

CAMP AMERICAN LEGION – LAKE TOMAHAWK, WISCONSIN

APPLICATION FOR ADMISSION

PERSONAL INFORMATION:

NAME _____ AGE _____ MALE _____ FEMALE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (_____) _____

E-MAIL ADDRESS _____

Are you a resident of the State of Wisconsin? Yes _____ No _____

MILITARY SERVICE HISTORY:

Do you have an honorable discharge from the Armed Forces of the U.S? Yes _____ No _____

Date of enlistment in service _____ Place _____

Date of discharge in service _____ Place _____

Military Branch of Service _____

Are you a member of The American Legion? Yes _____ No _____ Post #: _____
(Membership is not required to attend Camp American Legion)

Have you been to Camp American Legion previously? Yes _____ No _____ If yes, what year? _____

If no (a first timer) how did you hear about camp _____

Do you come to camp from or through a Wisconsin VA facility: Yes _____ No _____ If yes, where? _____

Physician Approved Caregiver: Yes _____ No _____ Caregiver's Name _____ Age _____
(Caregiver must be at least 18 years old)

LEGAL ELIGIBILITY DETERMINATION:

This is to certify that the service dates, honorable discharge and residency statements are true and therefore this veteran is legally eligible for admission to Camp American Legion. **Please use DD214, American Legion membership or any other official military documentation to verify information if necessary.**

Signature of County Veterans Service Officer or American Legion Officer:

_____ County: _____ Date: _____

STATEMENT OF APPLICANT:

I understand that I and my family will be exposed to risks of nature and to elements over which neither Camp American Legion nor its employees have any control. I will accept all responsibility for any injury incurred while attending camp; participating in any Camp activity, including travel in Camp Vehicles.

I certify that if I incur any expenses for medication, hospitalization, or any other reason while I am at Camp, I will be responsible for such expenses.

I assume responsibility for the loss of, or damage to, my personal effects while at Camp. I will furnish my own transportation to and from Camp.

Signature of applicant _____ Date _____

PERMISSION TO USE PHOTOGRAPHS AND PERSONAL INFORMATION:

I hereby give permission to Camp American Legion and The American Legion of Wisconsin to use any photographs or video clips of me, my family and anyone accompanying me for educational, promotional and fundraising purposes and in any media, print, video, web site. I understand I will not be paid or rewarded for this permission.

Signature of applicant _____ Date _____

(We will not use any information other than your name and hometown without your expressed written permission)

FAMILY INFORMATION:

(Children must be of minor age and current legal dependents of the veteran)

Spouse's name _____ Age _____

Children's names and age _____

Any family information we should be aware of _____

RESERVATION INFORMATION:

Date you would like to arrive and depart Camp: Arrive _____ Depart _____

(All reservations are Monday 10:00am check-in to Sunday 10:00am check-out)

Do you have a Cabin Preference? Yes _____ No _____ If Yes, Which Cabin _____

Do you use a: Wheelchair _____ Scooter _____ Walker _____

(The Camp Director will schedule your arrival as close as possible to the date you prefer and will try to meet your cabin request.)

I HEREBY AUTHORIZE MY PHYSICIAN TO RELEASE MEDICAL RECORDS AND/OR PATIENT INFORMATION AS REQUIRED:

Signature of applicant _____ Date _____

Person to notify in case of emergency:

Name _____

Address _____

Telephone number (_____) _____ Relationship _____

Send Completed application to:

**Camp American Legion
8529 County Road D West
Lake Tomahawk, WI 54539-9753
Phone: 715-277-2510, Fax: 715-277-3425**

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SECTION A - APPLICANT’S PHYSICAL CONDITION

for any veteran with a Physician-documented illness, injury or disability
(This form must be filled out by a Practicing Medical Provider (M.D., RN, NP))

Information for Veteran’s Physician-IMPORTANT:

Veterans MUST have a condition requiring rest and recuperation as the principal need for attendance at Camp American Legion. The applicant must be able to handle his/her own needs such as mobility, eating, bathing and toilet activities; otherwise a caregiver must accompany the veteran. The Camp has no physicians or nurses on staff. Wheelchairs are acceptable and the Camp has facilities for them, but the veteran must be able to propel himself/herself about the Camp.

MEDICAL STATEMENT:

Veterans Name _____

Age _____ Height _____ Weight _____ Blood Pressure _____

Has veteran been hospitalized in the past 5 years? Yes _____ No _____

Reason for hospitalization: _____

Veteran’s present health: _____

Primary Diagnosis: Physical _____ Mental _____ Explain _____

Secondary Diagnosis: Physical _____ Mental _____ Explain _____

Is caregiver needed? Yes _____ No _____ if yes please explain service caregiver provides: _____

Medications: (please list or attach) _____

Special diet: Yes _____ No _____ if yes, specify _____

Diabetic: Yes _____ No _____

Precaution: Cardiac _____ Seizures _____

Any restrictions on physical or recreational activities? _____

Is it your belief that this veteran will benefit from the rest, relaxation, recuperation and recreation offered at Camp American Legion?

Do you have recommendations? Yes _____ No _____

If yes, please explain recommendations:

Resuscitation Status: _____ DNR
_____ DNI
_____ Full resuscitation

Practicing Medical Provider Signature (M.D., RN, NP):

Address _____

City _____

Phone _____ Emergency Phone _____

Date _____

SECTION B – FAMILY REINTEGRATION

For any active duty military recently returned (over the past nine (9) months) from a deployment

Service Member's name _____

Latest deployment dates: Deployed _____ Return _____

Deployment location _____

Command/Unit _____

SECTION C – SURVIVOR, FAMILY OF A FALLEN

For any family who has recently (over the past year) lost a service member

Service Member's name _____

Fallen date _____

Location of loss _____

Cause of loss _____