



Sibling Weekend

August 20-22, 2010

Dear Parents and Siblings,

We are excited to invite siblings to participate in **Camp Sunshine's Sibling Weekend to be held August 20-22, 2010.**

The weekend will be held at Camp Twin Lakes in Rutledge, GA, which is located approximately 50 miles east of Atlanta, off I-20. We use this facility for our summer camp, family camps, and teen retreat weekends.

Space is limited for our annual sibling camp weekend. Applications will be accepted for brothers and sisters only, ages 7-18 that have completed first grade and have not yet graduated from high school. Please note that priority will be given to siblings of campers currently on therapy or those who have been off therapy for no more than two years. All other siblings will be put on a waiting list and be invited to attend if there is space available.

THE DEADLINE FOR REGISTRATION IS July 23, 2010. Upon receiving your application, we will send you additional information about the weekend.

RIDING THE BUS: There will be a bus for campers to Camp Twin Lakes on **Friday, August 20 leaving Atlanta at 5:30 PM from the Camp Sunshine House.** The bus will return to the **Camp Sunshine House at 11 AM Sunday, August 22, 2010.** Directions to the exact location where the buses will meet and return will be included in the information sent to you after we receive your child's application.

DRIVING TO CAMP: You can bring your child to Camp Twin Lakes in Rutledge for Sibling Weekend by 6:45 PM on Friday August 20 and you can pick up your child at 10 AM on Sunday August 22 at Camp Twin Lakes. Directions to Camp Twin Lakes and additional information will be sent to you after we receive your child's application.

If you have any questions, please call the Camp Sunshine office at 404-325-7979 or feel free to email me at michele@mycampsunshine.com. We are looking forward to another great Camp Sunshine event!

Sincerely,

Michele Rothstein
Program Director

Please be sure to complete an entire application for EACH SIBLING attending camp!!!



Sibling Weekend

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Child's Name: _____ Age: _____ Birthdate: _____

Sex: _____ Grade in School (Fall 10): _____ Child: S M L **or** Adult: S M L XL XXL **Circle size**

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Name of sibling treated for cancer: _____ Diagnosis/Date: _____

Physician's Name: _____ Hospital: _____

Is the sibling: () On therapy, () Off therapy; If so, how long? _____

What has your child been told about their sibling's illness? _____

Will you bring your child to camp {check here } Will you pick your child up from camp {check here }

OR Will your child ride the bus to camp {check here } Will your child ride the bus from camp {check here }

Name and relationship of Parent / Guardian child lives with: _____

Home Phone: (m/f) _____ Work Phone: (m/f) _____ Cell Phone: (m/f) _____

E-mail (m) _____ (f) _____

Person to contact in case of emergency if above parent / guardian cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parental/Guardian Signature: _____ Date: _____

RETURN CAMP APPLICATION and MEDICAL HISTORY FORM by July 24, 2009

TO:

Camp Sunshine

1850 Clairmont Road Decatur, GA 30033

**A donation of \$25.00 is requested but not required.
Priority is given to siblings of children on treatment.**

MEDICAL HISTORY FORM

Child's Name _____ Date _____

Has your child ever slept away from home? _____

Does your child have any serious fears? _____

Does your child function at his/her age level? _____

Does your child have any behavioral issues that we should be aware of? If so, what?

Is there anything we should know about your child that will make his/her adjustment smoother?

Child's Primary Physician _____ Phone _____

Physician's Address _____

Allergies (drugs, food, insect bites, etc.) _____

Date of most recent tetanus shot _____ Has your child had chicken pox? _____

Please list any dietary restrictions _____

Health History: (check if applicable, giving approximate dates)

() Asthma _____ () Heart Defect _____

() Bleeding Disorder _____ () Headaches _____

() Chicken Pox _____ () Sinus Infections _____

() Diabetes _____ () Stomach Aches _____

() Ear Infections _____ () Poison Ivy _____

() Fainting Spells _____ () Hay Fever _____

Any other medical problems or concerns:

Will your child be bringing any medications with him/her to camp? _____

If so, what? _____

NOTE: PLEASE ALERT US IF YOUR CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE (CHICKEN POX, MEASLES, MUMPS) 1-3 WEEKS BEFORE CAMP.

CAMP SUNSHINE CONSENT FORM

The following consent agreement must be signed by a parent or legal guardian of the minor child in order for the child to attend Camp Sunshine's Sibling Camp at Camp Twin Lakes.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates in the **Sibling Camp Program August 20-22, 2010**, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in the Camp's activities. This release is intended to discharge in advance Camp Sunshine and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during Camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

I further agree to indemnify and hold harmless Camp Sunshine in the event any other person or entity, other than the undersigned, brings an action for the death or personal injuries of my child, _____, as a result of my child's participation in the Camp's activities.

2. Camp Sunshine accepts no responsibility for the loss, damage or theft of your child's property.

3. Should you as parent or guardian, during the Camp session, leave your place of residence, you will advise the Camp administration where you can be contacted in the event of an emergency.

4. If you have any health and accident insurance coverage, please list:

Name of insurance company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of insured _____ Relationship to participant _____

Policy No: _____

If covered by Medicaid, please list Medicaid number _____

5. Notwithstanding Paragraph 1, I recognize and understand that Camp Sunshine is operated as a charitable organization. My child and I are receiving all of the benefits of Camp Sunshine with minimal or no costs to us and recognize that Camp Sunshine is immune from suit under Georgia's Charitable Immunity Doctrine.

6. In case of medical and/or surgical emergency, you authorize Camp Sunshine medical staff to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia.

7. Camp Sunshine and its representatives have absolute permission to use your child's image in a photograph that pertains to the lawful programs and activities of the Camp.

8. All information is correct so far as I know and the child being described has permission to engage in all prescribed Camp activities, except as noted by the examining physician and me.

Signature: _____ **Date:** _____

Print Name: _____ Relationship to Camper: _____

Camper's Name: _____

RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION

By signing this Release, Waiver, Indemnification, And Heath Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me or my child to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me or my child during or related to me or my child's attendance at a camp at Camp Twin Lakes. I understand and certify that me or my child's participation in Camp Sunshine and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with Camp Sunshine's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Camp Sunshine's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed me or my child, to the extent my child will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Sunshine's camp at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of me or my child's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that me or my child incur and that I have received approval from a doctor authorizing me or my child to participate in the activities at Camp Twin Lakes. I further agree to inform Camp Sunshine of any activities in which me or my child is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____

RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of me or my child's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____