



**2010 YOUTH RALLY CAMPER APPLICATION**  
**XAVIER UNIVERSITY, CINCINNATI, OHIO**  
**For Youths 11 – 17 years of age**

Dear Doctor,

This form has been brought to you by a parent or guardian as part of the application process for attendance at the 2010 YRC Youth Rally.

Youth Rally is a 6-day annual event especially designed for youth from 11 to 17 who live with any type of bowel or bladder dysfunction or diversion of their intestinal or urinary system, or who have a condition that might lead to such a diversion. This includes those individuals that have or may have an ostomy, continent diversion or bowel/bladder management program. Examples of the diagnoses of attendees include exstrophy, spina bifida, VATER syndrome, imperforate anus, Hirschsprung's, IBD, cloaca, neurogenic bowel/bladder, polyposis syndromes, GI dysmotility and short bowel syndrome. The range of diversions may include ACE/Malone, J-pouch, Mitrofanoff, ostomy and internal pouches. Management procedures that are common in attendees are bowel programs, enemas and CIC. The focus of the Rally is to educate and, in doing so, build independence and confidence in self-care and other areas of life. This is the 32<sup>nd</sup> year of the Youth Rally.

**Campers and Staff:** We anticipate that more than 100 teens will attend this event. Campers are supervised by counseling staff at all times. Our staff/camper ratio is very good, with one counselor to every 3 campers and 1 WOC Nurse to every 10 campers. The majority of our staff are adult counselors who live with the same diagnoses/diversions, to share their experience and act as role models; more than half of them are graduates of the Rally themselves. There will also be Certified Wound Ostomy Continence Nurses to provide professional assessment, management, education and emergency assistance.

**Activities:** Set in a university campus, the Rally incorporates formal educational sessions (in game-show or similar formats); facilitated group discussions by diagnosis, by management method or by gender/age level; fun activities such as an amusement park outing; games and crafts; and plenty of time for just talking with other campers and building what for many will be a life-long support system. There are no extreme sport activities.

**Rally Sponsor:** The Youth Rally Committee (YRC) is a group of 10 volunteers (counselors and parents of campers), who form the YRC Board of Directors. YRC is a 501(c)(3) charitable organization that is supported entirely by tax-exempt donations.

**THANK YOU FOR YOUR HELP IN MAKING IT POSSIBLE FOR YOUR PATIENT TO ATTEND.**  
**DO YOU KNOW OTHER TEENS WHO WOULD BENEFIT? Refer them to [www.rally4youth.org](http://www.rally4youth.org)**

AFTER COMPLETION, MAIL OR FAX THE ATTACHED MEDICAL FORM BY  
**June 1, 2010**

Camper acceptance will **not** be confirmed until the attached form is received and evaluated.

**Mail to:**  
Youth Rally Committee, Inc.  
Linda Aukett, Secretary  
424 Bradford Avenue  
Westmont, NJ 08108

**If not mailing, other delivery options:**  
Scan & email to [laukett@rally4youth.org](mailto:laukett@rally4youth.org)  
OR Fax: 856-854-5637  
(afternoon or evening, please)  
Tel: 856-854-3737

# 2010 YRC YOUTH RALLY

## Youth Rally Physician Health Form - To be completed by PRIMARY PHYSICIAN

**PHYSICIAN** *to be contacted in case of emergency* \_\_\_\_\_

Phone number \_\_\_\_\_ Pager/Cell \_\_\_\_\_

**SURGEON** *(if applicable)* \_\_\_\_\_

Phone number \_\_\_\_\_ Pager/Cell \_\_\_\_\_

**CAMPER NAME** \_\_\_\_\_. The physician signature on this form verifies that this youth has had a physical examination and that there are no contraindications to his/her participation at the Youth Rally in Cincinnati, Ohio, July 12-17, 2010.

Medical/Surgical History *(please include psychological concerns):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following signature area to ensure that the application will be considered:**

Signature of Licensed Medical Personnel \_\_\_\_\_

Print please \_\_\_\_\_ Title \_\_\_\_\_

Practice Specialty: \_\_\_\_\_

Address \_\_\_\_\_ Suite: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Emerg: \_\_\_\_\_ Date \_\_\_\_\_

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