

2008 CAMP SUNSHINE CAMPER APPLICATION

This front page may be copied and faxed to hold a spot until May 16. Please do not separate this page from original application.

SUMMER CAMP DATES

- _____ Week 1: June 15-21: 13-18 year olds (must be 13 or completed 7th grade by camp)
- _____ Week 2: June 22 – June 28: 7-12 year olds (must be 7 or completed 1st grade by camp)

** Is this the first time the camper has attended the weeklong Camp Sunshine Summer Camp? _____

Circle Camper's T-shirt size: Adult **S** **M** **L** **XL** **XXL** Child **S** **M** **L**

GENERAL INFORMATION (*Please include a photograph of your child with this application.)

Child's Name _____

Preferred name for nametag : _____ Birth date _____ Sex _____

Address _____ City _____

State _____ Zip _____ County _____ Camper Home Phone _____

Camper E-Mail Address _____ Age at camp _____ Current grade in school _____

Diagnosis _____ Date of Diagnosis _____

Currently: _____ on therapy _____ off therapy. To assist us with cabin assignments, please describe any special equipment or other unique needs for your child: i.e. walker, wheelchair, sight/hearing loss, other assistance:

Parent Name/Guardian with whom child lives _____ Relationship to child _____

Parent/Guardian Preferred E-mail _____ Parent/Guardian Secondary E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

May Camp Sunshine contact you and send correspondence though **e-mail**? Y N

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

Parent Name _____ Relationship to child _____ Home Phone _____

Work Phone _____ Cell Phone _____ Address _____

Please note if you **DO NOT** want your child's name & contact information in our Camper/Counselor Directory? _____

EMERGENCY CONTACT – Person to contact in case of an emergency if parents cannot be reached:

Name _____ Cell Phone _____

Relationship to child _____ Home Phone _____

A donation of \$50.00 is requested but not required. Donations may be made payable to Camp Sunshine.

Applicants will be accepted on a first come first served basis and are subject to review by the Medical Committee.

Applications are due May 16: Camp Sunshine. 1850 Clairmont Road. Decatur, GA. 30033

Phone 404-325-7979. Toll Free 1-866 SUN CAMP. Fax: (404) 325-7929

SPECIAL NEEDS

Does your child use any special equipment such as a walker, crutches, wheelchair or prosthesis?

Please list any physical restrictions or activity limitations (i.e. no swimming, no prolonged sun exposure, no competitive sports, sight or hearing loss, limb amputation, has difficulty walking distances, requires assistance to dress or eat).

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

Is your child able to function at his or her age level? Please describe.

Describe any bedtime or sleep habits. (ex. sleeps with parent, toys, talks/walks in sleep, etc.):

Does your child have any serious fears? Please describe.

Please indicate any further information about your child's medical and/or emotional needs that you feel we should know (sees a psychiatrist or psychologist regularly, etc).

If possible, what other camper(s) would your child like to be in a cabin with?

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.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates at Camp Sunshine during the 2008 session, 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: _____

Policy No: _____ Medicaid Number: _____

5. Camp Sunshine maintains an accident insurance policy on campers attending the 2008 summer session. All claims under this policy must be submitted within 30 days of the occurrence of the accident. This policy is in addition to and not in place of any health or accident insurance maintained by you.

6. 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.

7. 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.

8. I acknowledge that reporters, photographers, and other members of the media may attend Camp Sunshine in order to increase the awareness about Camp Sunshine and its programs. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at Camp Sunshine. I understand that Camp Sunshine is not responsible for the content of the media coverage and that my child will not be paid for any media work.

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

10. 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 me and the examining physician.

Signature: _____ Date: _____

Print Name: _____ Relationship to Camper: _____

Camper's Name: _____

RELEASE, WAIVER, INDEMNIFICATION AND HEALTH AFFIRMATION

By signing this Release, Waiver, Indemnification, and Health 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/my child/my ward 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/my child/my ward, during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/ my child's/ my ward'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 my child or my ward, to the extent my child or ward 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 programs 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 my/my child's/my ward'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 for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Twin Lakes. I further agree to inform Camp Sunshine of any activities in which I/my child/my ward is not to participate.

Release, Waiver, and Health Affirmation:
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: _____

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 and/or videotape my/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

Release And Waiver Of Copyright And Other Usage Rights:
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: _____