



Dear Parents and Campers,

We are excited to announce that we are hosting another great **Camp Xtreme Spring Break Camp!** This camp is going to be an amazing three days of fun opening on **March 9th and ending on the 11th.** You may also share your spring break experience at Camp Xtreme by inviting your sibling or a family member to join you at camp!

Upon acceptance to Camp Xtreme, we require current immunization records for campers under the age of 23. We must receive your records prior to camp and encourage you to get a copy of your camper's immunization records from his or her school or pediatrician's office during your next visit. You may send your immunization record via mail (4605 Post Oak Place, Suite 222, Houston, TX 77027), fax (713.877.0501) or by email (campxtreme@tirrfoundation.org). Following a review of your application, you will receive additional camp information.

We hope you and a member of your family will join us for spring break! If you have a friend who would enjoy the thrilling wheelchair sports program at Camp Xtreme please feel free to provide them with a copy of the enclosed application.

We are very excited about our 2018 plans and look forward to seeing many familiar faces and hope to meet some new ones as well. Applications will be accepted until all openings are filled. We look forward to receiving your application!

A handwritten signature in black ink that reads "Genny Gomez". The signature is fluid and cursive, with the first letters of "Genny" and "Gomez" being capitalized and prominent.

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



March 9-11, 2018 CAMPER APPLICATION

Camp Dates: March 9-11, 2018

Camp Fee: \$75.00

Please ask about available scholarships.

Campers should plan to arrive - Thursday March 9, 2018; @ 12:00 p.m. *Dinner will be served.*

Campers should be picked up Sunday March 11, 2018 by 12:00pm.

New camper Return camper Sibling/Family Member

Camper Name: _____ Birth date: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Day 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 Ph.: (____) _____

Parent's Email: _____ Alternate Ph.: (____) _____

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 \$75 camp fee to:
TIRR Camp Xtreme
4605 Post Oak Place Suite 222
Houston, TX 77027
**Make checks payable to Camp Xtreme*