



Thank you for your interest in the 2016 Youth Rally!!

Please follow the instructions within to complete the attached pages. Upon camper acceptance, you will be notified by a member of the Youth Rally Leadership Team. In some cases, a member of leadership may reach out to you for additional or clarifying information.

IMPORTANT 2016 DUE DATES

- Youth Rally Camper “Intent to Attend” – due as soon as possible
- \$75.00 registration deposit – due with submission of the “Intent to Attend”
- Youth Rally Camper Applications - due on or before June 1st
- \$350.00 registration balance - due on or before July 1st

APPLICATION INSTRUCTIONS

Please make certain the information provided within this application is correct and complete. Should camper information change between the time this form is submitted and the beginning of camp, please be sure to provide an update at registrar@youthrally.org

Completed applications can be submitted the following ways:

1. Email completed forms and any attachments to: registrar@youthrally.org
2. Fax completed forms to: **1-877-712-4759**
3. Mail completed forms, attachments, and/or deposit checks to: **Youth Rally Committee, Inc.
c/o Mary Beth Akers
949 Chestnut Oak Dr
St. Charles, MO 63303**

ADDITIONAL ITEMS TO INCLUDE WITH APPLICATION

- Recent photo of the camper (for identification at the airport and on campus)
- Photocopy of the camper’s health insurance ID card (both sides)

TRAVEL DETAILS

Additional information regarding travel to/from the 2016 Youth Rally - including dates, times and use of the Youth Rally Travel Agent - will be provided upon notification of application acceptance.

Questions about the application process?

Email: registrar@rally4youth.org

PART 1: PHYSICIAN INFORMATION — this section includes a notice to the potential camper's licensed provider as well as a form for him/her to complete.

Dear Care Provider,

You are receiving this letter because your patient _____ is applying to participate in the 2016 Youth Rally and would like your support by filling out the attached Physical Health Form. Youth Rally is a 6-day/5-night overnight camp, taking place on a college campus, designed for youth ages 11-17 that live with various types of bowel and/or bladder dysfunction and/or diversion. The focus of the Youth Rally is to educate and in doing so promote independence and self confidence in all aspects of the camper's life.

The Youth Rally Committee anticipates more than 125 campers will attend this year's event. These campers are under the watchful eye of more than 60 trained volunteer adult counselors who live with the above-mentioned diseases and conditions. Additionally the Youth Rally staff includes volunteer nurses, the majority of whom are Wound Ostomy Continence (WOC) Certified. Counselors serve as role models to these impressionable youth, while nurses provide professional assessment, management education, and medical assistance as necessary.

On behalf of the Youth Rally, thank you for your time and support of your patient's participation in this unforgettable experience.

Sincerely,

Vickie Schafer

Vickie Schafer, RN, CWOCN
Medical Chair, Youth Rally Committee, Inc.

Know other patients who might benefit from the Youth Rally experience?
Visit www.Rally4Youth.Org for additional information

PART 1: PHYSICIAN INFORMATION – PHYSICAL HEALTH FORM - to be completed by a licensed medical professional who understands the potential camper's bowel and/or bladder condition(s).

PATIENT NAME: _____ **DOB:** _____

PHYSICIAN/SURGEON to be contacted in case of emergency: _____

Practice Name/Specialty: _____

Office Number: _____

Pager/Cell (if applicable): _____

In your assessment of the patient named above, are there any contraindications to his/her participation in the 2016 Youth Rally – whether physical or psychosocial?

☐ No ☐ Yes (please describe): _____

Name of licensed provider completing this form (print): _____

Practice Specialty: _____ Office Phone: _____

Practice Address: _____

Signature (of provider completing this form): _____

Date of completion: _____

Completed form can be mailed to:

Youth Rally Committee, Inc.
c/o Mary Beth Akers
949 Chestnut Oak Dr
St. Charles, MO 63303

Fax/email form to:

Fax: 1-877-712-4759
Email: registrar@rally4youth.org
Tel: 636.916.3201

PART 2: CAMPER INFORMATION - to be completed by the **camper**.

Camper Name: _____ Date of Birth: _____

Please tell us 3 things about yourself that you think are special or unique:

1. _____
2. _____
3. _____

What questions/goals do you have related to your medical condition?

1. _____
2. _____
3. _____

Is there anything specific you would like to learn at Youth Rally?

1. _____
2. _____
3. _____

What name would you prefer to have on your Youth Rally nametag? _____

YOUTH RALLY T-SHIRT – all campers will be provided a Youth Rally t-shirt. Please indicate your preferred shirt size below:

YOUTH TEE: ___X-Small ___Small ___Medium ___Large ___X-Large

ADULT TEE: ___Small ___Medium ___Large ___X-Large ___Other: _____

PART 3: MEDICAL HISTORY – this information will be utilized by Youth Rally health care personnel in order to best continue appropriate care delivery while at camp. The information provided in this section should be as thorough as possible. Any changes to the camper's health status after completion of this form should be appropriately communicated to the Youth Rally.

Camper Name: _____

Height (Feet/Inches): _____ Weight (pounds): _____

ALLERGIES

Allergy to:	Associated Reaction:	What to do if exposed while at camp*:
* Epi-pens, if prescribed for known allergy, must be brought with camper		
<input type="checkbox"/> See attached sheet for full list of allergies, reactions, and exposure plans		

ASTHMA

Does Camper have asthma? ☐ Yes ☐ No

If yes, does he/she have a prescribed rescue inhaler? ☐ Yes ☐ No

DIETARY RESTRICTIONS

☐ No, camper has no known dietary restrictions

☐ Yes, camper has some dietary restrictions (please specify below)

☐ Vegetarian ☐ Gluten-free ☐ Vegan ☐ Low Fiber

☐ Other: _____

Is camper capable of managing his/her dietary restrictions? ☐ Yes ☐ No

PART 3: MEDICAL HISTORY (continued) Camper Name: _____

CURRENT MEDICATIONS – Please list ALL prescription and over-the-counter medications. Include nutritional support (TPN and other nutritional supplements).

☐ Camper currently takes NO MEDICATIONS

[illegible]

Is camper independent with his/her medication administration: ☐ Yes* No ☐

*Please note that by checking 'Yes' on this question you are indicating that the child is responsible enough to take his/her medications as prescribed, without prompting.

Additional medication concerns/instructions: _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____**BEHAVIORAL/EMOTIONAL HEALTH**

Please indicate any camper history of the following Diagnoses:

Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	OCD/OC Behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tics/Tourette's	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PTSD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asperger's	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eating Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PDD/Autism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:		
Bipolar Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Does Camper have a history of any self-harming behaviors, including cutting or suicidal thoughts?

☐ Yes ☐ No

If Yes, please explain: _____

Please indicate the following personality traits that best describe this camper (check all that apply):

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Shy	<input type="checkbox"/> Leader	<input type="checkbox"/> Mature for age
<input type="checkbox"/> Slow to warm up	<input type="checkbox"/> Playful	<input type="checkbox"/> Follower	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Competitive	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Especially active	<input type="checkbox"/> Patient	<input type="checkbox"/> Assertive	<input type="checkbox"/> Helpful
<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Other: _____		

GOALS

Please explain any special concerns that you would like the staff to be aware of or sensitive to:

Are there specific things you would like your child to learn or accomplish at camp? _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____**SPECIFIC BOWEL/BLADDER CONDITION**

Please indicate if the camper's primary diagnosis:

☐ VACTERL or VATERS☐ OEIS Syndrome☐ Anorectal Malformation☐ Cloacal Exstrophy☐ Imperforate Anus☐ Spina Bifida/Myelomeningocele☐ Hirschsprung's Disease☐ Bladder Exstrophy☐ Chronic Bowel Obstruction☐ Posterior Urethral Valves☐ GI Dysmotility☐ Neurogenic Bowel☐ Short Bowel Syndrome☐ Neurogenic Bladder☐ Crohn's Disease☐ Kidney Disease☐ Ulcerative Colitis☐ Alagille's/Byler's Syndrome☐ Polyposis Syndrome/FAP/Gardner's☐ Other: _____

Please indicate any additional medical diagnoses related to the bowel and bladder systems:

MOST RECENT SURGICAL HISTORY

Surgery	Date

Additional Surgical Notes: _____

Is camper able to manage his/her own elimination needs independently? ☐ Yes ☐ No

If no, please explain: _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____

BOWEL/BLADDER MANAGEMENT TECHNIQUE

Please indicate if the camper's primary management technique(s):

- | | |
|---|---|
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Ileostomy |
| <input type="checkbox"/> Self-Catheterization | <input type="checkbox"/> Mitrofanoff/Monti |
| <input type="checkbox"/> Urostomy | <input type="checkbox"/> Urinary Incontinence pads/briefs |
| <input type="checkbox"/> J-Pouch/Pull Thru | <input type="checkbox"/> Fecal Incontinence pads/briefs |
| <input type="checkbox"/> Medical IBD Management (medications only) | |
| <input type="checkbox"/> Surgical Bowel Management Program (ACE/Malone/CHAIT/Cecostomy) | |
| <input type="checkbox"/> Medical Bowel Management Program (medications only) | |
| <input type="checkbox"/> Other: _____ | |

MANAGEMENT – Please provide details of camper's management technique along with any specific instructions related to routine management. Leave blank any sections that do not apply to this camper.

Ostomy Type:

Pouching System: ☐ 1-piece ☐ 2-piece

Brand: ☐ Coloplast ☐ ConvaTec ☐ Hollister ☐ Other: _____

Product Numbers/Sizes: _____

Accessories: ☐ Paste ☐ Powder ☐ Seal ☐ Other: _____

Frequency of pouch change: _____

Continent Stoma:

Stoma/Procedure Type: _____

Catheter brand: _____ Catheter size: _____

Frequency of catheterization: _____

Irrigation: ☐ No ☐ Yes, schedule: _____

Self Catheterization:

Catheter brand: _____ Catheter size: _____

Catheter tip: ☐ Coudé ☐ Straight ☐ Prelube ☐ Other: _____

Frequency of catheterization: _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____

Irrigation: ☐ No ☐ Yes, schedule: _____

Additional instructions for irrigation solution: _____

Additional equipment needed for irrigation: _____

ACE/Malone:

Frequency of flush: _____

Catheter type (if used): _____

Catheter brand (if used): _____

Catheter Size (if used): _____

Additional equipment required for management (enema bag, syringes, etc.): _____

Solution (amount and type): _____

Additional instructions: _____

Bowel Program (other):

Please include any instructions not listed on medications section: _____

Diapers/Pads:

Brand preferred: _____ Size: _____

Additional instructions/concerns: _____

Skin Care:

Please list any additional instructions/concerns: _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____**ACTIVITIES OF DAILY LIVING**

Use of Mobility Aids: Please indicate any assistive devices used so our medical team can ensure your mobility needs are met throughout the week

- ☐ None ☐ Wheelchair – manual ☐ Wheelchair – motorized
☐ Walker ☐ Braces ☐ Crutches ☐ Cane
☐ Prosthetic limb: _____
☐ Other: _____

Use of Transfer Aids: Please indicate how you transfer at home

- ☐ I transfer independently ☐ Minimal Assist ☐ Slide board
☐ Mechanical lift ☐ Other: _____

Additional Equipment Used at Home:

- ☐ Commode ☐ Shower Chair ☐ Other: _____

ACTIVITIES OF DAILY LIVING

If camper is not independent with any of the following activities, please indicate help needed

Activity:	Specific Instructions:
Toileting	
Dressing	
Bathing	
Eating	
Other:	

ADDITIONAL SAFETY CONCERNS

- ☐ Camper has mental Disability/Developmental Delay (please describe): _____

☐ Other concerns: _____

PART 3: MEDICAL HISTORY (continued) Camper Name: _____**GENERAL HEALTH**

Please indicate any camper history of the following:

	Yes	No	Describe:
frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
head injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
been knocked unconscious	<input type="checkbox"/>	<input type="checkbox"/>	_____
wear glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____
frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
passed out during exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
seizure activity	<input type="checkbox"/>	<input type="checkbox"/>	_____
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
chest pain during/after exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
dizziness during/after exercise	<input type="checkbox"/>	<input type="checkbox"/>	_____
joint problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
orthodontic appliance	<input type="checkbox"/>	<input type="checkbox"/>	_____
history of diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
chronic back problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
frequent dehydration	<input type="checkbox"/>	<input type="checkbox"/>	_____
chronic diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
frequent constipation	<input type="checkbox"/>	<input type="checkbox"/>	_____
infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
recent hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____
skin problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please describe any additional medical conditions/concerns pertinent to the maintenance of the

indicated camper's health and wellbeing: _____

PART 4: CONSENT TO TREAT

Camper Name: _____

To the best of my knowledge the included medical history is accurate and up to date. The camper named above has my permission to engage in all camp activities unless otherwise noted by myself and/or camper's licensed care provider in this application.

I authorize the Youth Rally Medical Director, or otherwise designated Youth Rally staff, to seek medical attention as necessary for the above named child in the event of illness or injury while attending the 2016 Youth Rally in Seattle, WA. I grant my permission for the medical team selected by the Youth Rally Medical Chair to render necessary medical care to the camper named above. Additionally, I grant permission for the Youth Rally staff to deliver routine care for this child in accordance with his/her licensed care professional recommendations and orders (as provided).

I understand that in the event of serious injury or illness I will be notified as soon as possible. In the event of a medical or surgical emergency, I give permission for my child to be taken to the nearest hospital and treated by that hospital's medical staff and support team. If my child is hospitalized for any reason during the course of the 2016 Youth Rally and is still hospitalized at the end of camp, I understand it is my responsibility to arrange for transportation home. The Youth Rally Medical Chair and staff will no longer supervise the care or transportation needs of my child past the camp's end.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Relationship to Camper: _____

Date of signature: _____

PART 5: CODE OF CONDUCT - to be read and signed by camper and his/her parent or guardian as understanding of the content within and agreement to comply.

Camper Name: _____

- I will treat all campers and staff with respect.
- I will respect in-room curfew and "lights out" times as set by the Youth Rally Committee.
- Loud music is not permitted.
- Cell phones, iPods, and all other personal communication/entertainment devices are permitted outside of scheduled session times only.
- No campers are allowed in the rooms or hallways of the opposite sex.
- I will not possess or use tobacco, alcohol, or illegal/illicit drugs.
- No weapons, vandalism, or disorderly conduct.
- I will shower/bathe daily.
- Sexual harassment of any kind will not be tolerated.
- Dorm rooms, common areas, and bathrooms are to be kept clean and tidy – proper disposal of medical equipment is required at all times.
- I will attend all scheduled meals, meetings, and activities on time.
- Campers are not allowed to leave the campus without the approval of the Medical Director and supervision of two Youth Rally staff members.
- Inline skates, skateboards, and scooters are not permitted.
- No food may be delivered to the dorm after 10PM.
- Room assignments cannot be changed (unless deemed medically necessary by a member of the nursing team).

Camper: I understand the Youth Rally Code of Conduct and will adhere to it at all times. I also understand that if I break the Code of Conduct I will immediately be sent home at my parents' expense.

Camper Signature: _____

Parent/Guardian: I have read and understand my child must adhere to the Youth Rally Code of Conduct. I also understand that if my child breaks the Code of Conduct he/she will be sent home immediately at my expense.

Parent/Guardian Signature: _____

PART 6: ADDITIONAL CONSENTS Camper Name: _____

Consent for participation:

I hereby give consent for my child, _____, to attend the 2016 Youth Rally. I understand that acceptance is contingent upon timely completion of camper application materials as well as consideration by the Youth Rally leadership team.

I give permission for my child to participate in all activities as planned by the Youth Rally Committee, Inc., unless otherwise contraindicated by my child's medical condition and noted as such within the application forms.

I give permission for my child to participate in activities that may require transportation in a moving vehicle, knowing the driver will be 21 years or older and duly licensed to drive.

I consent to photos and/or video recordings being taken of my child while in attendance at the 2016 Youth Rally. I understand that these photos and/or video recordings may be used for Youth Rally promotional materials (brochures, websites, informative articles, fund-raising materials, and other means used to extend the Youth Rally mission).

I understand that I will be called in the event of a major illness or injury to my child. I understand that emergency medical treatment may have to be provided and agree that the Youth Rally Medical Director, or designee, may authorize such treatment as indicated.

If my child does not abide by the rules of the Youth Rally, I understand that she/he will be sent home at my expense.

Waiver of liability:

I hereby waive all claims against the Youth Rally Committee, Inc. (YRC) and camp sponsors, personnel, and volunteers for any injury that my child might suffer as a participant in the 2016 Youth Rally.

I certify that I am the Parent(s)/legal guardian(s) for the above named child and that I am his/her legal custodian and thereby have the authority to execute this waiver.

Swim permission:

☐ The child listed on this application has permission to swim while at the 2016 Youth Rally. I understand that there will be adult supervision during any and all water activities.

☐ The child listed on this application is prohibited from swimming while at the 2016 Youth Rally on account of: _____

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Relationship to Camper: _____ Date of signature: _____

PART 7: PAYMENT INFORMATION

Camper Name: _____

Total Registration Fee = \$425.00 US Dollars

This covers all campus costs, meals, transportation to and from the Denver International Airport and all Youth Rally activities and associated transportation.

A Registration Deposit of \$75 should be submitted with the 2016 "Intent to Attend"

The remaining \$350.00 Registration Balance is due by July 1st, 2016. Please indicate payment method below:

☐ Payment completed with credit card (via PayPal)

[CLICK HERE](#) to make a payment via credit card

☐ Intend to pay with credit card (via PayPal)

☐ Check sent

☐ Intend to send check

[CLICK HERE](#) to set up a FirstGiving* fund-raising page

☐ Camper has a sponsor. Sponsor name/phone number: _____

☐ Sponsor payment sent

☐ Sponsor payment will be sent at later date

☐ We intend to set up a FirstGiving* or other fund-raising page to cover **camper's registration balance**

☐ We intend to set up a FirstGiving* or other fund-raising page to cover **camper's registration balance AND travel expenses**

☐ Other payment method: _____

* Funds raised via FirstGiving or other fund-raising page go directly to the Youth Rally Committee, Inc. Funds raised in excess of registration balance and/or travel expenses will go to support Youth Rally programming and additional sponsorship.

Make checks payable to:

Youth Rally Committee, Inc.

Checks and/or application forms can be mailed to:

Youth Rally Committee, Inc. c/o Mary Beth Akers
949 Chestnut Oak Drive, St. Charles, MO 63303

SPONSORSHIP REQUEST - please include a note indicating why sponsorship is needed. Sponsorship airfare arrangements are made through the use of the Youth Rally travel agent and must be arranged by July 1st, 2016:

Have you previously received a Youth Rally Scholarship? ☐ Yes ☐ No

We are requesting: ☐ Partial registration sponsorship ☐ Full registration sponsorship

☐ Partial airfare sponsorship ☐ Full airfare sponsorship

We are able to pay/fundraise \$_____ of remaining registration balance

We are able to pay/fundraise \$_____ of total airfare cost

Are you a member of a diagnosis/procedure-related support group (UOAA, PTN, CCFA, ABC/BE, etc.)? ☐ Yes: _____ ☐ No

PART 8: CAMPUS WAIVER - this part of the application was created by the University of Washington and is intended to protect them from liability related to on-campus events and/or use of campus equipment



**University of Washington
Department of Recreational Sports Programs
Parental Consent Form**

I am the legal guardian of _____, and I consent to their participation in the Youth Rally Fitness Day at the University of Washington on Wednesday, July 27th, 2016.

I acknowledge that my child's voluntary participation in this sport/fitness activity involves inherent hazards and risks of serious personal injury such as, but not limited to, paralysis, brain damage, loss of vision or limb function, permanent scarring, disability and/or death, and I agree to assume those risks outside the control of the University of Washington Staff. I agree to be responsible for assuring that my child has the necessary physical abilities and conditioning to safely participate in this sport.

I understand that the Department of Recreational Sports Programs or the University of Washington does not provide accident/medical coverage for participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in these activities.

Parent or Legal Guardian (Print)

Parent or Legal Guardian (Signature)

Date