

Dear Potential Camper,

We have exciting news!



As we enter our 19th year of du Ballon Rouge, we have two wonderful major changes.

- 1) We will be adding an extra day of camp (thanks to the generosity of Carrie and Mark Carr of Christian Brothers Automotive)
- 2) We will be moving our location to beautiful Camp Olympia on Lake Livingston (lots more water activities)

Camp du Ballon Rouge is a four-day camping program for Texas children ages 6 through 18 with a primary diagnosis of TS and a Leadership Training Program for returning campers/young adults ages 19 and 20.

Camp is scheduled for Thursday, April 7 through Sunday, April 10, 2022

You may now complete an application form (attached), which we will need in order to reserve a place for your child at camp. Even returning campers must complete NEW application forms each year. The application has a total of 16 pages (11 from the Tourette Texas app and two forms at 5 pages from Camp Olympia), **all** of which must be completed and returned. Please also remember your **child's immunization records (see pg.8)**. If your child is exempt from immunizations, we will need proof of this exemption.

While Camp itself will remain **tuition-free** (the only tuition-free camp in the country), **we charge a \$25 Application/Commitment fee**. We spend hours per application to review, approve, copy and more. Then, we carefully pair campers and place in cabins with specific counselors, also very time-consuming. Sadly, sometimes approved campers do not show up, often with no notice or explanation. With costs up and donations down, it has become necessary to charge this commitment fee. If you cannot afford the cost, we will waive it on a case-by-case basis. **Attached is a form to include with your \$25 check** – or you may pay by credit card on-line.

Please complete ALL forms and return to us as soon as possible. Your promptness will help reserve your child's space at camp and also help us plan for a more successful experience. Preference is given to returning campers, but places are currently still available for new campers. After review, notification of acceptance will arrive by **email**, providing ALL forms are properly completed and received. **We will begin responding the week of 8/15 to your application. BE SURE that you include your EMAIL ADDRESS on page 4 so we can contact you.**

Return forms promptly to:

Tourette Association of Texas – Camp Du Ballon Rouge
3919 River Forest Drive
Richmond, TX 77406

You may also scan and email to TouretteTexas@aol.com OR fax to 281-238-0468.

Please note that the physician form must be signed within 8 weeks of camp, after approximately 8/5/21. Be sure to also include current immunization forms or an exemption form.

We look forward to a great weekend with your child. If your child has attended in the past but is NOT attending camp this year, please let us know, either by email (TouretteTexas@aol.com) or phone (281-238-8096) so that we may open a spot for another child.

NOTE: occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

Love and hugs,

A handwritten signature in cursive script that reads 'Ms. Sheryl'.

Sheryl Kadmon, R.N.

Executive Director / Educational Specialist -- Tourette Association of America – Texas

Tourette Association of America - Texas
3919 River Forest Drive
Richmond, TX 77406



Camp du Ballon Rouge Application/Commitment Fee
\$25.00 per Camper. Non-refundable.

INCLUDE YOUR PAYMENT WITH YOUR CAMP APPLICATION*

TO PAY BY CREDIT CARD ON-LINE, VISIT OUR CAMP PAGE www.TouretteTexas.org

Name: _____

Child(ren) Name(s) _____

Address: _____

City/ST/ZIP: _____

Email: _____

TOTAL INCLUDED: \$ _____

Payment Method

Cash _____ Check # _____ Credit Card Type _____

Card Information

Card Number: _____

Exp. Date: _____

Name on Card: _____

Card Billing Address: _____

Billing ZIP: _____ CVV: _____

***If this fee creates a hardship for your family, please contact Sheryl.**

281-238-8096 281-238-0468 fax

TouretteTexas@aol.com



PARTICIPATION CONSENT

I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

I understand and certify that my child _____ may participate in du Ballon Rouge and its activities at Camp Olympia, and that his/her participation is completely voluntary. I have familiarized myself with the programs and activities at du Ballon Rouge in which my child will participate. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not be limited to, the activities of horseback riding, high and low elements rope course, swimming, archery, canoeing and team sports such as soccer. I acknowledge that although the Tourette Syndrome Association of Texas and du Ballon Rouge have taken safety measures to minimize the risk of injury to program participants, the Tourette Syndrome Association of Texas and du Ballon Rouge cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I understand that under Texas Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for du Ballon Rouge. I have received approval from a doctor authorizing my child to participate in du Ballon Rouge and its activities at du Ballon Rouge.

Parent or Guardian (Father)

Date

Parent or Guardian (Mother)

Date

PERMISSION FOR TREATMENT

The health history described in the du Ballon Rouge Child's Program Information and Health History Form is correct to the best of my knowledge. In the event of an accident or injury involving my child _____ authorize the du Ballon Rouge and/or du Ballon Rouge directors, counselors, medical staff, volunteers or other executors to obtain medical treatment for my child. I give permission to the physician selected by the program director to order x-rays, routine tests, and treatments; and, in the event of any perceived emergency, I give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I understand that payment of any medical expenses incurred by my child will be my responsibility.

The following is medical insurance coverage for my dependent. I understand that no health insurance will be provided by the Tourette Syndrome Association of Texas.

If Medicaid, indicate number: _____

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Name of Insured or Holder: _____

Parent or Guardian (Father)

Date

Parent or Guardian (Mother)

Date



LIABILITY RELEASE

I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

I, the undersigned, understand that occasionally accidents occur during program activities, and that participants may sustain serious personal injury and property damage as a consequence thereof. Knowing the risks of program activities, I nevertheless agree to assume those risks. By signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors and administrators, and anyone claiming by, through or under any of them. I HEREBY RELEASE AND FOREVER DISCHARGE THE TOURETTE SYNDROME ASSOCIATION OF TEXAS AND DU BALLON ROUGE, AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (THE "RELEASED PARTIES") FROM ALL CLAIMS, CAUSES OF ACTION OR DAMAGES ARISING OUT OF ANY INJURY, ILLNESS OR LOSS OF ANY KIND, THAT MAY BE SUSTAINED BY MY CHILD DURING OR RELATED TO MY CHILD'S ATTENDANCE AT DU BALLON ROUGE, WITHOUT REGARD TO THE CAUSE OR CAUSES OF SUCH INJURY, ILLNESS, OR LOSS, EVEN IF SUCH CLAIMS, CAUSES OR ACTION, OR DAMAGES ARISE FROM THE NEGLIGENCE OR CARELESSNESS OF THE RELEASED PARTIES.

Parent or Guardian (Father)

Date

Parent or Guardian (Mother)

Date

MEDIA RELEASE

I hereby give the Tourette Syndrome Association of Texas and du Ballon Rouge the right to interview and/or take photographs, audio, or audio-visual recordings of my child, _____, to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets and brochures. The Tourette Syndrome Association of Texas and du Ballon Rouge shall have the right to use photographs or other images of my child in promotional, educational, or fundraising materials. I hereby release the Tourette Syndrome Association of Texas and du Ballon Rouge from any and all claims arising out of such photography, reproduction, publication or exhibition as is authorized by the Tourette Syndrome Association of Texas and/or du Ballon Rouge. I acknowledge that I have legal authority to sign this form on behalf of the above-mentioned child.

Parent or Guardian (Father)

Date

Parent or Guardian (Mother)

Date



RELEASE OF INFORMATION TO CHILD'S PHYSICIAN

I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

I hereby authorize the program medical director to disclose any and all records pertaining to my child's physician. I, on behalf of my child, hereby release the Tourette Syndrome Association of Texas and du Ballon Rouge from all legal responsibility and liability which may arise from the release of these records to the physician(s) below.

Physician Name _____ Phone _____

Address _____ State _____ Zip _____

Type of doctor (neurologist, pediatrician, etc.) _____

Physician Name _____ Phone _____

Address _____ State _____ Zip _____

Type of doctor (neurologist, pediatrician, etc.) _____

Parent or Guardian (Father)

Date

Parent or Guardian (Mother)

Date

du Ballon Rouge

Tourette Syndrome Association of Texas



CHILD'S PROGRAM APPLICATION

All Information is confidential.

Child's Name: _____
Last First Middle Initial

Address: _____
City State Zip Code

Sex: Male _____ Female _____ Age: _____ Birthdate: _____

School: _____ Grade next fall: _____

Lives with both parents _____ Lives with one parent: Father _____ Mother _____ Guardian _____

() ()

Mother's Name Home Phone Cell Phone **E-mail Address**

Place of Business Address, City, State, Zip

() ()
Business Phone Fax Number

Position

() ()

Father's Name Home Phone Cell Phone **E-mail Address**

Place of Business Address, City, State, Zip

() ()
Business Phone Fax Number

Position

EMERGENCY NOTIFICATION - In the event we are unable to contact parent(s) in an emergency, we will call the following persons regarding your child. If parents are out of town during the week of the program, we must have a number where they may be reached.

Emergency Contact () Home Phone () Business Phone

Street City State Zip Code

Emergency Contact () Home Phone () Business Phone

Street City State Zip Code

Tourette Syndrome Association of Texas
3919 River Forest Drive
Richmond, TX 77469
Phone: 281-238-8096 Fax: 281-238-0468
e-mail: tourettetexas@aol.com



CHILD'S PROGRAM INFORMATION

We would like to know a little bit about each **child** before he/she gets to the program.
Please have your child answer the following questions, as this form will
be copied for the cabin counselors.

My name is _____ and I like to be called _____.

I am _____ years old, and I am in the _____ grade.

This will be my _____ year at du Ballon Rouge.

My Tee- Shirt Size is _____ (e.g., YS, YL, AdS, AdM)

I would like to have _____ as my cabinmate during the program.

My favorite school subjects are _____

One thing I'm really good at doing right now is _____

My favorite thing to do is _____

The thing I would like to do the most at the program is _____

These are a few things I have questions about _____

Something I want my counselor to know about me is _____

When I get angry or upset, I ... _____

I know how to swim. Circle One: Yes A Little No

Have you ever been to a sleepover before? _____

When was it? _____ Where was it? _____

How did you like it? _____



Please attach
a photo of
camper here.

CHILD'S PROFILE

This form will be reviewed by your child's counselor prior to the program.

Child's Name _____
Last First Middle Initial

Sex: M _____ F _____ Age _____ Birthdate _____

Does your child have special fears, emotional or behavioral problems? If so, please explain.

How do you deal with the behavioral problems _____

Has your child been away from home, without parents, for more than 3 days? _____

Sleep habits: Light _____ Heavy _____ Sleepwalker _____ Nightmares _____ Bedwetting _____

If so, how is this handled at home? _____

Does your child wear: glasses _____ contacts _____ hearing aid _____ retainer _____ other _____

Description of Symptoms

Motor & Vocal Tics _____

Obsessive - Compulsive Symptoms _____

Attention-deficit-hyperactivity disorder symptoms _____

What interventions work best to help your child gain control? _____

Does your child have any other special needs that would be helpful for the counselor to know? _____

du Ballon Rouge

Tourette Syndrome Association of Texas



MEDICAL PROFILE from Physician

To be completed by a licensed physician and mailed or faxed to the Tourette Syndrome Association of Texas
Health certification **MUST** be dated within 8 weeks of participation in Program.

CHILD'S NAME: _____
Last First Middle Initial

Sex: M _____ F _____ Age: _____ Wt.: _____ B/P: _____ Allergies: _____

Explain below using code: - Satisfactory X- Not Satisfactory

Eye _____ Ears _____ Nose _____ Throat _____ Heart _____ Lungs _____ Abdomen _____ Skin _____ Extremities _____

Abnormal Findings _____

Diagnosis _____

Other chronic or recurring illnesses or handicapping conditions _____

Describe any associated behavioral difficulties _____

List all medications child is currently taking.

MEDICATION NAMES	STRENGTH	FREQUENCY

Are all immunizations up to date? Yes _____ No _____

Special instructions/Comments/Limitations: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this child is physically able to engage in program activities as noted above.

Examining Physician _____ Date _____ Phone Number _____ Fax Number _____

Tourette Syndrome Association of Texas
3919 River Forest Drive
Richmond, TX 77469
Fax: 281-238-0468



MEDICAL FORM To be completed by parent

CHILD'S NAME: _____
Last First Middle Initial

HEALTH

Child's health, in general: Excellent _____ Average _____ Below average _____

Does your family currently have medical/hospital insurance? Yes _____ No _____ Carrier _____

Policy # _____ Group # _____

Name of policy holder: _____ Relationship to child _____

TOURETTE SYNDROME SUMMARY

When was your child first diagnosed? _____

Describe motor and vocal tics _____

Describe obsessive-compulsive symptoms _____

Describe attention-deficit hyperactivity disorder symptoms _____

What interventions work best to help your child gain control? _____

HEALTH HISTORY Please check all that apply and review with your child's physician at time of examination

_____ Asthma _____ Cerebral Palsy _____ Mental retardation _____ Diabetes
_____ Heart defect/disease _____ Frequent Ear Infections _____ Bleeding/clotting disorder

Other chronic or recurring illnesses, or handicapping conditions _____

CHILDHOOD DISEASES Please record date (month/year) of infection

_____ German Measles _____ Mumps _____ Chicken Pox _____ Measles
_____ Other - Please describe: _____

IMMUNIZATION HISTORY

SEND COPY OF RECORD - OR - Please record date (month/year) of basic immunizations

_____ DPT Series _____ DPT Booster _____ Measles Vaccine (live)
_____ Polio OPV (Sabin) _____ Polio Booster _____ Mumps Vaccine (live)
_____ German Measles _____ Tetanus Booster _____ Tubercullin Test _____ Other

MISCELLANEOUS

Please list any and all allergies (including drugs, plants, food, etc.) _____

Operations or serious injuries (dates) _____

Does your child wear glasses, contacts, hearing aid, retainer, etc.? _____

du Ballon Rouge

Tourette Syndrome Association of Texas



MEDICATION ADMINISTRATION FORM

During the weekend of the program, medications will be administered by the du Ballon Rouge nursing staff.

CHILD _____
 Last Name First Name Middle Initial

1. List ALL medications your child takes on a daily basis (include name, strength, dosage and frequency).
2. Please adapt your child's medication administration to the times listed below.
3. For medications given on an "as needed" basis, write in the instructions after the medication.
4. Please list any special needs/preparation your child requires when taking his/her medication. (i.e., crushing, special food or drink.)

MEDICATION NAME	STRENGTH (MG)	BREAKFAST	LUNCH	AFTER-NOON	DINNER	NIGHT
Ritalin	10 mg tablet	1 tablet	1 tablet	1 tablet		
Depakene	20 mg per tsp.	1 teaspoon	1 teaspoon			
Ventolin Inhaler	2 puffs	every	4 hours	as needed	for	wheezing

MEDICATION NAME	STRENGTH (MG)	BREAKFAST 8:00-9:00 AM	LUNCH 12:00-1:00 PM	AFTERNOON 3:00-4:00 PM	DINNER 6:00-7:00 PM	NIGHT 9:00-10:00 PM

Special instructions to assist with medication administration to your child. _____

Parent Signature _____ Date _____

SEND THIS FORM TO THE TOURETTE SYNDROME ASSOCIATION OF TEXAS WITH THE REST OF YOUR CHILD'S FORMS.



PROGRAM RULES AND REGULATIONS

The rules and regulations of du Ballon Rouge are necessary to ensure a smooth functioning program. They have been established for all staff and campers. From time to time, it may be necessary to amend these rules as the situation warrants.

1. The following are not permitted during any part of the du Ballon Rouge program:
 - Alcoholic beverages
 - Knives, Fireworks, Firearms or other weapons (except as they relate to the program curriculum)
 - Pets (except for trained service animals)
 - Drugs (except for prescription drugs and other legal drugs provided by the User Group and necessary for members of such User Group. These drugs must be controlled and dispensed by identified, responsible members of the User Group). All other drugs of any nature are strictly prohibited at the du Ballon Rouge program campsite.
2. Camp Olympia is a **SMOKE-FREE facility**. This policy covers the smoking of any tobacco product, including "vaping". All Partner staff, campers, volunteers, visitors and staff are prohibited from engaging in any of the following conduct:
 - Smoking tobacco and vaping are not allowed within the facilities or on the property of at any time.
 - Smoking tobacco and vaping are not allowed in any vehicle at any time.
 - Smoking tobacco and vaping are not allowed in personal vehicles when transporting people on Camp du Ballon Rouge authorized business.
 - Smoking tobacco and vaping are not allowed within ½ mile of the Camp Olympia property line.
3. Phone Policy.
 - Cell phones MAY be used to:
 - Take pictures during activities
 - With headphones at night to facilitate sleep (music or white noise)
 - Cell phones MAY NOT be used to:
 - Take pictures in cabins
 - Text or make phone calls during activity time – including meals.

Cell phone reception is very poor at the camp site. If Campers wish to call a parent, please check with Counselors or other Camp Staff. They will have access to land lines.
4. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 10 mph must be observed on Camp property.
5. The use of personal sports equipment, such as "skate boards" and "roller blades" is not permitted.
6. All Camp facilities must be left clean and free from debris at the end of any program use.
7. Du Ballon Rouge is not responsible for loss or damage to personal property.
8. **I understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.**

Parent Signature

PLEASE RETURN THIS PAGE



I, the undersigned, understand that occasionally serious injuries or illnesses, including communicable diseases such as COVID-19, can occur or be suffered by participants during program activities despite reasonable safety and hygiene protocols.

TOURETTE TEXAS IMMUNIZATION POLICY/CONSENT FORM

Tourette Syndrome Association of America – Texas Chapter (Tourette Texas) encourages its campers to have all standard immunizations generally required by Texas public schools. However, Tourette Texas recognizes that some families object to childhood immunizations and exempt their children from the public-school immunization requirement. Those parents/guardians who have signed the appropriate Texas exemption form may present a copy of the executed Texas immunization form, and Tourette Texas will accept exempted children to Camping Program without immunizations.

By signing in the space provided below, parents/guardians recognize and agree to this immunization policy, including the recognition that some campers attending du Ballon Rouge may not be immunized against certain childhood diseases.

Child's name: _____
(Please print)

Parent/Legal Guardian signature

Date