



**United Stroke Alliance
Brain Tumor Camp**



Sponsored by: Dignity Health Foundation & Brain Tumor Foundation

Chapel Rock Camp, Prescott, AZ

October 4-6, 2019

Camper Registration Form



We're glad you're interested in Arizona's Annual Brain Tumor 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.**

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	

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

PRIMARY FAMILY MEMBER 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 diagnosis _____ / _____

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 BT 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 diagnosis?

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: October 4-6, 2019

Location: Chapel Rock Camp in Prescott, AZ

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:

United Stroke Alliance
2000 W. Pioneer Pkwy Ste. 16
Peoria, IL 61615

A minimum \$25.00 (nonrefundable) per person deposit is requested with this application. You can pay your deposit on our website by clicking on the Donate/Pay Camp Fees button, or you can mail a check made payable to United Stroke Alliance. 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 1:30-3:30 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 have changed your mind and no longer plan to attend BT 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 brain tumor 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 double occupancy with twin and double beds and 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.

United Stroke Alliance (USA) does its best to review registrations. It is the responsibility of the registrant to submit a complete and accurate registration. USA 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 USA's program(s), as determined in USA sole and absolute discretion.

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