

**Camp courageous physical form**

**I'm not robot!**



**Cub Scout Day Camp Health Form**  
(Required for "ALL" youth & adults attending camp.)

To be filled out by parent, guardian, or adult participant. Please print in ink.

**IDENTIFICATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Name of parent or guardian \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 If person named above is not available in the event of an emergency, notify:  
 1<sup>st</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
 2<sup>nd</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_  
 Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein:  
 In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).  
 Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_  
 Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

**ALLERGIES:** Food, medicines, insects, plants, other: Yes  No  Explain: \_\_\_\_\_

**GENERAL INFORMATION:** Yes No Yes No Yes No Yes No  
 ADHD   Convulsions/seizures   Hemophilia    
 Asthma   Diabetes   Kidney disease    
 Cancer/leukemia   Heart trouble   Other

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used.

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed, such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)  
 Tetanus to/diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_  
 Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_

**2012 Easter Seals Oregon Upward Bound Camp Physical Exam Form**

Mail completed form to:  
 Camp Headquarters  
 Easter Seals Oregon  
 5757 Old Macaron Ave.  
 Portland, OR 97208  
 Fax 503-228-1302  
 Phone 503-228-9138

Camper Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

This form is to be completed by a licensed physician, nurse practitioner, or physician's assistant. A medical examination must be completed within 60 months of participation in camp session. Physicians may provide their own standardized form.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Temp \_\_\_\_\_  
 BMI \_\_\_\_\_ Lung \_\_\_\_\_ Pulse \_\_\_\_\_  
 Heart \_\_\_\_\_ Abdomen \_\_\_\_\_ Resp \_\_\_\_\_  
 GI \_\_\_\_\_ Blood Press \_\_\_\_\_

**State the approximate date of occurrence or most recent incident:**  
 Diabetes  Warts  Allergies  
 Diabetes  Car infections  Latex  
 Rheumatoid Arthritis  Asthma  Food allergy  
 Measles  Recent molar  Head injury  
 Hepatitis carrier  Seizures  Penicillin  
 Migraine  Strep  Other \_\_\_\_\_  
 Substance abuse  Other \_\_\_\_\_

If the applicant has an allergy, what reaction(s) does he/she have? \_\_\_\_\_

Does this person have a positive diagnosis a day for an Allergical (Allergic) Condition?  Yes  No

The applicant is under the care of a physician for the following medical diagnostic/conditionality, describe any operations or serious illnesses that relate to participant's condition or care: \_\_\_\_\_

**Immunizations:**  
 Current on all childhood vaccinations except \_\_\_\_\_  Hepatitis B series  
 Date of most recent Tetanus vaccine \_\_\_\_\_ TD Test \_\_\_\_\_ Date rec'd \_\_\_\_\_  Positive  Negative

**Recommendations and Restrictions for Easter Seals Recreational Programs:**  
 In my opinion, the above conditions  do  do not preclude the applicant's participation in an active recreational program.

There are medical reasons for limiting and/or restricting swimming, horseback riding, boating or other outdoor activities such as walking on rough terrain, participation in active sports, or sleeping in tents:  Yes  No

Limitations: \_\_\_\_\_

Treatments and diets that are to be continued while participating in Easter Seals Oregon's camping program: \_\_\_\_\_

I have examined the person herein described and reviewed his/her health history. It is my opinion that he/she is physically able to engage in any required activities, except as may be noted above, and is free of communicable or contagious disease.

Signature of licensed practitioner \_\_\_\_\_ Date \_\_\_\_\_  
 Printed name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Boy Scout Camp Physical Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ High Adventure Base Participant   
 Address \_\_\_\_\_ Home \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Unit Leader \_\_\_\_\_ Unit Number \_\_\_\_\_  
 Council Name \_\_\_\_\_ Council Number \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_ Mobile \_\_\_\_\_  
**Contact in case of Emergency:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

I understand that my participation in the scouting activities, such as rock climbing, rappelling, or other high adventure activities, involves a degree of risk. I understand that these activities are inherently risky and that I am responsible for my own safety. I understand that I am waiving my right to sue or to bring a lawsuit against BSA or its leaders for injuries sustained while participating in these activities. I understand that I am waiving my right to sue or to bring a lawsuit against BSA or its leaders for injuries sustained while participating in these activities. I understand that I am waiving my right to sue or to bring a lawsuit against BSA or its leaders for injuries sustained while participating in these activities.

Signature of Participant \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_  
 Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

**Summer Camp 2016**

Client ID#: \_\_\_\_\_

Participants																																	
Name:	Name:		Name:																														
DOB:	DOB:		DOB:																														
Allergies/medical Conditions:	Allergies/medical Conditions:		Allergies/medical Conditions:																														
Address/City/State/Zip:																																	
Phone:																																	
Parent Contact / Emergency Contact																																	
Mother/Guardian:	Father/Guardian:																																
Address/City/State/Zip:			Address/City/State/Zip:																														
Home/Cell #:	Home/Cell #:																																
Email:	Email:																																
Additional Person(s) Authorized to Pick-Up *Must Present ID.																																	
Name:	Name:		Name:																														
<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Single Day</th> <th colspan="3">Full Week</th> </tr> <tr> <th>Half Day</th> <th>Full Day</th> <th>Extended Care</th> <th>Half Day</th> <th>Full Day</th> <th>Extended Care</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>\$75.00</td> <td>\$85.00</td> <td>\$10.00</td> <td>\$135.00</td> <td>\$200.00</td> <td>\$40.00</td> </tr> <tr> <td>Non-Member</td> <td>\$40.00</td> <td>\$60.00</td> <td>\$10.00</td> <td>\$95.00</td> <td>\$225.00</td> <td>\$40.00</td> </tr> </tbody> </table>								Single Day			Full Week			Half Day	Full Day	Extended Care	Half Day	Full Day	Extended Care	Member	\$75.00	\$85.00	\$10.00	\$135.00	\$200.00	\$40.00	Non-Member	\$40.00	\$60.00	\$10.00	\$95.00	\$225.00	\$40.00
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Non-Member	\$40.00	\$60.00	\$10.00	\$95.00	\$225.00	\$40.00																											

**Parental Consent and Release**  
 I understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. Any activity involving motion or height creates the possibility of serious injury, including permanent partial and even death from landing or falling on the head or neck. Landing can involve risks from minor to catastrophic or life threatening injuries. My approval of instructions, spotting or team run guarantees safety. Participants/participant's parents/guardian approve that they understand the nature of this activity and that participant is qualified, in good health, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participants from fully participating in all events and custom my activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. (the Organized Olympians) in writing if such medical or physical conditions occur. I acknowledge that I'll believe the conditions are unsafe if I'll immediately if I would not fully understand the risks of participation in the activity. Participants/participant's parent understands that they engage in all the activity with full knowledge of the possible risk. Participants/participant's parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, say and all claims in law or in equity, and hereby release, defend, hold harmless, and agree to indemnify Athletic Achievement, Inc. (the Organized Olympians) arising from the foreseeable and/or unforeseeable risks of the sport or intended activity.

I give permission for my child's name, photographs to be taken and used at the discretion of Athletic Achievement, Inc. (the Organized Olympians) for publicity or professional purposes.

In the event of an emergency and I can not be reached, I hereby authorize Athletic Achievement, Inc. (the Organized Olympians) as agent for the undersigned to consent, in advance of any specific diagnosis, any treatment by any licensed hospital and/or physician deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless written revocation in writing delivered to said agent(s) until December 31, 2015. I understand that I am responsible for any medical expenses that may be incurred through my child's participation in activities at Athletic Achievement, Inc. (the Organized Olympians). I have read all the above warning and releases and agree to allow my child/ward to participate at Athletic Achievement, Inc. (the Organized Olympians).

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cub Scout Day Camp Health Form**  
(Required for "ALL" youth & adults attending camp.)

To be filled out by parent, guardian, or adult participant. Please print in ink.

**IDENTIFICATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

1<sup>st</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2<sup>nd</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein:

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin); in the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

**ALLERGIES:** Food, medicines, insects, plants, other: Yes  No  Explain: \_\_\_\_\_

GENERAL INFORMATION	Yes	No	Yes	No	Yes	No
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	Other	<input type="checkbox"/>

Diagnoses: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed, such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

Immunizations: (Give date of last inoculation)

Tetanus/diphtheria	_____	Mumps	_____	Polio	_____
Diphtheria	_____	Mumps	_____		_____
Poliovirus	_____	Rubella	_____		_____

The Camp Courageous Travel Program provides individuals with disabilities, ages 18 and older, the opportunity to experience the thrill of traveling to destinations both domestic and abroad. A variety of both day trips and multi-day trips are offered. Camp's knowledgeable and caring staff plan and oversee all aspects of each trip keeping in mind the camper's needs to create a memorable experience! Travel Registration Is Open! Camp Courageous is committed to continue serving campers, in the safest way possible in 2022, while retaining the magical experience and fun. As always, the health and well-being of campers, volunteers, staff, and their families remains a high priority. At this time, the travel program will only be releasing a few months of trip dates at a time. This allows camp to monitor and stay up to date with the safety precautions surrounding COVID-19. As the camp transitions to new software, the Travel Program registration will be through email. To register for a travel date please contact Melissa at melissa@campcourageous.org or call 319-465-5916, ext. 2335. The camps location and ability to accept almost any level of health and ability of campers. They have so many opportunities and activities to offer. The staff and volunteers are amazing! We are always impressed with the high quality that Camp Courageous presents. Well-trained staff and administration, with well-maintained (and ever-growing!) facilities, offer so very many activities to those with all kinds of disabilities. We have always felt that our daughter is safe, well-supervised, and kept healthy. We love Camp Courageous! Hands down, Camp Courageous and the people (staff & employees) change lives and give our kids memories that they would never have otherwise. It is a big deal to my son! "Cannon was diagnosed with moderately functioning autism at age 5. In first grade, he was able to go with his elementary school special education department to Camp Courageous for the first time. While mom was a total wreck the whole 3 days he was away at Camp, Cannon thrived. Every year since, he has been going to Camp Courageous and every year he gets to do things we never thought possible. Going to Camp with his friends helps him to come out of the bubble autism has forced him into. Camp Courageous gives him the opportunity to have the type of camp experience that kids without special needs get to have. While he is at Camp Courageous, he gets to be part of something that he wouldn't if Camp didn't exist. Thank you Camp Courageous for being there for all our special kiddos! It means more to us parents than we could ever express." "Having the option of sending Hallie to Camp, where she is safe, her medication is given to her at the right time by caring staff, and Camp staff becomes family, I feel very blessed. It's a place where she can be independent and fly by herself, while we know she is safe! My parents help co-parent Hallie and are also blessed by Camp, as they are aging, it gives us all a break! And Family Camp Weekend is a place Hallie and I can just leave out the world and bond- it's become our family vacation! Thank you so much to Camp, Camp staff, and donors. I wish you all knew how amazing you are and how important Camp Courageous is to our family! We will be missing you all in 2020 and hope to come back stronger in 2021." Thank you so much for creating these inclusive respite days! Alex was able to share a very important place for him with his sister. That sharing made camp an even more normalized part of his life, something to be proud of with friends that Abby can get to know just like kids they know at school. Only, camp provides a level of acceptance and fellowship that maybe isn't always present at school. Both Alex and Abby were able to learn from the fantastic example of kindness, compassion, and openness of the staff and volunteers at camp. I have learned those same lessons as I observe how everyone interacts at camp. Camp is such a wonderful place for our family! I wanted to thank you ever so much for Logan's vacation of a lifetime. He truly enjoyed himself with his new friends. His exact words when asked how was the trip was "It was fantastic!" He is ready to take another adventure soon. Thank you again! Gary and I would like to thank all of you for going on the trip with Scott. From the bottom of our hearts we thank you. How fortunate we are to have Camp Courageous of Iowa, and all of the wonderful opportunities Camp provides for our loved ones. Never in my life did I think Scott would get on a plane to fly and love roller coaster rides! I am so happy for him. He is a happy young man and we are lucky parents to have Camp in our lives for all these years. "I've always liked the counselors that Randy's had at Camp Courageous. Randy had Robin this year, and Robin was hands down the best counselor he's had in the 35 years he's been going to Camp Courageous. I'm very overprotective of Randy, and it put me at ease knowing Randy was with Robin because of how kind Robin is. Camp Courageous is such a wonderful place for Randy to go to every year. I cry every year when I drop him off, and he's always got the biggest smile on his face when I drop him off because it's like a vacation for him." - Stacy Ernst "Thank you again to Camp Courageous and to anyone who is involved in the camp. Camp Courageous is the highlight of our daughter's life each year. Amanda even loves camp more than Adventureland! We love the visions Camp Courageous has and how they bring the visions to life. How you continue to bring new things to camp, like the train, bowling alley, Lake Todd, and more, is amazing! The leadership for Camp Courageous is doing such a wonderful job! Thank you so much for all your hard work, sacrifices, dedication, and time. You have blessed so many lives for so many years, and will continue to do so for years to come!" - Lisa Weigandt "Cannot ever begin to express the gratitude my family and I have toward you [Camp Courageous]. For our son to have a place to go, where he is completely accepted for all of his quirks and his disability, is truly the most amazing thing we have encountered in his lifetime! He looks forward to this experience all year long. It is such a nice break for us, especially knowing that he is having the time of his life. Thank you from the bottom of our hearts." - Janet Frasca "This is such an amazing place for kids/adults with disabilities. My son has been attending camp for many years now, and I never worry about how he is doing. He is always well cared for by all staff, the facility is clean, and all activities have been adapted to all ability levels. I'm so thankful for Camp Courageous. Not only for giving myself as a single parent some respite, but also for the opportunities my son gets to experience that I would never be able to provide for him - sleeping in a tent or a treehouse overnight, zip lining, sensory room, and so much more!" - Michelle Carden "My son Tye's experience each of the four years he has gone have been wonderful. He has so much fun. He loves the special attention he gets from his counselors. And, we, his parents love getting the texted photos documenting his experiences. The check-in process has been flawless and gives us great comfort that the camp is capable of caring for our special needs child. I recommend this camp to anyone that will listen." - Samantha Gray "Everything about Camp Courageous is so awesome! The camp staff is very friendly and helpful. We love and trust this camp for our adult son! He is offered and participates in so many fun activities during his stay here. I love how this camp is easily adaptable and everyone is included regardless of their ability! We are so grateful our son is included in a summer weeklong camp! Thank you!" - Anonymous "Camp Courageous is amazing! Zoe has been coming for years and has gotten more comfortable each year-having her best year yet this year. We LOVE that there is so much for her to do at Camp and very much appreciate having a week to spend with our older children." - Anonymous "Nathan always enjoys going to camp. I love that he gets so excited beforehand and meets new friends. Since we live in a very small town, that is so important for his social skills! Thanks, as always, for doing an awesome job! See you next year!" - Anonymous "This email is well past due, but I wanted to tell you and your staff what you are doing in the lives of these children. Our son, Logan, has been attending the MD camp [Muscular Dystrophy weeklong session] for approximately 7 years now, and he is extremely sad each time it is over. The relationships he forms with other kids that have the same or similar disabilities is unlike any other...Only they can fully understand each other's daily struggles and that definitely creates an immediate bond with all the kids! Thank you for having a positive impact in our child's life!" - Don Manderfield Future Camp Dates Coming Soon... 2022 Spring Family RetreatHealthcare Partners Retreat DateSession Name February 25-27Brave Hearts: Cardiac ConditionsNorton Children's Hospital Foundation/Brave Hearts March 4-6Hearing LossSongs for Sound March 11-13Down SyndromeDown Syndrome Association of Middle Tennessee & Clarksville Association of Down Syndrome March 18-20 Pediatric Weight ManagementCumberland Family Medical Centers March 25-27AutismHart of Autism April 1-3Spina BifidaSpina Bifida Association of Kentucky April 8-10 Sickle Cell AnemiaVanderbilt-Meharry Center of Excellence in Sickle Cell Disease April 22-24Diabetes 2022 Summer CampsHealthcare Partners Camp DateSession Name June 7 - 11Brave Hearts & Pulmonology: Cardiac conditions, Asthma, Cystic Fibrosis, other Respiratory conditionsNorton Children's Hospital Foundation/Brave Hearts June 14 - 18Physical Disabilities: Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Paraplegia, etc. June 21 - 25Diabetes June 28 - July 2Hematology/Oncology/Immune Disorders (& siblings): Cancer, Hemophilia, Sickle Cell, JA, other Bleeding disorders July 7-9Autism (Siblings) July 12 - 16Health Equity - Care CampsNorton Children's Hospital Foundation July 26-30\*\*Family Camp: Myelitis/Neuroimmune\*\*Siegal Rare Neuroimmune Association (Formerly TMA) 2022 Fall Family RetreatsHealthcare Partners Retreat DateSession Name September 2-4Osteogenesis ImperfectaOI Families September 9-11Diabetes September 16-18 AutismExperiencing Autism Together September 23-25Physical DisabilitiesCC Metals & Alloys Sep. 30-Oct. 2NarcolepsyWake Up Narcolepsy October 7-9Epilepsy/Seizure Disorders Epilepsy Foundation of Indiana October 14-16Hearing LossKY Hands and Voices October 21-23 Cardiac ConditionsKerrington's Heart, Inc. October 28-30ApraxiaBuild Blocks for Kids \*\* To apply for the Transverse Myelitis/Neuroimmune conditions Family Camp contact Rebecca Whitney, Associate Director with Siegel Rare Neuroimmune Association (formerly TMA) to complete the pre-registration form. Email: rwhitney@wearesma.org Retreat DatesDiagnosis GroupPartnering Organization August 27-29Narcolepsy/Sleeping DisordersWake Up Narcolepsy, Inc. September 3-5Osteogenesis ImperfectaOI Families September 10-12AutismExperiencing Autism Together September 17-19Cardiac ConditionsNorton Children's Hospital Foundation, Brave Hearts September 24-26Diabetes October 1-3Autism October 9thFamily Fun DayKY Hands and Voices, Wendell Foster October 15-17Down SyndromeClarksville Association Down Syndrome October 22-24Cardiac ConditionsKerrington's Heart, Inc. October 29-31Epilepsy/Neurological DisordersEpilepsy Foundation of IN November 5-7Physical Disabilities: Cerebral Palsy, Muscular Dystrophy, Spinal Muscular Atrophy, Spina Bifida, Paraplegia, etc. Camp DatesSession NamePartnering Organization/Group June 7-11Cardio/Pulmonology: Cardiac Conditions, Asthma, Cystic Fibrosis, other respiratory conditionsNorton Children's Hospital-Brave Hearts June 14-18Physical Disabilities: Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Paraplegia, etc. June 21-25DiabetesBaptist Memorial Health Care - Camp DayDay June 28-July 2Epilepsy/Seizure Disorders & Neurological conditions Epilepsy Foundation of Indiana July 6-8Autism July 11-15Hematology/Oncology: Cancer, Hemophilia, Sickle Cell, other bleeding disorders July 18-22Family Camp: Chronic Pediatric Pain/Connective Tissue disordersThe Coalition Against Pediatric Pain July 24-28\*Family Camp: Transverse Myelitis/Neuroimmune conditionsSiegal Rare Neuroimmune Association July 30-August 3Family Camp: NarcolepsyWake Up Narcolepsy, Inc. \*To apply for the Transverse Myelitis/Neuroimmune conditions Family Camp contact Rebecca Whitney, Program Manager with Siegel Rare Neuroimmune Association (formerly TMA) to complete the pre-registration form. Email: rwhitney@wearesma.org Phone: 855-389-3330 EXT. 5

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