



Dear Parents and Campers,

We hope that you will participate in Camp Xtreme this summer! We are very excited about what we have planned for 2015. We look forward to seeing familiar faces and hope to meet some new ones.

Feel free to photocopy this application for friends who may be interested in attending Camp Xtreme.

Please be aware that upon acceptance to Camp Xtreme, we will require proof of current immunizations. We will need that documentation prior to camp and would encourage you to get a copy of your camper's immunization records from his or her school or from your pediatrician's office during your next visit. We will accept these records via mail, computer, or fax and will send additional information once your application has been reviewed.

We will accept applications until the camper positions are filled. Thank you so much for your cooperation and we look forward to receiving your application!

A handwritten signature in black ink that reads 'Genny Gomez'. The signature is written in a cursive, flowing style.

Genny Gomez
Camp Director
Camp Xtreme
210-241-2508
Campxtreme@tirrfoundation.org



2014 CAMPER APPLICATION

Camp Dates: July 12-17, 2015

Registration cost: \$125.00

Please ask about available scholarships.

Campers should plan to arrive on Sunday, July 12, 2015; 2:00 - 4:00 p.m. Dinner will be served.

Campers should be picked up Friday, July 17, 2015 by 10:00 a.m.

New camper Return camper

Camper Name: _____ Birth date: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Day phone: (____) _____ Evening Phone: (____) _____

Cell phone: (____) _____ Email: _____

Drivers License # _____ N/A

Male Female T-shirt size: _____

Disability: _____

Date of onset: _____

Medical Insurance provider # _____

Member # _____ Group # _____ Policy# _____

Emergency Contact Name: _____

Emergency Contact #: (____) _____ Relationship: _____

If potential camper is under the age of 18, please complete the following information:

Parent's Name: _____ Primary phone: (____) _____

Parent's Email: _____ Alternate phone: (____) _____

Please rank the camper's level of independence with the following tasks:

	Camper needs 25% assistance	Camper requires set up for tasks	Camper can perform independently	N/A
Transfers				
Dressing				
Bladder management				
Bowel management				
Bathing				
Medications				
Swimming				

Please use this space to explain any of the above in detail and/or to explain anything not listed on this application the staff should be aware of.

Please list any additional limitations the camper may have.

Parent's signature
(Camper signature, if over 18)

Date

Please complete both sides of application and mail with \$125 registration fee to:
TIRR Foundation, 4605 Post Oak Place, Suite 222
Houston, TX 77027