

SAVANNAH FAMILY CAMP DAY IS JUST AROUND THE CORNER!!! April 24, 2010

Dear Camp Sunshine Families,

Camp Sunshine is planning Savannah Family Camp Day for **April 24, 2010**. Please consider joining other families of children who have or have had cancer for this special day of fun and relaxation. Due to the nature of this program, we invite those members living within the household to attend family camp day.



Camp Sunshine family camp day will be held at New Ebenezer Retreat Center in Rincon, Georgia. The facility is located on the Savannah River in Effingham County at the end of Georgia Highway 21 between Rincon and Springfield.

We are looking forward to seeing your family on April 24th. Activities will begin promptly at 10am and will conclude around 4pm.

The deadline for registration is **March 26th**. SPACE IS LIMITED! APPLICATIONS WILL BE ACCEPTED ON A FIRST COME FIRST SERVE BASIS, WITH PRIORITY GIVEN TO THOSE FAMILIES WHOSE CHILD IS CURRENTLY ON THERAPY. Upon receiving your completed application, we will send you more information about the weekend. Meanwhile, please feel free to call our office at 404-325-7979 or email me at michele@mycampsunshine.com with any questions.

We hope you'll take advantage of the opportunity to "get away" with the whole family and share a fun-filled day talking, playing and spending quality time together.

Please join us for a day full of family, friends and fun!

Sincerely,

Michele Rothstein
Program Director



SPRING 2010 FAMILY CAMP DAY APPLICATION

Camper Information:

Name: (First) _____ (Last) _____

Date of Birth: _____ Age: _____ Sex: (Male)____ (Female)_____

Diagnosis: _____ Date of Diagnosis: _____

Therapy: ____On Therapy or ____ Off Therapy If off therapy, date therapy discontinued: _____

Treatment hospital: _____ Primary Physician: _____

Camper address: _____
(street address) (city) (state) (zip) (county)

Home Telephone #: _____ Parent Work #: _____

Cell #: _____ Camper email address: _____

Family Information:

Name of parent(s) or Guardian(s) **with whom child lives:** _____

Relationship to child: _____ Day phone: _____

Address: _____
(street address) (city) (state) (zip) (county)

Home Telephone #: _____ Work Telephone #: _____

Cell #: _____ Parent Email address: _____

****Can we share your email and phone number with other families attending family camp day? Yes No**

If child does not live with both parents, please list other parent or guardian below:

Parent Name: _____ Relationship: _____

Address: _____
(street address) (city) (state) (zip) (county)

Home Phone #: _____ Cell Phone #: _____

Please list all other family members attending the weekend (live within the home):

(Please list names as they would appear on nametag)

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

(if additional space is needed, please attach another sheet)

Please indicate the number and sizes of t-shirts for your family.

TODDLER 2T ____ 4T ____ CHILD S ____ M ____ L ____
ADULT S ____ M ____ L ____ XL ____ XXL ____

Camp Sunshine Family Camp Weekend Consent Form

I hereby accept responsibility for my children while attending the Camp Sunshine Family Camp Weekend. My children have permission to engage in all activities, except as noted by me, and I accept responsibility for them during those activities.

Full permission and authority is also granted Camp Sunshine and its representatives to photograph my family and to use, publish and release for publication such photos relating to the program of Camp Sunshine. The name of my family may be used by Camp Sunshine with the understanding that there will be no exploitation of the family and that any photographs so used should conform to standards of good taste.

I hereby grant the medical staff of Camp Sunshine permission to administer routine care and medication to my children, as well as any emergency care that should be required.

I hereby release and discharge Camp Sunshine and any and all other parties in interest from all claims, demands, and grievances and causes of action of every kind whatsoever, including, but not limited to, all liability from damages of every kind, nature or description which may arise from or out of injury **incurred by myself or my children** while in attendance on the Camp Sunshine Family Camp Weekend.

****ALL ADULT PARTICIPANTS MUST SIGN THIS WAIVER****

Signature Date

Relationship to Child Witness

Signature Date

Relationship to Child Witness

Signature Date

Relationship to Child Witness