



32nd Annual Junior Wheelchair Sports and Recreation Camp

July 18th - July 22nd, 2022 (Application Deadline: June 1st, 2022)

**COMPLETE IN DETAIL

Date _____

Campers First Name _____ Last Name _____ Nickname _____

Address _____ City _____ State _____ Zip _____ County _____

Parent E-mail _____ Campers E-mail _____

Mother's Name _____ Fathers 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 PARENT/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 and Dropoff Sites will be determined based on the children who are using transportation services.

This information will be provided once the information is identified. Please provide a phone number _____

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 _____

Sponsored by:



MEDICATION

Is camper subject to seizures? Yes _____ No _____

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

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 _____

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, briefs and cath supplies for your child if you anticipate they may need them)

Assistance level: Dependent _____ Max _____ Mod _____ Min _____ Stand by _____
Independent _____

Catherization needs and specific times: _____

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 _____

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) _____

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) _____

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 Junior Wheelchair Sports & Recreation Camp may be used by the 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 Junior Wheelchair Sports and Recreation Camp, City of Omaha, Nebraska Adaptive Sports.

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 _____

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 Nebraska Adaptive Sports, CHI Health, CHI Health Immanuel Rehabilitation Institute, the City of Omaha, their employees, Board of Directors, Agents, Representatives and volunteers involved with the Junior Wheelchair Sports & Recreation Camp or use of the City facilities against any injuries or damages sustained, all liability or causes of action, suit, claims, damages, 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.

Signature

Date

TRAVEL RELEASE

I, _____ give my permission for _____ to participate on a community outing, destination to be determined, during the week of July 18th - July 22nd, 2022.

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 18th - 22nd, 2022.

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.

Signature

Date

Deadline: June 1st, 2022

Return application to: Jena Munson
CHI Health Immanuel Rehab Institute
6901 N 72nd Street, Omaha NE 68122
Email: jena.munson@commonspirit.org