



Application Instructions

Camp YOLO, a program provided by The Periwinkle Foundation, is a weekend camp for teens receiving care from the Cancer and Hematology Centers, Cardiology Center (Heart Center), Rheumatology Clinic, Renal Center (Kidney Center), and Retrovirology Clinic at Texas Children's Hospital.

- To be eligible for Camp YOLO, ***your teen must have been seen by their service line provider at Texas Children's Hospital within the recommended follow up time from his/her doctor.***
- Teens must be ages 13 to 18 to attend camp.
- Brothers or sisters (age 13 to 18) may attend camp **WITH** the patient. Cousins or friends may **NOT** substitute for a brother or sister.
- Camp is free of charge to all campers.
- **Full vaccination is required for all campers, volunteers and staff attending Camp YOLO.**

Application – Two ways to apply

1. **Online Application** – Visit <https://periwinkle.campmanagement.com/campers>. See the online application instructions page to apply online.

Or

2. **Paper Application** - Please fill out the attached application. Please notify us if your address or phone number changes. Without up-to-date information, your teen may miss the opportunity to attend Camp YOLO.

After submitting an application, you will receive an "Application Received" email or letter confirming your application has been received. If you do not receive an "Application Received" email or letter for both the patient (and sibling), please contact The Periwinkle Foundation.

The completion of an application does not guarantee acceptance to Camp YOLO. After the application deadline, you will receive a letter or email letting you know whether your teen has been accepted to camp or has been placed on the waitlist. If your teen is accepted, the necessary forms for camp, with instructions, will be included.

Waitlist

Medical staff from Texas Children's Hospital review all camper applications and decide who will attend camp based on current treatment regimens, medical conditions, as well as previous camp attendance.

If you have any questions or concerns, please contact:

Larry Geiger

lgeiger@periwinklefoundation.org

Or

Sabdy Castro (hablo español)

scastro@periwinklefoundation.org

(713) 807-0191

The Periwinkle Foundation

3400 Bissonnet Street, Suite 185

Houston, TX 77005

IMPORTANT DATES

Application due: **February 13, 2024**

Camp YOLO: **Friday, April 5, 2023 - Sunday, April 7, 2023**

KEEP THIS INFORMATION - YOU WILL NEED IT LATER!



Camp YOLO is a program of The Periwinkle Foundation, a 501(c)(3) organization which develops and provides programs that positively change the lives of children, young adults and families who are challenged by cancer and other life threatening illnesses and are cared for at Texas Children's Hospital.



General Information

- All campers, volunteers and staff will be required to have completed a primary COVID vaccination series and are **highly encouraged** to have the bivalent Omicron COVID booster. In addition, all campers, volunteers, and staff must take a rapid COVID test, provided by The Periwinkle Foundation, when they arrive at bus loading/camp.
- The Periwinkle Foundation raises the necessary funding and runs Camp YOLO, which is provided free of charge for patients, ages 13-18, receiving care from the Cancer and Hematology Centers, Cardiology Center (Heart Center), Rheumatology Clinic, Renal Center (Kidney Center), and Retrovirology Clinic at Texas Children's Hospital. Each patient may take one sibling in the same age range.
- Approximately 100 teens will attend Camp YOLO. Campers are placed in cabins by age group and birth gender. There are 8 to 10 teens in each cabin.
- Medical staff are on duty 24 hours a day. Other medical staff attending camp are available to drive patients back to Houston should a medical need arise. There is a hospital near Brenham, Texas, as well.
- The camp facility, Camp For All, is located 1.5 hours from Houston, outside of Burton, Texas. Your camper can ride the bus to and from Houston, or you can drive them.
- Camp activities include ropes course, archery, canoeing, fishing, riding horses, petting farm, biking, arts and crafts, swimming, cooking, parties and more.
- Each cabin has 3 to 4 counselors that are age 21 and older. The Head Counselor is an experienced Camp YOLO counselor. YOLO employs a rigorous screening process for all new counselors that includes a letter of reference, criminal background checks and personal interviews.
- Campers share one large bathroom with multiple showers and toilets. Each camper gets a cubby for their toiletries.
- Medical staff from Texas Children's Hospital review all camper applications and decide who will attend camp based on current treatment regimens, medical conditions, as well as previous camp attendance.



CAMP YOLO

Online Application Instructions

1. **For CAMPERS that applied/attended Camp YOLO in 2019 -2023**

- a. You already have a family profile
- b. please visit <https://periwinkle.campmanagement.com/campers> and log in.
- c. **Begin with Step 3**
- d. If you've forgotten your password, please contact Larry Geiger at lgeiger@periwinklefoundation.org or 346-444-9730.

2. **For NEW CAMPERS, follow these steps**

Step 1: Visit <https://periwinkle.campmanagement.com/enroll>

Step 2: Create a Family Profile

Please fill out camper(s), parent(s), and home address information and click on the "Continue to Enrollment Options" button.

You will receive your login and password to log in to the Parent Dashboard via the email address you provide below. This is NOT the application. You will fill out the application once you are in the Parent Dashboard.

Step 3: Click Enroll "Camper Name" for 2024.

Step 4: Enrollment Options

Select the green "Add Enrollment Option", then click "Save and Continue"

Step 5: Camp Questions

Answer all the questions (some are mandatory), then click "Save and Continue"

Step 6: Camp Forms

Camp forms will be available in February after your child has been accepted to Camp YOLO. Click "Save and Continue"

Step 7: Checkout

Payment is not required. Read the terms and conditions, then check the box "I have read and agree to the enrollment terms and conditions for The Periwinkle Foundation". Type your full name in the signature box and submit enrollment request.

If you have any questions or concerns about the online application, please contact:

Larry Geiger
The Periwinkle Foundation
lgeiger@periwinklefoundation.org
(713) 807-0191 Phone
(346) 444-9730 Direct Line

Sabdy Castro (Hablo Español)
The Periwinkle Foundation
scastro@periwinklefoundation.org
(713) 807-0191 Phone
(346) 444-9723 Direct Line



Apply Online:
<https://periwinkle.campmanagement.com/campers>
 or complete this paper application

PATIENT

CAMP YOLO PATIENT APPLICATION

(Please print clearly. Use only black or blue ink)

Camper Name _____ Gender: **Male** **Female** Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Age at Camp _____ Grade in School (2023-24) _____ Camper's Ethnicity (*Optional, demographic purposes only*) _____

T-shirt size _____ Camper's preferred language - **English** **Español** Special Diet **Yes** **No**

Parent Name/Guardian(s) with whom child lives with:

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

If the camper does not live with both parents, please list the other parent (or guardian) below.

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

Which clinic does your teen currently attend? **Cardiology** **Hematology** **Oncology** **Renal** **Retrovirology** **Rheumatology**

Has your child received the COVID 19 vaccine? **Yes** **No** Which Vaccine? **Pfizer** **Moderna** **Johnson & Johnson**

Date of 1st dose _____ 2nd dose _____ Booster _____

Has your teen attended Camp YOLO in-person before? **Yes** **No** If yes, how many times? _____

The last date your teen has been seen at TCH? _____

Parent/Guardian's preferred language - **English** **Español**

*(Please complete a sibling
application for the sibling)*

Name of brother or sister who wishes to attend camp. _____

Would you prefer receiving information in the mail or by email? **Mail** **Email** **Both** Preferred Language? **English** **Español**

I hereby authorize you to review all medical information concerning my child

Signature of Parent or Guardian _____ Date _____

APPLICATIONS MUST BE COMPLETED AND RETURNED TO: The Periwinkle Foundation; ATTN: Camp YOLO
 3400 Bissonnet St, Suite 185, Houston, TX 77005
 Fax: 713-807-0291



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**SIBLING****Apply Online:**

<https://periwinkle.campmanagement.com/campers>
or complete this paper application

CAMP YOLO SIBLING APPLICATION

(Please print clearly. Use only black or blue ink)

Camper Name _____ Gender: **Male** **Female** Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Age at Camp _____ Grade in School (2023-24) _____ Camper's Ethnicity (*Optional, demographic purposes only*) _____T-shirt size _____ Camper's preferred language - **English** **Español** Special Diet **Yes** **No****Parent Name/Guardian(s) with whom child lives with:**

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

If the camper does not live with both parents, please list the other parent (or guardian) below.

Parent/Guardian Name _____ Relationship to Camper _____

E-mail _____ Home # _____ Cell or Work # _____

Has your child received the COVID 19 vaccine? **Yes** **No** Which Vaccine? **Pfizer** **Moderna** **Johnson & Johnson**Date of 1st dose _____ 2nd dose _____ Booster _____Has your teen attended Camp YOLO in-person before? **Yes** **No** If yes, how many times? _____Will your teen be taking any routine medications at Camp YOLO? **Yes** **No**Parent/Guardian's preferred language - **English** **Español**

Name of brother or sister who wishes to attend camp. _____

Would you prefer receiving information in the mail or by email? **Mail** **Email** **Both** Preferred Language? **English** **Español****I hereby authorize you to review all medical information concerning my child**

Signature of Parent or Guardian _____ Date _____

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