



# Time for Us Camp

June 16 - 21, 2019

**TIME FOR US** is a great camp opportunity for youth ages 10 to 18 who have a loved one with neurological challenges of Alzheimer's, Parkinson's, ALS, Post Traumatic Stress Disorder or similar memory/cognitive challenges.

Our nature-based Keepers of Memories activities help campers and families find paths toward: understanding changes, coping skills, nutrition, and connections between cognitive health and the health of our environment.

Past campers expressed, "It was great!"

"I can once again play with my Dad."

**11th Year !**

This year **TIME FOR US** will be held at **BETHEL HORIZONS** camp located in Dodgeville outside of Madison, adjoining Governor Dodge State Park.

Bethel Horizons camp not only complements our nature-based concept, but also adds the structure and support of a fun five day camp experience.

Watch this YOUTUBE to learn more: <https://www.youtube.com/watch?v=xRd5OzILrHA>

**Contacts for Registration, Forms & Information:**

Christine 920-734-9638 [cbvanryzin@gmail.com](mailto:cbvanryzin@gmail.com) or Mary Kay 608-935-5834 [marykbaum@gmail.com](mailto:marykbaum@gmail.com)

Although Bethel Horizons is connected with the Bethel Lutheran Church, **TIME FOR US** is open to all faiths and world views. There will be no religious training except for optional prayer or song at common meals.

The camp is sponsored by the Alzheimer's & Dementia Alliance of Wisconsin and forMemory, Inc.

## forMemory, Inc

*Building Hope in Early Onset Cognitive Changes*

Christine Van Ryzin, Camp Coordinator  
821 W. Browning St. Appleton WI 54914  
920-734-9638  
[cbvanryzin@gmail.com](mailto:cbvanryzin@gmail.com)  
[www.forMemory.org](http://www.forMemory.org)



(Formerly the Alzheimer's Association South Central Wisconsin Chapter)  
3330 University Ave. Suite 300  
Madison, WI 53705  
608-232-3400  
[www.alzwisc.org](http://www.alzwisc.org)

## BETHEL HORIZONS CAMP

4601 C. Rd ZZ  
Dodgeville, WI 53533  
608-257-3577  
[www.bethelhorizons.org](http://www.bethelhorizons.org)

This is not a school-sponsored activity and the Madison Metropolitan School District does not approve, support, supervise or endorse this program/activity.  
Esta no es una actividad patrocinada por la escuela y el Distrito Escolar Metropolitano de Madison no aprueba, respalda, o promociona este programa o actividad.

Time for Us 2019 Camp Registration Form June 16 to 21 Located within Bethel Horizons Camp 4651 Cty Rd ZZ, Dodgeville, WI 53533

One camper per form. This form may be copied.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Home phone \_\_\_\_\_ Family or camper email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If parent/guardian not available in emergency, notify \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Contact Phone \_\_\_\_\_

Relationship of camper to their loved one with cognitive, memory, neurological, PTSD, or related challenges \_\_\_\_\_

Please provide some information on your family's situation and what might be most helpful to your camper \_\_\_\_\_

Cost of Camp Is \$425 I would like to apply for a \_\_\_\_\_ full or \_\_\_\_\_ 50% scholarship.

I would like transportation assistance \_\_\_\_\_ to and/or \_\_\_\_\_ from camp.

I understand that the additional Time for Us/Bethel Horizons camp registration forms will be sent to me and will need to be submitted by June 1st to Christine VanRyzin (see below).

Parental Consent: I hereby certify that I give permission for the previously named camper to participate in the Time for Us camping program at Bethel Horizons Camp and be transported to and from all camp activities, outings and field trips on and off Bethel Horizons grounds, except as noted. My child has been instructed to cooperate with Camp officials and knows that failure to abide by established rules may result in loss of privileges or in being sent home.

Further, I give permission to forMemory/Time for Us authorized representative to secure appropriate medical treatment, release any records necessary for insurance purposed; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital selected to administer appropriate medical/hospital treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Media Release: I consent to allow photographic and/or video images of my camper to be used in future promotional materials.

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

To: forMemory, Inc Time for Us Christine VanRyzin cbvanryzin@gmail.com 821 W Browning St, Appleton WI 54914 920-734-9638 FAX: call ahead

Or: Alzheimer's & Dementia Alliance of WI,, 3330 University Ave, Suite 300 Madison, WI 53705 Phone 608-232-3400 FAX 608-232-3407 Email: support@alzWSC.org