

SPRING FAMILY CAMP WEEKEND WILL BE HERE BEFORE YOU KNOW IT!!!

Dear Camp Sunshine Families,

Camp Sunshine is planning our Fall Family Camp Weekends to be held **April 9th – 11th and April 16th – 18th**. Please consider joining other families of children being treated for cancer for one of these special weekends of fun and relaxation. Due to the nature of this weekend, we invite those members living within the household to attend family camp weekend.

The Family Camp Weekend began in 1987 as an outgrowth of Camp Sunshine's summer camp and has become one opportunity to "get away" with the entire family and share a fun-filled weekend talking, playing and spending quality time together.

The weekend will be held at Camp Twin Lakes, which is located approximately 50 miles east of Atlanta, off I-20. It is an enjoyable program and a chance for your family to see where we hold our annual summer camp. Activities will begin Friday evening around 8:00 p.m. and end on Sunday morning around 10 a.m.

The deadline for registration is March 12th! 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 additional information after the March 12th deadline. 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 can join us for a weekend full of family, friends and fun!

Sincerely,

Michele Rothstein
Program Director



SPRING 2010 FAMILY CAMP APPLICATION

Please check which weekend you would prefer to attend. If you can attend either, mark them "1" and "2" according to your preference.

_____ **April 9-11** _____ **April 16-18**

Have you ever attended a Family Camp weekend? _____ If so, how many? _____

Camper Information:

Name: (First) _____ (Last) _____

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

Diagnosis: _____ Date of Diagnosis/Relapse: _____

Therapy: ____On Therapy ____Off Therapy If off therapy, date therapy discontinued: _____

Treatment hospital: _____ Primary Physician: _____

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

Home Telephone #: _____ Parent Work #: _____

Camper email address: _____

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 ____

A donation of \$25.00 is requested as a registration fee. Make check payable to Camp Sunshine.
Housing, meals, and activities are provided free of charge.



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 weekend? 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 #: _____

Emergency Contact (other than a family member at camp):

Person to call in case of emergency

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Camper Health History:

To assist with housing, please describe any special needs (crutches, wheelchair, prosthesis, other): _____

Sight/hearing loss: _____

Behavioral concerns: _____

Dietary restrictions and/or special food: _____

Allergies (list foods, medication, etc.): _____

Is your child able to participate with other children in a structured group setting? _____

Is there anything else that you would like for us to know? _____

Family Health History:

Please alert us of any special needs that may apply to other family members attending family weekend; (dietary restrictions, allergies, physical or behavioral concerns):

Family member name, relationship, special concerns: _____

Family member name, relationship, special concerns: _____

Family member name, relationship, special concerns: _____

Family member name, relationship, special concerns: _____

PLEASE NOTE: You must alert us if your child has been exposed to any communicable disease (chicken pox, measles, mumps) 1-3 weeks before program.

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

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): _____