



Camp Evergreen 2022 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Happy Withdrawn Shy Energetic Nervous Self Abusive Cautious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: _____

Has the camper had COVID-19? No Yes

Has the camper received the COVID-19 vaccination? No 1st Dose 2nd Dose Booster

May the camper be given: Tylenol No Yes

Is the camper allergic to bee/wasp stings? No Yes If yes, do they carry an EpiPen 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 2022 Sessions

Important! Please read carefully!

- Select the age group your camper would fall into (blue, green, or red)
- If any of the dates offered in that column will meet your scheduling needs, check (✓) the **Any Week** box at the top.
- If that is not the case, please number your week choices in order of preference (1,2, etc.). We will do our best to schedule everyone as close to their first choice as possible.
- If you would like a second week (if possible), check (✓) the **second week box** at the bottom.
- Please do not select August 15-19. We are reserving this for a possible extra week, VIC week, etc.

Ages 40 & up

<i>Any Week</i>
June 6-10
June 20-24
July 11-15
July 25-29

Ages 18-40

<i>Any Week</i>
June 13-17
July 18-22
August 8-12
August 15-19 (camp use only...please do not select)

Ages 7-18

<i>Any Week</i>
June 27-July 1
August 1-5

I would like to attend a second week if possible.

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
3128 Cherokee Drive
Sheboygan, WI 53083

Applications are due by January 7th, 2022.

***The sooner the better 😊**

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