

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

<u>lgeiger@periwinklefoundation.org</u> 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: July 31, 2024

Camp YOLO: Friday, September 20, 2024 -

Sunday, September 22, 2024

KEEP THIS INFORMATION - YOU WILL NEED IT LATER!





General Information

- All campers, volunteers and staff will be required to have completed a primary COVID vaccination series. 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 -2024

- 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

(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

APPLICATION DEADLINE: July 31, 2024



Apply Online:

PATIENT

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

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 CampGra	ade in School (2024-25)	Camper's Ethnicity	(Optional, dem	ographic purposes only)			
T-shirt size	Camper's preferred	language - English	Español	Special Diet Yes No			
Parent Name/Guardiar	n(s) with whom child lives witl	<u>1:</u>					
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	e list the other pare	nt (or guardia	nn) below.			
Parent/Guardian Name	2	Relat	ionship to Ca	mper			
E-mail		Home #		Cell or Work #			
Which clinic does your t	teen currently attend? Cardio	logy Hematology	Oncology	Renal Retrovirology RI	heumatology		
Has your child received	the COVID 19 vaccine? Yes	No Which Vaccine?	Pfizer M	oderna Johnson & Jol	nnson		
Date of 1 st dose	2 nd dose l	Booster					
Has your teen attended	Camp YOLO in-person before	? Yes No If ye	s, how many	times?			
The last date your teen	has been seen at TCH?						
Parent/Guardian's preferred language - English Español (Please complete a sibling							
Name of brother or sist	er who wishes to attend camp	·		application for the	e sibling) 		
Would you prefer receiv	ving information in the mail or	by email? Mail	Email Both	Preferred Language? Er	nglish Español		
I hereby authorize you	to review all medical informa	tion concerning my	<u>child</u>				
Signature of Parent or	Guardian			Date			
APPLICATIONS MUST B	E COMPLETED AND RETURNE	D TO: The Periwink	le Foundatior	n; ATTN: Camp YOLO			

3400 Bissonnet St, Suite 185, Houston, TX 77005

Fax: 713-807-0291



APPLICATION DEADLINE: July 31, 2024



Apply Online:

SIBLING

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: Mal e	e Female	Date of Birth		
Address					
CityState	Z	/ip	County		
Age at CampGrade in School (2024-25) Camp	er's Ethnicity (<i>Op</i>	otional, demogr	aphic purposes only)		
T-shirt size Camper's preferred langu	age - English Es	pañol Spe	cial 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 t	he other parent	(or guardian)	below.		
Parent/Guardian Name	Relation	ship to Camp	er		
E-mail	Home #		Cell or Work #		
Has your child received the COVID 19 vaccine? Yes No W Date of 1 st dose 2 nd dose Boosto			erna Johnson & Johnson		
Has your teen attended Camp YOLO in-person before? Y			nes?		
Will your teen be taking any routine medications at Camp Y					
Parent/Guardian's preferred language - English Español	010. 100 110				
Name of brother or sister who wishes to attend camp.					
Would you prefer receiving information in the mail or by en	nail? Mail Em	nail Both D	referred Language 2 English		
			referred Language: English	Espanoi	
I hereby authorize you to review all medical information of					
Signature of Parent or Guardian			Date		
APPLICATIONS MUST BE COMPLETED AND RETURNED TO:	The Periwinkle	Foundation; A	TTN: Camp YOLO		

3400 Bissonnet St, Suite 185, Houston, TX 77005

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