

**“With A Little Help”, Inc.**  
**2009 ADULT FALL CAMP - CAMPER APPLICATION**

*Please print or type.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

How did you hear about W.A.L.H. Camp? \_\_\_\_\_

Specific volunteer you request to assist you: \_\_\_\_\_

I will provide my own volunteer attendant:

Yes \_\_\_\_\_ No \_\_\_\_\_ Possibly \_\_\_\_\_ will know by (date) \_\_\_\_\_

If yes, their name and address: \_\_\_\_\_

Friends you wish to bunk near: \_\_\_\_\_

**RIDE SHARING**

*Although we cannot guarantee transportation to/from camp we will make every effort to assist you in arranging it.*

I need transportation?	Yes	No
Must remain in wheelchair?	Yes	No
Can transfer from wheelchair?	Yes	No
I can provide a ride?	Yes	No            Maybe
I use a:	Car	Equipped Van
For how many people in wheelchairs? _____		How many ambulatory individuals? _____

**HEALTH SUMMARY**

Do you have a history of medical problems (pneumonia, diabetes, etc.)?            Yes            No

If yes, please explain: \_\_\_\_\_

Do have any drug allergies?            Yes            No

If yes, list: \_\_\_\_\_

Are you taking prescription medication?            Yes            No

If yes, please list medication, dosage and frequency of use: \_\_\_\_\_

\_\_\_\_\_

List childhood diseases you have NOT had (include chicken pox, measles, mumps, etc.):

**HEALTH INSURANCE**

*No one will be accepted to camp without having his or her own health insurance coverage.*

Do you have health insurance?            Yes            No

If yes, please include name of insurance carrier(s) and policy number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEE SCHEDULE**

A week of summer camp for an adult camper and volunteer costs upwards of \$650. While we do not require you to pay any of this it is our hope that you would either consider a monetary donation or participate in "With A Little Help", Inc. fundraising activities. These activities may be as simple as selling kringle, candy, etc. to family and friends or volunteering your time at our annual fish fry.

\_\_\_\_\_ I choose to make a monetary donation –  
Amount enclosed \$ \_\_\_\_\_  
Please make checks payable to "With A Little Help" Inc.

\_\_\_\_\_ I have participated in the following fundraising activities this past year:  
\_\_\_\_\_

\_\_\_\_\_ I am a first year attendee and have not had the opportunity to participate in any fund-raisers.



**AUTHORIZATION FORM**

I, (print name) \_\_\_\_\_, hereby attest that the information provided on this application is correct to the best of my knowledge.

In the event that the person listed below as an emergency contact cannot be reached in an emergency, I hereby give my permission to the physician selected by the Director or his/her designate, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for me.

Signed \_\_\_\_\_ Date \_\_\_\_\_



I, (print name) \_\_\_\_\_, hereby release and waive any claim or cause of action which may occur against "With A Little Help", Inc. and any volunteer or employee and any other person acting with the permission of either arising out of any injury to my person or property during my stay at Camp, in transit to and from Camp, or during any activity approved by and of said person, and I agree to assume any claim which I might have against any said persons for injury as herein stated.

Further, I consent to "With A Little Help", Inc. using any audio-visual programs, using photographs, or public relations referenced to myself. These may be used for any purpose "With A Little Help", Inc. deem appropriate.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**PERSON TO CONTACT IN THE EVENT OF ANY EMERGENCY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) (with area code) \_\_\_\_\_

**MAIL COMPLETED APPLICATION TO:**

"With A Little Help...", Inc.  
Thomas Downs  
335 East Clay Street  
Whitewater, WI 53190

For more information call Tom at (262) 472-0895.

## FALL CAMP 2009 PARTICIPANT AGREEMENT

The mission of "With A Little Help...", Inc. is to provide our participants with a safe and enjoyable experience while attending either our summer or weekend camp. It is our hope that the application and interview process will answer any of your questions as well as help the camp staff determine who you are best suited to be paired with. With that in mind there are also certain expectations we have of both adult campers and volunteers. We ask you to read these expectations and be prepared to follow them if you choose to attend camp. Violations from these expectations may result in you being asked to leave camp.

- Once at camp I will not leave. Our insurance policy does not cover any person or persons leaving camp without permission.
- I will participate in orientation. This orientation is required of both first-time and veteran adult campers and volunteers.
- I will have respect for others and their personal property.
- For volunteers – my first responsibility will be that of my adult camper. While we want you to have a good experience, the needs of your camper must come first. If you feel you need some time to yourself, communicate that with your cabin leader or the camp coordinator.
- Camp Wawbeek and/or Pioneer Camp rules should be adhered to. Respect their property and avoid secured areas.
- Absolutely NO alcohol and/or illegal drugs will be tolerated at camp. Your first offense will result in immediate dismissal from camp and a one year suspension. Your second offense will result in immediate and permanent suspension from attending W.A.L.H. camps.
- Most importantly have FUN! – Whether you're a camper or volunteer use this experience to meet new friends, get involved in activities and go home with the realization that you made a difference in the lives of others.

Please also know the important role that both long time adult campers and volunteers play at camp. Along with your cabin leader use them as a resource. Respect them for their experience and use the opportunity to learn from them.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return along with your camp application.*