

Me-One Foundation
P.O. Box 135
Roseville, CA 95678



Phone: (916) 784-2267
Fax: (916) 720-0223
www.me-onefoundation.org

Camp Wieser
(Formerly known as Camp Challenge)
A program of the **Me-One Foundation**
CAMPER / GROUP APPLICATION 2017
Camp Dates are July 7, 8 & 9

For the purpose of this application, the applicant is the adult with or who has cancer. The camping experience is intended for the applicant and up to five additional guests. These guests can be members of the applicant's family, close friends, and/or caregivers. Please fill in the information on the first 6 pages of the application as completely as possible. *After signing the release at the top of page 7, please have the applicant's doctor complete pages 7 and 8.* This year, Camp Wieser will be held July 7, 8 & 9 at Mission Springs Conference Center in Scotts Valley, CA. Accepted campers will be extended an invitation to join us at camp. Campers will be asked to arrive at Camp Wieser at 3:00 pm on Friday and camp will conclude at approximately 1:00 pm on Sunday.

PLEASE RETURN YOUR APPLICATION AS SOON AS POSSIBLE. Please print or type clearly and attach additional pages as needed for clarification. Space is limited. A portion or all of our applicants will be considered on a first come/first serve basis; consequently, available openings may be filled prior to our application deadline of June 15. Priority for camp is given to new campers; returning campers will be placed on a wait list. Please note that submitting an application does not ensure an invitation. All completed applications will be reviewed and considered by our selection committee. Selection of applicants for each camp session is solely within the discretion of the selection committee. Each camp session requires a new application. This camp session is primarily geared toward adults who are currently undergoing treatment or recently out of treatment and are still physically able to attend camp.

ALL INFORMATION IS CONFIDENTIAL

Applicant's	Last Name	First	Middle
Address		City	State Zip
Cell Phone		Home/Work Phone	

Email is the Foundation's primary communication method. Please provide your email and a secondary email that are checked daily.

Applicant's Email	Secondary Email
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Have you attended Camp before? If so, when? _____
For Camp Staff Only

Date Received: _____ Total # in Party _____	Additional Information Needed: _____
Email confirmation sent: _____	Medical Review Date: _____
Invitation to Camp: _____ Response Received: _____	Camp Letters and Info. Sent: _____ Response Received: _____

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The information requested below is needed for camp and will be kept confidential.

Please fill out the additional information below for **yourself**:

Date of Birth	T-Shirt Size. Please Circle One Adult: S M L XL 2XL 3XL				
Immunizations: H1N1/Flu	_____ YES	_____ NO	Measles	_____ YES	_____ NO
Date of Last Tetanus Booster _____	Had Chicken Pox or Vaccine _____ YES _____ NO				

I would like to receive Me-One email updates after Camp _____ YES _____ No

The information below must be completed for every member of your group:

Last Name	First Name	Relationship
Street Address		
City & State	Zip Code	Cell Phone Number
Email Address	DOB	
T-Shirt Size - Please Circle One Child: XS S M L Adult: S M L XL 2XL 3XL		
Immunizations: H1N1/Flu	_____ YES	_____ NO
Measles	_____ YES	_____ NO
Date of Last Tetanus Booster _____	Had Chicken Pox or Vaccine _____ YES _____ NO	
Please list all allergies		
Please list all medications and/or medical conditions (attach additional pages if needed)		

I would like to receive Me-One email updates after Camp _____ YES _____ No

Last Name	First Name	Relationship
Street Address		
City & State	Zip Code	Cell Phone Number
Email Address	DOB	
T-Shirt Size - Please Circle One Child: XS S M L Adult: S M L XL 2XL 3XL		
Immunizations: H1N1/Flu	_____ YES	_____ NO
Measles	_____ YES	_____ NO
Date of Last Tetanus Booster _____	Had Chicken Pox or Vaccine _____ YES _____ NO	
Please list all allergies		
Please list all medications and/or medical conditions (attach additional pages if needed)		

I would like to receive Me-One email updates after Camp _____ YES _____ No

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Last Name		First Name		Relationship	
Street Address					
City & State			Zip Code		Cell Phone Number
Email Address					DOB
T-Shirt Size - Please Circle One					
Child: XS S M L		Adult: S M L XL 2XL 3XL			
Immunizations: H1N1/Flu _____ YES _____ NO			Measles _____ YES _____ NO		
Date of Last Tetanus Booster			Had Chicken Pox or Vaccine _____ YES _____ NO		
Please list all allergies					
Please list all medications and/or medical conditions (attach additional pages if needed)					

I would like to receive Me-One email updates after Camp _____ **YES** _____ **No**

Last Name		First Name		Relationship	
Street Address					
City & State			Zip Code		Cell Phone Number
Email Address					DOB
T-Shirt Size - Please Circle One					
Child: XS S M L		Adult: S M L XL 2XL 3XL			
Immunizations: H1N1/Flu _____ YES _____ NO			Measles _____ YES _____ NO		
Date of Last Tetanus Booster			Had Chicken Pox or Vaccine _____ YES _____ NO		
Please list all allergies					
Please list all medications and/or medical conditions (attach additional pages if needed)					

I would like to receive Me-One email updates after Camp _____ **YES** _____ **No**

Last Name		First Name		Relationship	
Street Address					
City & State			Zip Code		Cell Phone Number
Email Address					DOB
T-Shirt Size - Please Circle One					
Child: XS S M L		Adult: S M L XL 2XL 3XL			

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Immunizations: H1N1/Flu _____ YES _____ NO	Measles _____ YES _____ NO
Date of Last Tetanus Booster _____	Had Chicken Pox or Vaccine _____ YES _____ NO
Please list all allergies	
Please list all medications and/or medical conditions (attach additional pages if needed)	

I would like to receive Me-One email updates after Camp _____ YES _____ No

Do you or any other member of your family require a special diet? The Me-One Foundation and Mission Springs will do all that we can to meet your dietary needs. However, in some cases, you may be asked to provide your own food for special diets that we are unable to provide for.

Is there anything else you feel we should know and/or that we could do to make your camping experience safer and/or more meaningful or any additional information you care to share?

IMPORTANT: IF THERE ARE ANY SIGNIFICANT CHANGES TO ANY OF THIS INFORMATION BETWEEN NOW AND CAMP, PLEASE CALL OUR OFFICE or email us at info@me-onefoundation.org AS SOON AS POSSIBLE PRIOR TO CAMP.

Please return completed forms to the address listed on the top of each page, or submit them via fax to (916) 720-0223.

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RELEASE, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION & PHOTO RELEASE
TO BE COMPLETED BY EACH MEMBER OF YOUR GROUP ATTENDING CAMP

The undersigned on behalf of him/herself, their agents, heirs and representatives hereby releases, waives, discharges and covenants not to sue Camp Wieser, Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff, (hereinafter referred to as "Releasee(s)" for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for, on account of physical, mental, or emotional injury, or death of the person or minor child or to the property of the person or minor child, *whether such injury or death be caused by the negligence, gross negligence of the Releasee(s) or otherwise, while the person or minor child participates in Camp. Notwithstanding any other provision of this Release and Waiver, the undersigned also releases Me-One Foundation, but no other Releasee from any liability whatsoever arising from any injury, damage, or death to the person or minor child where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of a Me-One employee, agent, volunteer, camp counselor, or any other camp personnel.*

The undersigned grants permission for the Me-One Foundation affiliated medical volunteers to treat and act upon any and all medical conditions as deemed appropriate by them. The undersigned hereby grants Camp Wieser and/or the Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers, guests and all other camp personnel, whether volunteers or paid staff, permission to allow, take, release or utilize pictures and/or recordings of an audio or visual nature or both of themselves and/or any minor they are signing for, as deemed appropriate by Camp Wieser and/or the Me-One Foundation for means of public relations, marketing, media or otherwise. The undersigned hereby releases, waives, discharges and covenants not to sue Camp nor the Me-One Foundation or any of its affiliates, members of its Board of Directors, employees, agents, contractors, volunteers and all other camp personnel whether volunteers or paid staff for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorney's fees and expenses) to the undersigned and/or to any minor child being signed for.

The undersigned further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

The undersigned has read and voluntarily signs the Release and Waiver of Liability and Photo Release and further agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by a written document signed by the undersigned and a duly authorized representative of the Me-One Foundation.

Printed name of each camper in your party	Signatures or if signing for a minor, signature of parent or legal guardian	If signing for a minor, please print signer's name & relationship	Date Signed

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The information below is for the Camp Directors and Medical Staff and is treated in a confidential manner. It will enable us to plan for your needs. Patients/Campers will be responsible for administration of all routine medications and treatments themselves. All medications and other supplies must be brought with the camper(s). If the applicant needs IV therapy or other pre-known medical treatments during camp, this can be considered and perhaps accommodated with prior communication through the Me-One Foundation's Camp Medical Team.

Applicant's Name

Diagnosis

Grade or Stage

Date of Diagnosis

Treatment Center

Physician

Cell Phone Number

Is there a central venous access device? (Hickman, Grosong, Port-A-Cath) _____
If so, which type? _____

Are you or your family able to care for line access independently? _____

How often do you flush the line? _____

What kind of dressing is used? _____

How often is the dressing changed? _____

Have there been any recent problems with the line? _____

Are you receiving any cancer-directed treatment at this time? ___Yes ___No

Date of last chemotherapy/treatment _____ Name of most recent chemotherapy/treatment? _____

If there is a post-chemo/treatment symptom control regimen, what does it entail? _____

Please clearly explain your current condition and history with cancer. For instance, include if you are in remission and if so, for how long? What is the prognosis? Please include any other information you deem important to help us clearly understand your condition and history. Please add additional pages if needed.

Note: this question must be answered.

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CAMP WIESER PHYSICIAN RELEASE FORM

This integral portion of your application must be fully completed by your oncologist/physician & faxed or mailed to us at one of the above listed numbers. Please provide your doctor with authorization to complete this form by signing below where indicated. Additionally, your signature below shall serve as authorization for the Me-One Foundation to follow up with and retain corresponding information from your doctor and act upon same as deemed appropriate by the Me-One Foundation appointed staff.

*The top portion of this page is to be completed by the **patient** and the remainder by the **doctor**.*

Name of Patient		Birth Date	
Patient's Street Address	City	State	Zip
Patient's Cell Phone Number		Patient's Home/Work Phone Number	
Patient's email address			

By my signature here, I request that you please complete the following medical information and return it to the Me-One Foundation along with copies of any supporting documents you deem necessary to my medical history that may be pertinent to my attendance at Camp. I understand that my signature also provides authorization for your office to communicate with the Me-One Foundation personnel regarding my Camp application as well as possible medical treatment at Camp.

Patient's Printed Name	Patient's Signature	Date
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Dear Doctor:

The above named patient wishes to participate in a weekend family camping experience for adults with cancer and their respective families (or close friends). All campers will sleep in private rooms with accommodations available for disabilities (ADA) . A medical team, which normally includes a Doctor and Nurse or EMT will be available for emergencies, however, patients will be responsible for routine daily medical care. Please complete the requested medical information for the above patient. Thank you.

Please briefly explain the patient's current condition and cancer history. Is he/she receiving cancer-directed treatment? What is his/her prognosis? Include any other information you deem important to help us clearly understand his/her condition. Please attach additional pages if needed.

Diagnosis: _____

Date of Diagnosis: _____ Current Grade/Stage: _____

Is this Patient: Receiving chemotherapy or cancer treatment? _____ Yes _____ No

Post BMT? _____ Yes _____ No

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If you responded yes to any of the previous questions, please complete the following questions:

1. Which agent(s)? _____
2. Is the patient to receive chemotherapy within the two weeks prior to camp?

If so, which agent(s)? _____
3. Is Nadir expected? _____ If so, when? _____
4. Have blood counts been stable on this current therapy? _____
5. Is this patient using Neopogen/Procrit? _____

Other treatment modalities: _____

List of current medications: (Please include additional sheets if necessary.)

Date of last evaluation: _____

List of known allergies:

Does this patient:

1. Have seizure activity? _____
2. Use prosthesis? _____
3. Have an unsteady gait? _____
4. Need durable medical equipment? _____
5. Have an ostomy? _____
6. Have eating problems? _____
7. Need a special diet? _____

Does this patient have any other medical conditions we should be aware of? Please be specific: _____

If there are any significant changes to the information provided, please immediately contact the Me-One Foundation at (916) 784-2267.

****Your signature below indicates that, in your medical opinion, the patient is physically and mentally able to participate in a camping program.**

Physician Name

Physician Signature

Physician Phone

Date

Physician Pager

If there is an emergency during Camp, how can we best locate you? _____

Please return this form via Mail or Fax as soon as possible (916) 720-0223.