policy #:

## PERSONAL DATA

\_\_\_\_\_

Disability:

Primary

Secondary

\_\_\_\_\_

Date of Birth

Male

Female

Height

Weight

Age

\_\_\_\_\_

School Attending

Grade

Does Camper attend Special Education classes? Yes \_\_\_ No \_\_\_

## TRANSPORTATION

\_\_\_\_\_

I will provide transportation

I will need transportation

Camper driving

\_\_\_\_\_

Pickup address

Phone

\_\_\_\_\_

Return address (if different)

Phone

Can camper transfer to a bus seat (field trips)? Yes \_\_\_ No, needs to stay in chair \_\_\_

\_\_\_\_\_

If yes, describe method of transfer

## Specific shirt size:

Youth: 6-8 \_\_\_\_\_ 10-12 \_\_\_\_\_ 14-16 \_\_\_\_\_ Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_



## MEDICATION

Is camper subject to seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the camper have any allergies? Describe, be specific (i.e. food, sun, bee stings, latex)

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I, \_\_\_\_\_ hereby request the staff at Omaha Junior Wheelchair Sports and Recreation Camp administer the following medications to my child. List all medications that *will be administered at camp*:

Medication	Dosage	Time(s) Given	Side Effects
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Comments \_\_\_\_\_

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Should your camper need Tylenol or Ibuprofen for a headache, do you authorize staff to administer? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand all medications must be in original containers, listing the physician, pharmacy, name of drug, dosage and child's name. Container must be sealed in a plastic bag. All medications must be turned into staff upon arrival.

## TOILETING NEEDS

(Please include a change of clothes and briefs for your child if you anticipate they may need them)

Assistance level: Dependent \_\_\_\_\_ Max \_\_\_\_\_ Mod \_\_\_\_\_ Min \_\_\_\_\_ Stand by \_\_\_\_\_

Independent \_\_\_\_\_

Catherization needs and specific times: \_\_\_\_\_

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## EQUIPMENT

Please check equipment campers will have at camp:

Lightweight wheelchair \_\_\_\_\_ Crutches \_\_\_\_\_ Braces \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

May camper's personal chair be stored at camp all week? Yes \_\_\_\_\_ No \_\_\_\_\_

Camper needs to borrow a chair? Yes \_\_\_\_\_ No \_\_\_\_\_

## OTHER

Does camper have limited mobility or weakness in arms? If so, explain \_\_\_\_\_

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Camp activities may include archery, weight lifting, track and field, tennis, softball, basketball, golf and swimming. Are there any medical considerations or restrictions, we should know about in reference to playing sports? (spinal fusions, rods, shunts, other limitations) \_\_\_\_\_

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Is camper allowed to swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Swim ability: Non swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Are adaptive water devices used in the water? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

Any special instructions concerning swimming? (footwear, cathing, diapers, etc) \_\_\_\_\_

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## FAMILY DAY

Additional information will be coming

## PHOTO RELEASE

I hereby certify that I am the parent/guardian of \_\_\_\_\_.

A child under the age of 19 years, and hereby consent that any film/photographs/video/sound recordings made in conjunction with the Omaha Junior Wheelchair Sports & Recreation Camp may be used by the Omaha Junior Wheelchair Sports & Recreation Camp, and those acting with its permission, for the purpose of illustration, publication, websites or broadcast in connection with the work and promotion of the Omaha Junior Wheelchair Sports and Recreation Camp.

I have read the foregoing release and authorization before affixing my signature below and warrant that I fully understand the contents thereof.

No Publicity \_\_\_\_\_ Photo Only \_\_\_\_\_ Name & Photo \_\_\_\_\_

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Signature

Date

## HOLD HARMLESS RELEASE

I, \_\_\_\_\_ the undersigned, understand that participation in the Omaha Junior Wheelchair Sports and Recreation Camp, including but not limited to transportation of Campers and activities offered at the camp, can expose the Campers to certain known and unknown hazards which could result in physical injury and/or psychological injury to the participant. These same hazards could result in damage to or loss of the participant's personal property.

I, \_\_\_\_\_ fully and forever release and discharge and hereby covenant and agree to hold harmless and indemnify the City of Omaha Park and Recreation, City of Council Bluffs Park and Recreation Department, Nebraska Adaptive Sports, CHI Health, CHI Health Immanuel Rehabilitation Institute, Iowa School for the Deaf, Great Plains Paralyzed Veterans of America, their employees, Broad of Directors, Agents, Representatives and volunteers involved with the Junior Wheelchair Sports Camp against any liability, suit, claims, costs, attorney fees for and on account of injury or loss or personal property. I understand and acknowledge there are inherent risks in sports. I assume this risk voluntarily for my child.

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Signature

Date

## TRAVEL RELEASE

I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate on a community outing, destination to be determined, during the week of July 30th - August 3rd, 2018.

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Signature

Date

## EMERGENCY PERMISSION

In the event of an emergency and/or when legal guardian or person responsible can not be reached,

I, \_\_\_\_\_ the legal guardian or person responsible for signing, do hereby authorize the Junior Wheelchair Sports Camp Director or Nurse to seek such emergency treatment as may be deemed necessary, Such treatment may include, without limitation, obtaining physical services, emergency services and/or transportation to a source or emergency treatment. I also hereby release the Junior Wheelchair Sports Camp staff and authorized representative from any and all legal liability that may arise as a result of such emergency treatment. I understand that I will be responsible for all hospital and/or medical expenses incurred. This authorization will be effective for July 30th - August 3rd, 2018

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Signature

Date

## EMERGENCY LEAVE

It is understood that campers are the responsibility of the Junior Wheelchair Sports and Recreation Camp during camp hours. Campers are required to check in daily immediately upon arrival. Should it be necessary for a camper to leave camp early for any reason, a written note will be required from the parent/guardian and the camper must sign out.

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Signature

Date

**Deadline: June 1st, 2018**