



## ENTRY FORM

The Comeback Kids® Award recognizes young people between the ages of 7 and 16, who, despite having an ostomy, ostomy alternative or other bowel/bladder disorder, live active, productive lives while managing their illness. Please submit your completed application no later than **July 15, 2011** by email to [greatcomebacks@convatec.com](mailto:greatcomebacks@convatec.com) or by mail to:  
Great Combacks Program, 200 Headquarters Park Drive, Skillman, NJ 08558

### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School: \_\_\_\_\_

**Have you ever applied for the Comeback Kids™ Award before?**  Yes  No

**How did you hear about the Comeback Kids™ Award?**

Nurse  Physician  UOAA  CCFA  Newspaper, radio, or TV  Other (specify) \_\_\_\_\_

**Are you a member of CCFA, UOAA, or another support group?**  Yes  No

If so, please indicate the organization's name and address. \_\_\_\_\_

**Would you like to receive the Great Comebacks® newsletter which features regular updates about the community and upcoming events and activities?**  Yes  No

### Medical History

Note: Any medical information submitted to the Great Comebacks® Award Committee will be retained in strict confidence by the committee and will not be used, disclosed, or published without the express written permission of the applicant.

**Medical Condition:**  Ostomy  Other bowel/bladder disorder (specify) \_\_\_\_\_

**How long have you had your medical condition?**  Less than 1 year  1-5 Years  5-10 years  More than 10 years

**Type of Ostomy (if applicable):**  Colostomy  Ileostomy  Urostomy  Other (specify) \_\_\_\_\_

**Date of Surgery (if applicable):** \_\_\_\_\_

*Continued on back*

Please answer each of the following questions *in 100 words or less*. You may type your essay and attach it to the rest of the application, or complete it in the space below. If you're submitting an application for yourself, we encourage you to complete this section without help from family or friends.

**Why do you consider yourself a Comeback Kid™?** (Please be sure to tell us a little about yourself and how you've learned to cope with living with a bowel/bladder disorder, or an ostomy/ostomy alternative.)

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**What would you like to tell others who suffer from bowel/bladder disorders, or have an ostomy/ostomy alternative?**

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**Parent or Guardian: Why is your child a Comeback Kid™?**

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### Privacy Statement

Your privacy is important to us. Data submitted to the Great Comebacks® Award Committee will not be sold, rented, or given away to any unrelated company, organization or individual without your written permission, except as required by law. The information we collect may be used to contact you, via e-mail or by regular mail, to provide you with information that we believe may be of interest to you. Your information may be transferred for processing and use to other countries and regions of the world. Any personal or medical information submitted to the Great Comebacks® Award Committee will be retained in strict confidence by the committee and will not be used, disclosed or published without express written permission of the applicant. This statement may be updated from time to time. If you have any questions or to correct your information, please contact [GreatComebacks@ConvaTec.com](mailto:GreatComebacks@ConvaTec.com).

I have read the Privacy Statement and agree to its terms.

*Since the applicant is under 18 years of age, the parent or guardian of the applicant must sign below.*

PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_