

Alumni Camp at Villa Marie June 18, 2019
 7205 N 112th
 Waverly, NE 68462

Please print or type entire application. Send completed application for the one day camp to: Sr. Jeanette Rerucha, 7205 N 112th, Waverly, NE 68462. Campers must be 18 years of age or older. There is no fee to attend Alumni Camp, it is being sponsored and staffed by the Bishop Neumann Students from Wahoo. Camp will run 10 am - 5 pm, with Mass at 4 pm.

Camper's Name: _____ **Nickname:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **T-Shirt Size:** _____

Sex: Male Female **Age:** _____ **Date of Birth:** _____

Parent/Guardian/Family Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

Parent/Guardian/Family Contact Place of Employment: _____

Work Phone #: _____

Residential Facility's Name and Address (if applicable): _____

Family Contact Person: _____ **Relationship:** _____

Phone #: _____

Emergency Contact Name: _____ **Day Phone #:** _____

Evening Phone #: _____

Accidental/Medical Insurance Information

Medicaid #: _____

Medicare #: _____

Any additional coverage (name of insurance and policy #): _____

I recognize that neither Alumni Camp at Villa Marie nor their staff will cover the cost of insurance or accept responsibility of injuries or illnesses arising from any preexisting conditions.

Signature of Parent/Guardian _____

or Applicant (if own guardian)

Relationship to Applicant: _____ **Date:** _____

Camper Profile:

This information will be used by camp personnel in order to best meet the applicant's needs while at camp. Please openly and completely answer the questions. All information will remain confidential. Attach extra pages as needed to adequately answer the questions.

Health History:

3. List any health problems for which the applicant takes medication:

4. List any adaptive equipment or appliances used (wheelchair, braces, walker, etc.) and describe how dependent the applicant is on these devices. _____

6. Has the applicant been recently exposed to or is he/she a carrier of a contagious disease?

Yes No If yes, please describe: _____

7. Is the applicant a carrier of any blood borne disease such as HIV, Hepatitis B or C, etc.?

Yes No If yes, what treatment(s) has he/she received? _____

8. Is the applicant prone to heat or heat related illnesses? Yes No

If yes, please explain: _____

9. Does the applicant have seizures? Yes No

If yes, what is the applicant's status (active, controlled, etc.)? _____

Type of seizures: _____

Frequency: _____

Duration: _____

Date of last seizure: _____

Describe reaction/behavior before/during/after seizure: _____

When does the applicant need emergency medical care for seizures? _____

***Note:** In the event of continuous seizures, it is Alumni Camp at Villa Marie's policy to take the camper to the hospital for medical attention unless otherwise instructed.

Medications:

1. Does the applicant take any medications? Yes No

If yes, please send the medications they will need during the day.

Eating:

1. List any dietary/food allergies: _____

2. If diabetic, please list dietary needs: _____

***Note:** Alumni Camp at Villa Marie does not provide meals for special dietary restrictions.

Past Villa Marie Camp and Villa Marie School Experience:

1. Has the applicant attended Camp Villa Marie in the past? Yes No
If yes, when was the last year of attendance? _____

2. Has the applicant attended School at Villa Marie in the past? Yes No
If yes, what year(s) did they attend? :

Alumni Camp at Villa Marie has instituted certain policies to help each camper derive the maximum benefit from his/her camping experience. We are asking each of you to abide by the following policies. We ask that you read the following closely and then sign the application if you are in full agreement with our policies.

1. Campers who are ill and/or have physical conditions that may be contagious to others are asked to refrain from attending the camp
2. Campers who are ill or who become ill during camp, and/or have physical conditions that may be contagious to others will be sent home.
3. Campers who exhibit persistent behavior disorders towards themselves and/or others that put themselves, other campers, or staff at risk will be sent home.
4. Parents/guardians will keep the camp director notified of any changes in their address or telephone numbers and changes in their emergency contact person from now till the end of camp.
5. Parents/guardians are encouraged to join their camper at 4pm for Mass at the Marian Sisters Tower.
6. I understand that I am responsible for the camper and agree to hold harmless and indemnify Villa Marie School and the Catholic Center for any and all bodily injury or property damage claims including injuries to the camper or to third parties which may arise from the participation in the activities at Alumni Camp at Villa Marie.

Your signature to this application indicates that you desire to cooperate with Alumni Camp at Villa Marie and grants our staff your permission to carry out our policies and procedures as indicated.

Signature of Parent/Guardian: _____

or Applicant (if own guardian)

Relationship to Applicant: _____ Date: _____

For Alumni Camp at Villa Marie Use Only:

_____ Application complete with all necessary signatures, med list, and information

_____ Application Number