

Mary Free Bed

Wheelchair and Adaptive Sports



Jr. Wheelchair SPORTS CAMP

Grand Valley State University

**JULY
23-27
2018**



What is the Jr. Wheelchair Sports Camp?

Sponsored by the Mary Free Bed Wheelchair & Adaptive Sports Program, the Jr. Wheelchair Sports Camp is for youth who are physically disabled and use, or require, a wheelchair to be successful in sports and recreational activities. Held each summer at Grand Valley State University, the camp is a free, five-day, activity-filled week for children and teens who have various physical disabilities. Each day, from 8:30 a.m. to 4 p.m., campers are rotated in groups, by age, to different sport activities. Each group of campers is accompanied by volunteers, and new skills are taught by experienced wheelchair athletes. This year's camp begins on Monday, July 23 and continues through Friday, July 27.

Family and Awards Day – held Friday – invites parents, family members and friends of attending campers to observe what camp has to offer. This is the **only** day family and friends are invited to attend, and guests receive a free lunch at the Awards Banquet.

Our Camp Provides

- An organized method of daily check-in for campers who are dropped off on time
- Competent, caring staff and volunteers with an average ratio of one volunteer to two campers
- Daily lunch and snacks to campers, staff and volunteers
- Sports wheelchairs and equipment for daily use
- Exhibitions in sports and recreational activities
- Quality instruction in wheelchair sports
- A feeling of camaraderie and a “can do” spirit
- Housing — including meals, activities and supervision for campers who live more than 45 miles one way

Who Can Attend?

The Jr. Wheelchair Sports Camp is designed for kids who have physical disabilities, are able to address self-care independently (toileting, bathing, eating and transfers) and have good use of their upper extremities. Children ages 7-18 are welcome to attend. Campers should have the willingness and ability to try several sports while using adaptive equipment and rules.

Our prerequisite is a good mental attitude. Use of a wheelchair on a daily basis is not a prerequisite. However, if a child is able to play sports competitively without the use of a wheelchair, this camp is not the right fit. Parents are encouraged to allow their children to experience camp “parent and sibling free.”

2018 Offerings

Jr. Wheelchair Sports Camp may include instruction in:

- Basketball
- Cheer
- Football
- Frisbee golf
- Handcycling
- Kayaking
- Sled hockey
- Softball
- Swimming
- Team handball
- Tennis

We seek to provide your child with a typical camp experience designed to foster independence.

Volunteers

Sports camp volunteers must pre-register and be 16 years or older. Call 616.840.8356 for special volunteer requests for you or your child.

Please ensure you complete and submit the entire application and all necessary documents and payments by **July 2, 2018.**



Participant Application and Health Information Form

Please Print!

Please complete both sides of this form.

A late fee of \$40 will be charged after the July 2 deadline. No applications will be accepted after July 13.

Camper's name: _____ Age: _____ Date of Birth: _____

Are you a returning camper? Yes No

Gender: Male Female

T-shirt size: **Adult:** S M L XL XXL

Youth: YM YL YXL

Address: _____

City: _____ State: _____ Zip: _____

Name of parent/guardian: _____ Relationship to camper: _____

Daytime phone: _____ Cell phone: _____

Name of parent/guardian: _____ Relationship to camper: _____

Daytime phone: _____ Cell phone: _____

Emergency contact (if unable to reach parent/guardian): _____

Daytime phone: _____ Cell phone: _____

Relationship to camper: _____

Health Information:

Diagnosis/Physical Disability: _____

Recent Surgeries and/or Medical Limitations: _____

Allergies

Please list all allergies (medical, food, insect stings or other): _____

Latex allergy/sensitivity?: Yes No

Child will have an EpiPen at camp? Yes No

Mobility Walks Independently

Needs to Borrow Sports Chair

Uses Braces/Crutches/Walker

Owns Sports Chair

Uses Manual Wheelchair

Health History

Glasses/Hearing

VP Shunt

Tubes in ears (Please send earplugs)

Diabetes

Heart Defect

Fainting

Bleeding/Clotting Disorders

Frequent Headaches

Asthma/Respiratory

Current GT

Cognitive/Autism

Autonomic Dysreflexia

Behavioral

Upset Stomach

SCI Level: _____

Other: _____

Seizures

Type: _____ Frequency: _____ Date Last: _____

Please describe seizure (including triggers, length, severity): _____

Skin

Does camper have any open areas?: Yes No

Prone to skin breakdown?: Yes No

If yes, where does breakdown occur? _____

Will camper require treatment of any open areas while at camp? Yes No

Describe procedure and precautions needed (attach a separate page if needed): _____

Self-Care

All campers must be able to address self-care (toileting, bathing, eating and transfers). If possible, you may have an aide accompany them to support these skills. If necessary, detailed instructions should be returned with this form. Please ensure camper brings enough personal supplies to last five days, plus extra supplies in case of any unexpected circumstances. **Overnight campers**, please bring shower chairs and necessary supplies.

Medications

If your child has a minor headache or discomfort, select all we are allowed to give:

Benadryl Cough Drops Ibuprofen Triple Antibiotic Ointment Tums Tylenol

May we use triple antibiotic ointment for treatment of minor cuts/blisters/etc? Yes No

Camper will **not** take any medications at camp. (Including inhalers and EpiPens)

All medications, including inhalers and EpiPens, **MUST** be given to the nurse on Monday, July 23 at check-in. You **MUST** bring enough medication for the ENTIRE session if your child is an overnight camper. As mandated by the State of Michigan, all medications must come in their prescribed (original) container. Medications **MUST** include appropriate instructions. If there are any changes to what is written on the prescription, the changes must be written and signed by the parent/guardian. (Please list all medications, even if they will not be sent to camp, so we have a record of the camper’s medications in case of an emergency. Attach another page if necessary.)

Name/Dosage/Purpose	8am	12pm	5pm	8pm	As needed	At home
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Changes other than what is on the written prescription must be explained in writing: _____

Authorized by (signature): _____

Urinary Care (select all the apply)

Camper is **completely** independent (*does not use pull ups, catheters, no supervision required*)

Camper uses intermittent catheterization independently (*indicate schedule*): _____

Camper needs reminders to use restroom/follow-up. Times: _____

Camper requires assistance:

Needs help setting up, but camper can change pull-up or insert catheter

Needs help to insert catheter or change pull-up (*contact us to discuss whether camp is appropriate for your child*)

Bowel Care

Day campers: Do you anticipate the camper needing any assistance managing bowels? Please describe: _____

Overnight Campers Only

Frequency of bowel movements: _____ Prone to constipation? Yes No

How do you treat constipation? _____

Does camper use any of the following for bowel management?:

Laxative/Stool Softener? Type: _____

Enema/Suppository? Type: _____

Ostomy Type: _____

Does the camper need any assistance in managing bowel program? Please describe: _____

Other medical concerns of which we should be aware: _____

Mary Free Bed Wheelchair & Adaptive Sports Program

Youth Parental Authorization for Emergency Medical Attention

This form is to grant the adult leader representing Mary Free Bed Wheelchair & Adaptive Sports permission to act on our/my behalf in the event emergency medical attention (services) are necessary for our/my son/daughter during any Jr. Wheelchair Sports Camp sponsored activity both on or offsite, in the State of Michigan. This form is in no way intended to hold Mary Free Bed or its representative responsible for the outcome of any medical procedures taken under this authorization, however it ensures that prompt competent emergency medical attention will be granted when necessary for the individual youth as stated below.

Our/my son/daughter (PLEASE PRINT FULL LEGAL NAME): _____

has our/my permission to participate in the Jr. Wheelchair Sports Camp. In the event we/I cannot be reached in an emergency, we/I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for our/my child.

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Insurance Provider: _____ Policy Number: _____

Authorizing Signature of Parent(s) or Guardian(s): _____

Please attach copy of front and back of insurance card.

Liability Waiver

For the Mary Free Bed Wheelchair and Adaptive Sports Program sponsoring this program, I, the undersigned, for myself, my heirs, successors, and assigns agree to release and forever discharge Mary Free Bed Rehabilitation Hospital and their officers, employees, and agents from any and all liabilities, demands, or claims for loss or damage resulting from any injury or damage which may be sustained on account of my participation in the Jr. Wheelchair Sports Camp. Entry, participation, or attendance during the camp constitutes permission to be photographed for possible publicity, promotional, or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

Applicant's Signature: _____ Date: _____

Parent or Guardian Signature (if under 18): _____ Date: _____

Housing

Do you need housing?: Yes* No

*If yes: \$200 check payable to Mary Free Bed enclosed - or - Pay by Credit Card

Housing is available for \$200, including meals, activities and supervision, to independent campers meeting the Jr. Wheelchair Sports Camp requirements and living 45 miles or more (one way) away from the campsite. Housing is limited and is offered on a first-come, first-served basis. Please promptly return your application.

Refund policy: Full refunds will be awarded until July 13. Fifty percent of housing fee refunded after July 12. Special circumstances are considered on a case-by-case basis.

Late Fee

Are you submitting forms after July 2?: Yes* No

*If yes: \$40 check payable to Mary Free Bed enclosed - or - Pay by Credit Card



Please consider a donation



Camp is offered to qualified children at no cost. Contributions to Mary Free Bed Wheelchair & Adaptive Sports help offset the camp's rising costs. Thank you.

Yes, we can help offset costs for Jr. Wheelchair Sports Camp, enclosed is our donation:

\$100

\$75

\$50

Other Amount: \$_____

Check payable to Mary Free Bed - or -

Donate by Credit Card

If making payment by credit card, please provide:

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____ CSC Code: _____

Please mail completed applications and necessary payments to:

Mary Free Bed Wheelchair and Adaptive Sports
Jr. Wheelchair Sports Camp
235 Wealthy St. SE
Grand Rapids, MI 49503

Email completed application to:

sports@maryfreebed.com

Or, fax completed application to:

616.840.9740

Important Reminders:

- Deadline for camp registration without a late fee is July 2
- Late fee of \$40 will be added for all applications received after July 2
- No applications will be accepted after July 13
- **Complete the entire application and attach copies of all necessary documents:**
 - Copy of health insurance card
 - Additional list of medications and care instructions (if needed)
 - Included payments with the completed application (housing fee, late fee, and/or donation)



Questions?

Contact Maria Besta at 616.840.8537 or sports@maryfreebed.com

