



**Retreat & Refresh Stroke Camp**  
**Sponsored by: Franciscan Health-Indianapolis/Mooresville**  
**CarDon & Associates Inc.**  
**Waycross Camp & Conference Center in Morgantown, IN**  
**August 25-27, 2017**  
**Camper Registration Form**

We're glad you're interested in Stroke Camp! Please fill out this registration form in its entirety and submit as soon as possible. Camps fill up fast and rooms are assigned on a first come, first served basis. Shirt sizes are not guaranteed for registrations received less than three weeks prior to camp. **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             | <b>Total fees due: \$ _____</b> |
| <b>Minus \$25 deposit per person, due with this application: - \$ _____</b>                                                                                                                          |                 |                    |                                 |
| <b>Remaining balance due one month before camp: \$ _____</b>                                                                                                                                         |                 |                    |                                 |
| 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?** \_\_\_\_\_

**Location: Waycross Camp & Conference Center in Morgantown, IN**

**Camp Checklist**

**Now:**

\_\_\_\_\_ Submit your registration form by mail and deposit/full payment online ([www.strokecamp.org](http://www.strokecamp.org)) or by mail 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](http://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](http://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](http://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](mailto:registration@strokecamp.org)