



Retreat & Refresh Stroke Camp
Sponsored by: Lincoln Stroke Partnership, BryanHealth,
Madonna Rehabilitation Hospital, & St. Elizabeth
Carol Joy Holling, Ashland, NE
September 22-24, 2017
Camper Registration Form

There are 10 spots for returning survivors and 10 spots for survivors who have not previously attended camp. We will contact all registrants upon receipt of the registration form. If new attendees have not filled the available spots by August 15, the remaining spots will be available for returning attendees from the waiting list. See the last page of the registration form for more information about camp.

Please complete all of the requested information in each section.

# of Adults (ages 16+) _____ attending x \$125 per person	
# of Children (ages 5-15) _____ attending x \$75 per person	
# of Children 4 and under _____ attending x free	Total fees due: \$ _____
Minus \$25 deposit per person, due with this application: - \$ _____	
Remaining balance due one month before camp: \$ _____	
Minimum \$25.00 (nonrefundable) per person deposit is requested with this application. Remaining balance due one month prior to the retreat-nonrefundable except in the case of a medical emergency.	

SURVIVOR INFORMATION

Name:	Phone:
Address:	Email:
City:	Birth Date:
State: Zip:	Age:
Name Badge Should Read:	Shirt Size: S M L XL 2XL 3XL
Preferred method of communication for pre-camp information (circle one): Email Mail	

We encourage survivors to bring a caregiver with them. If you do not have a caregiver to attend with you please note below a person who will be willing to pick you up from camp or the hospital in case of an emergency day or night.

My caregiver will be with me: Yes _____ No _____
If no, phone # where caregiver can be reached in case of emergency: (_____) _____

CAREGIVER INFORMATION

Name :	Phone:
Address:	Email:
City:	Birth Date: Age:
State: Zip:	Relationship to survivor:
Name Badge Should Read:	Shirt Size: S M L XL 2XL 3 XL
Preferred method of communication for pre-camp information (circle one): Email Mail	

Additional Family Members Who Are Attending Camp:

Name: _____ Age: _____ Sex: __ Shirt Size: S M L XL 2XL 3XL

Name: _____ Age: _____ Sex: __ Shirt Size: S M L XL 2XL 3XL

****Please call our office if the additional family members live separately from the survivor and/or caregiver so that we can get their contact information.****

Your name, address, phone number, email address, and stroke date will be distributed to all in attendance at camp. All other information obtained for Stroke Camp is solely used in the event of a medical emergency and will be kept secured and confidential.

Survivor Miscellaneous Information

Last Name: _____

Month/Year of stroke _____/_____ Was the stroke a clot/blockage _____ or a bleed _____?

Which side of your body was affected (if any): Right _____ Left _____

Physical limitations (if any):

None _____ Arm Weakness _____ Leg Weakness _____ Standing _____ Transferring _____ Walking _____
Other limitations (please describe) _____

Communication status:

None _____ Aphasia _____ Apraxia _____ Swallowing problems _____

Assistance Needed (assistance with activities of daily living must be provided by the survivor's caregiver):

None _____ Transferring _____ Walking _____ Bathing _____ Toileting _____ Dressing _____ Eating _____
Taking medications _____ Other (please describe) _____

Please list any medical equipment necessary for this camper you will be bringing:

None _____ Walker _____ Cane _____ Wheelchair _____ Raised toilet seat _____ Shower chair/bench
Other (please list): _____

Will you or your family require a special diet beyond heart healthy diabetic friendly, or have any food allergies?

Yes _____ No _____ **If yes**, please describe the special diet/allergy (include names of all family members who require the diet) _____

While our best efforts will be made to accommodate your request, we suggest you bring snacks and/or food to supplement your diet if you are concerned about having food available that you can eat.

Is there any further information that may be helpful in better understanding the stroke survivor and his/her needs at camp?

Please list any special needs or physical limitations the caregiver (if accompanying the survivor to camp) has that we need to be aware of prior to camp? _____

How did you hear about camp? _____

What do you see as your most successful accomplishments since your stroke?

What still challenges you? _____

Is there a particular topic you would like to learn about or presenter you would like to hear from during the education session at camp? _____

This page is yours to keep.

The camp you have registered for is: September 22-24, 2017

Location: Carol Joy Holling, Ashland, NE

Camp Checklist

Now:

_____ Submit your registration form and deposit/full payment online (www.strokecamp.org), or mail your registration form and deposit/full payment to:

Retreat & Refresh Stroke Camp
2000 W. Pioneer Pkwy Ste. 16
Peoria, IL 61615

A minimum \$25.00 (nonrefundable) per person deposit is requested with this application. Remaining balance is due one month prior to the retreat weekend and is nonrefundable except in the case of an emergency. If you are registering less than one month prior to camp, the entire fee is due at this time. You can pay your camper fees on our website by clicking on the Donate/Pay Camp Fees button, or you can mail a check made payable to Stroke Camp.

Once we have received your registration form/deposit, we will email or mail (whichever communication method you indicated on page 1 of this form) you a confirmation email/postcard.

_____ Camp registration is 2:30-4 pm on Friday afternoon for most camps. Please make arrangements with your schedule so that you are able to join us for the start of the weekend.

One month prior to camp:

_____ If you paid only the deposit at the time of registration, please mail your remaining balance due to the Stroke Camp office (address above), or pay through the Pay Camp Fees button on www.strokecamp.org.

_____ If you have changed your mind and no longer plan to attend Stroke Camp, please call our office immediately to notify us as many of our camps have a wait list of participants. 309-688-5450

Approximately two weeks prior to camp:

_____ We will email or mail (whichever communication method you indicated on page 1 of this form) you a packet of information that includes the weekend schedule, a list of what to bring, directions to camp, and a health history form.

Day of camp:

_____ Make sure you have packed everything listed on the "What to Bring" document we mailed/emailed you. Don't forget any adaptive equipment that is necessary for you to perform your activities of daily living.

_____ Unless you have already mailed it to us, bring the health history form filled out to registration at camp. Be sure to include a copy of your medication list. We need this form for all participants: survivors, caregivers, and family members. The form is available on the Camp Dates/Registration page of www.strokecamp.org.

General Information: What do we do at camp? Crafts, games, educational sessions, resources, pampering, friendships, good food, hiking/walking, discussion groups, informal chat with experts, Wii, entertainment, relaxing, and more!

Outdoor activities will vary by retreat center location and time of year, but may include fishing, boating, rock climbing, and swimming. **The entire weekend is carefully planned for stroke survivors, caregivers, and family members.**

Activities are modified so that everyone can participate. Volunteers will support and assist you throughout the weekend. Visit www.strokecamp.org for more information about camp.

Room Assignments: Rooms are hotel style with a private bathroom. Survivors attending without a caregiver may be paired with another survivor when appropriate. Handicapped rooms will be assigned according to availability and need.

Retreat & Refresh Stroke Camp (RRSC) does its best to review registrations. It is the responsibility of the registrant to submit a complete and accurate registration. RRSC reserves the right to reject or revoke any registration that it deems is inaccurate, incomplete, or for which a registrant would not be suitable for RRSC's program(s), as determined in RRSC's sole and absolute discretion.

Questions? Contact the Stroke Camp Office by calling 309-688-5450 or email registration@strokecamp.org