



# Camp Evergreen 2019 Summer Camp Application

Office Use Only
Date Received: _____
Amount Received: _____

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If not available in an emergency, please notify: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Has the camper attended Camp Evergreen in the past?  No  Yes

Please indicate camper's handicapping condition/s:

- Cognitively Disabled  Learning Disabled  Emotionally/Behaviorally Disabled  Autism  
 Hearing Impaired  Visually Impaired  Physically Handicapped  Other/s (please describe):

Does the camper require assistance with? (If yes, please explain in *as much detail* as possible. Attach additional page/s if necessary)

Toileting  No  Yes \_\_\_\_\_

Dressing  No  Yes \_\_\_\_\_

Showering  No  Yes \_\_\_\_\_

Eating  No  Yes \_\_\_\_\_

Other: \_\_\_\_\_

Does the camper have difficulty with? (If yes, please explain in *as much detail* as possible. Attach additional page/s if necessary)

Vision  No  Yes \_\_\_\_\_

Hearing  No  Yes \_\_\_\_\_

Communication  No  Yes \_\_\_\_\_

Mobility  No  Yes \_\_\_\_\_

➤  Wheelchair  Walker  Transfer Chair  Gait Belt  Other: \_\_\_\_\_

➤ When needed (always, for long walks, etc.): \_\_\_\_\_

Please indicate the behavior/s that best describe the camper:

Happy  Withdrawn  Shy  Energetic  Nervous  Self Abusive  Cautious

Physically Aggressive  Verbally Aggressive

Other \_\_\_\_\_

Suggestions for dealing with these behaviors: \_\_\_\_\_

\_\_\_\_\_

Camper's Name: \_\_\_\_\_

May the camper be given: Tylenol  No  Yes

Is the camper allergic to bee/wasp stings?  No  Yes

Are there special diet considerations? (If yes, attach diet requirements)  No  Yes

May the camper's image be used for publicity (printed/electronic)?  No  Yes

### Summer 2019 Sessions

✓	Please select the week you would like to attend Camp Evergreen by placing a ✓ in the space provided.	
	June 3-7	Ages 18 & up
	June 10-14	Ages 40 & up
	June 17-21	Ages 18-40
	June 24-28	Ages 7-18
Closed the week of July 4th		
	July 8-12	Ages 40 & up
	Reserved for hand scheduling by Camp Evergreen staff.	
	July 22-26	Ages 40 & up
	July 29-August 2	Ages 18-40
	August 5-9	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	

✓	Please indicate your request for a <b><u>second week</u></b> (if available) by placing a ✓ in the space provided.	
	June 3-7	Ages 18 & up
	June 10-14	Ages 40 & up
	June 17-21	Ages 18-40
	June 24-28	Ages 7-18
Closed the week of July 4th		
	July 8-12	Ages 40 & up
	Reserved for hand scheduling by Camp Evergreen staff.	
	July 22-26	Ages 40 & up
	July 29-August 2	Ages 18-40
	August 5-9	Ages 7-18
	Reserved for hand scheduling by Camp Evergreen staff.	

**All sessions begin on Monday at 9 AM and conclude on Friday promptly at 4 PM.**

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I give Camp Evergreen permission to seek whatever medical assistance they feel is necessary to insure the welfare of the camper.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed applications to: Camp Evergreen  
2776 N. 31<sup>st</sup> Place  
Sheboygan, WI 53083

**Applications are due by March 15<sup>th</sup>, 2019**

In the operation of Camp Evergreen, no person, as defined by program regulations, will be discriminated against because of race, sex, color, age, national origin, or handicap. Any person who believes that they have been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250