

**No Limits Limb Loss Foundation
265 Centre Road
Wales, Maine 04280**

**REGISTRATION PACKET
CAMP NO LIMITS 2010**

Thank you for considering Camp No Limits in your plans in 2010!

Here are the dates!

Camp No Limits Snow- Maine: March 6th-7th 2010 (Separate Application form)

Camp No Limits California: June 17th-20th 2010

Camp No Limits Missouri: June 27th-30th 2010

Camp No Limits Idaho: July 28th-31st 2010

Camp No Limits Maine: August 3rd-7th 2010

Camp No Limits Maryland: October 8th-11th 2010

Camp No Limits Florida: November 4th-7th 2010

Please join us at any of our locations or more than one!!!

The following pages are the application forms that **MUST** all be filled out and please read carefully so no pages are missed!

2010 Registration Packet

Please return the following forms by the deadlines listed below:

- Registration Form
- Photo Release (each camper and family member must have one)
- Liability Release (each camper and family member)
- Emergency Form (each camper)
- Scholarship Application (if needed)
- Check or Money Order or Pay Online

PLEASE NOTE: \$25/per person additional charge for all registrations received after due date.

Fees for California/Maine/Idaho/Florida/Missouri

***NOTE: 20% DEPOSIT DUE BY REGISTRATION DEADLINE
BALANCE DUE ONE MONTH PRIOR TO START OF CAMP***

\$350 per camper for full camp session

\$200 per parent for full camp session

\$350 per sibling (age 5 & over) for full camp session (involved in sibling activities)

\$200 per sibling under 5 years of age for full camp session

(Price includes meals and lodging)

Fees for Maryland

***NOTE: 20% DEPOSIT DUE BY REGISTRATION DEADLINE
BALANCE DUE ONE MONTH PRIOR TO START OF CAMP***

\$350 per camper for full camp session

\$250 per parent for full camp session

\$350 per sibling (age 5 & over) for full camp session (involved in sibling activities)

\$100 per sibling under 5 years of age for full camp session

(Price includes meals and lodging)

IMPORTANT: All registrations must be received by deadline including 20% non-refundable deposit payable via check, money order or pay pal. If this is of concern PLEASE contact Mary ASAP to work out an agreement and PLEASE fill out the scholarship form if payment is of concern. Camp No Limits has to be strict with signing of for camp. We are required to give our host facilities a deposit to cover our stay and have to do so by a certain time to reserve our space. We also use these registrations to make the decision on whether or not we have enough attendance to hold a particular camp. If it necessary to cancel, camp fees are non-refundable within two weeks prior to start of camp.

We will do our best to honor all sponsorship requests received for campers and families in need because we feel that this is a valuable learning experience; however, this does not guarantee that will be able to provide funds to all campers. We raise money throughout the year so that we can provide sponsorship and will do our best to allocate the funds the best that we can. Please feel free to contact Mary with any further questions or concerns or if you have any ideas of sponsorship or companies that may want to sponsor our campers. Thank you and we look forward to seeing you in 2010!

Camp (s) Attending (circle one or more than one): CA ME ID MO MD

Camper's Name: _____ Male Female

Camper's Date of Birth: ____/____/____ Camper's T-shirt size: Youth XS Adult S

Street Address: _____ Youth S Adult M

City _____ State ____ Zip Code _____ Youth M Adult L

Telephone: () _____ E-mail address: _____ Youth L Adult XL

Parent/Guardian Name (please print) _____

Cell Phone: () _____ (include number to reach you during camp)

Please list **all** family members attending with the camper including siblings and ages. We encourage parents to attend and must attend for campers 8 years old and under! All campers will receive a free t-shirt and family members can purchase merchandise at our camp store.

- 1. _____ Age ____ Relationship _____
- 2. _____ Age ____ Relationship _____
- 3. _____ Age ____ Relationship _____
- 4. _____ Age ____ Relationship _____
- 5. _____ Age ____ Relationship _____

Can the camper swim? Yes No

Does your child have any food allergies or special dietary considerations?

Which limb(s) affected? (Please circle)
Upper Extremity: Left/Right: above elbow, below elbow, hand, shoulder
Lower Extremity: Left/Right: above knee, below knee, foot:

Does the camper have prosthetics? **YES NO** If **yes**, please list type(s) below:

Reason for attending camp/what you would like to gain from the Camp No Limits experience:

Is there an activity of daily living, sport or task that you are unable to complete that you may want some insight for how to complete this activity or training tips for using your prosthesis or completing one handed that either a physical or occupational therapist or prosthetist or adult amputee may be able to give you advice about?

We will be having a talent night, if you would like to share a talent please list what it is and what you might need for props.

We have several adult amputees attending camp and wanting to share their talents if you have a mountain bike, or regular bike, fishing poles, swimming gear, kayak, please bring it along if you are able; if not do not worry about it! We will send out a list of what to bring as well!

PLEASE RETURN THIS FORM TO:

NO LIMITS LIMB LOSS FOUNDATION
265 Centre Road
Wales, Maine 04280

Call: 207-240-5762

Email: campnolimits@yahoo.com

No Limits Limb Loss Foundation

265 Centre Road
Wales, Maine 04280

Liability Release Form for 2010 (Please submit one form per person attending)

Camp Location (circle ones attending): California Maine Idaho Missouri, Maryland, Florida

Name: _____ Date of Birth: ___ / ___ / ___

Legal Guardian(s) if under 18 years of age: _____

Street Address: _____

City, State, Zip _____

Home phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

I understand that by having myself or my child as a camper, family member or volunteer involved in camp related activities such as hiking, horseback riding, athletic games, camp fires, as well as water activities such as swimming, kayaking, canoeing, fishing, jet skiing, water skiing and boating there is a risk of injury. I understand that if a medical emergency or an injury should occur at Camp No Limits that the No Limits Limb Loss Foundation will deal with the medical emergency as deemed medically necessary and with the protocols defined by the host facilities guidelines. I understand that any medical insurance that my child or myself has will be used and I will not hold Camp No Limits or the host facility responsible for any injuries or accidents that may occur to myself or my child during Camp No Limits 2010.

Signature of Attendee

Date of Signature

Signature of Parent or Guardian
(if under 18 years of age)

Date of Signature

NO LIMITS LIMB LOSS FOUNDATION

**Camp No Limits
265 Centre Road
Wales, Maine 04280**

**2010 Photo Release Form
(one form per person)**

I authorize the No Limits Limb Loss Foundation to take photos and videos for the use of promotional materials, pictures for sponsors, website development for the No Limits Limb Loss Foundation during the 2010 Camp No Limits sessions in California, Maine, Missouri, Maryland, Florida and Idaho.

Name of Person (please print) _____

Signature of legal guardian (if person is under 18 years of age)

Please return to:

No Limits Limb Loss Foundation
265 Centre Road
Wales, Maine 04280

No Limits Limb Loss Foundation Emergency Form 2010

Camper's Name: _____ Date of Birth: ____/____/____

Camper's Legal Guardian(s): _____

Address: _____ City _____ State ____ Zip _____

Telephone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Emergency Contact Person(s): _____

Address: _____

Telephone: (____) ____ - _____ Work Phone: (____) ____ - _____

Cell Phone (____) ____ - _____

Camper's Allergies: _____

Camper's Medical Conditions: _____

Camper's Primary Physician: _____ Phone Number(____) ____ - _____

Which limb(s) is (are) affected: Left Arm Left Leg Right Arm Right Leg

Please list all prescription and over the counter medication that the child is currently taking:

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Please list any other medical concerns we should be aware of _____

No Limits Limb Loss Foundation

Medical Release Form

I (please print) _____ the legal guardian or parent of (please print) _____ authorize emergency medical treatment of my child or myself, if such treatment is deemed necessary and appropriate by a licensed medical professional during Camp No Limits 2010.

(Camp locations: Maine, Florida, Idaho, Missouri, California, Maryland)

Signature of Parent or Guardian

Date of Signature