



# Chris Norton Foundation Wheelchair Camp Application

June 16-20, 2019

Please complete the information below in order to apply for the Chris Norton Foundation Wheelchair Camp hosted by Ironwood Springs Christian Ranch in Stewartville, MN. Your application will not be complete until this form, and liability waiver are received. For additional info visit [www.ironwoodsprings.com](http://www.ironwoodsprings.com).

## Attendee Information

Name \_\_\_\_\_ Gender M / F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Name (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_ Primary Contact Email \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact Phone \_\_\_\_\_ Alternate Contact Email \_\_\_\_\_

Church Name/Affiliation \_\_\_\_\_ Roommate Request \_\_\_\_\_

T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

Shorts Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

Shoe Size \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Type of Disability: \_\_\_\_\_ Shower Preference: \_\_\_ Tub w/ chair \_\_\_ Roll-in shower

Mobility: \_\_\_ Mobile \_\_\_ Cane \_\_\_ Walker \_\_\_ Manual Wheelchair \_\_\_ Electric Wheelchair \_\_\_ Scooter

**Your Story & Photo (300 words or less)**

## Family Attendee Information

Name \_\_\_\_\_ Gender M / F Age \_\_\_\_\_  
Primary Contact Name (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Contact Phone \_\_\_\_\_ Primary Contact Email \_\_\_\_\_  
Roommate Request \_\_\_\_\_  
T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

## Family Attendee Information

Name \_\_\_\_\_ Gender M / F Age \_\_\_\_\_  
Primary Contact Name (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Contact Phone \_\_\_\_\_ Primary Contact Email \_\_\_\_\_  
Roommate Request \_\_\_\_\_  
T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL  
Please share if the attendee has any dietary restrictions:  
\_\_\_\_\_

## Family Attendee Information

Name \_\_\_\_\_ Gender M / F Age \_\_\_\_\_  
Primary Contact Name (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Contact Phone \_\_\_\_\_ Primary Contact Email \_\_\_\_\_  
Roommate Request \_\_\_\_\_  
T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL  
Please share if the attendee has any dietary restrictions:  
\_\_\_\_\_

## Family Attendee Information

Name \_\_\_\_\_ Gender M / F Age \_\_\_\_\_  
Primary Contact Name (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Contact Phone \_\_\_\_\_ Primary Contact Email \_\_\_\_\_  
Roommate Request \_\_\_\_\_  
T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL  
Please share if the attendee has any dietary restrictions:  
\_\_\_\_\_

## Medical Information

Please list all medications needed, including method of administration, dosage and frequency as prescribed by a doctor:

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Attendee has medical insurance: Yes / No Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Hospital/Clinic Name \_\_\_\_\_

Immunizations: DPT Yes / No Polio Yes / No MMR Date \_\_\_ / \_\_\_ / \_\_\_ Tetanus Booster Date \_\_\_ / \_\_\_ / \_\_\_

I give permission for attendee to receive the following medications: \_\_\_ Tylenol (Acetaminophen) \_\_\_ Advil (Ibuprofen)

Please share if attendee has any allergies or reactions to certain medications: \_\_\_\_\_

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Please share if the attendee has any dietary needs: \_\_\_\_\_

Please share if the attendee has any special needs (i.e. ADHD, behavioral challenges, disabilities, etc.): \_\_\_\_\_

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Please share if the attendee has any limitations has regarding activities, or anything else we should know: \_\_\_\_\_

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## Transportation Information

Transportation is available from the Rochester airport and bus station; please indicate if transportation is needed. If you are flying into Minneapolis and do not plan to rent a car, we suggest the GO Rochester Direct shuttle 507-280-9270.

Arrival Date: \_\_\_ / \_\_\_ / \_\_\_ Departure Date: \_\_\_ / \_\_\_ / \_\_\_ Method: \_\_\_ Driving \_\_\_ Flying

If flying, which airport are you flying into? \_\_\_ Minneapolis (MSP) \_\_\_ Rochester (RST)

Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_ Arrival Time: \_\_\_\_\_

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If you will need to be picked up, at what time and location? \_\_\_\_\_

## Overnight Information

### Wheelchair Participant – Miracle Lodge

### Family Members – Miracle Lodge

Private room and bathroom shared with family. Bedding and towels provided. If you require a PCA, he/she may stay with you in the Miracle Lodge. If not, please consider registering a spot for your PCA in the dormitories/cabins in order to maximize opportunities for wheelchair/family participants to stay in the Miracle Lodge.

### Wheelchair Participant – Dormitories/Cabins

### Family Members – Dormitories/Cabins

Bathrooms are in another location; bedding and towels not provided.

### Saturday night early arrival

Other lodging options and/or early arrival may be available by request; please contact the Ironwoods to discuss.

Application is required for wheelchair participants; please send your completed application and signed liability waiver(s) to the address below or email as pdf to [chris@nortonmotivation.com](mailto:chris@nortonmotivation.com) Feel free to contact Ironwood Springs Christian Ranch (camp host) with any questions. Thank you!

**Ironwood Springs Christian Ranch**  
**Chris Norton Foundation Wheelchair Camp**  
**7291 County Road 6 SW**  
**Stewartville, MN 55976**

Phone: (507) 533-4315

Fax: (507) 533-8126

[www.ironwoodsprings.com](http://www.ironwoodsprings.com)

Email: [office@ironwoodsprings.com](mailto:office@ironwoodsprings.com)