



SPRING TEEN RETREAT - March 26th - 28th 2010



Dear Camp Sunshine Teen,

Spring is just around the corner and it is time to come to Camp Sunshine for Teen Retreat!!!

Join us for the next Camp Sunshine Teen Retreat on **March 26th - 28th, 2010** and held at Camp Twin Lakes! We are planning a great weekend – basketball, softball, arts and crafts, archery, pottery, mountain bikes, putt-putt and lots more. We will also have a fun evening program. I hope that you will be able to join us!

Those campers who will ride the bus to camp, will meet on Friday, March 26th at **4:30 p.m.** at the Camp Sunshine House. There will be a registered nurse, as well as Camp Sunshine staff at the bus. The buses will return from Camp Twin Lakes to the same location on Sunday, March 28th at approximately **11:00 a.m.** **Please be sure to let us know if you plan to ride the bus by completing the question on the application about your ride to and from camp! We have limited space on the bus!**

Additional information and directions will be sent to you after your application is received and accepted.

Please return your application by Friday, March 12th. Space is limited for our Teen Retreat Weekends. Applications will be considered based on the date your application is received; the number of teen retreats you have attended in the past; and **top priority will be given to new teenagers.**

If you send in your application and then are unable to attend, please let us know as soon as possible since we will probably have a waiting list. Remember, we must have a doctor/PNP signature once a year on the health form for Camp Sunshine.

Hope to see soon,

Brinsley Thigpen
Program Director



March 26th – 28th
Applications due by March 12th

Note: You must have had a physical exam within a year of the program date.

TEEN RETREAT APPLICATION

Camper Name _____ Is this your first Camp program? **Y** **N**

Address _____

City _____ State _____ Zip _____ County _____

Are you riding the bus? _____ Camper E-Mail Address _____ Home Phone _____

Birth date _____ Sex _____ Age at camp _____ Current grade in school _____

Diagnosis _____ Date of Diagnosis _____ Are you **on or off** therapy(circle one)? **ON** **OFF**

Name of Legal Guardian or Parent: _____

Relationship to child _____ Cell Phone _____ Evening Phone _____

Legal Guardian/Parent E-mail address: _____

Emergency Contact: Person to contact in case of an emergency if parents cannot be reached:

Name _____ Day Phone _____

Relationship to child _____ Evening Phone _____ Cell Phone _____

Physician Information:

Oncologist _____
Institution _____
Phone _____

Pediatrician _____
Address _____
Phone _____

Circle T-shirt size: Adult **S** **M** **L** **XL** **XXL**

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

Camper Health History

***Please photocopy front and back of health insurance card and attach to this form.**

Allergies: (medication, food, insects) Describe reaction and management of the reaction

List Any Food Restrictions: _____

Activity Restrictions or other medical conditions: (i.e. no swimming, no competitive sports, crutches, limb amputation, wheelchair, sight or hearing loss.)

If you have been exposed to any communicable disease, particularly chicken pox, measles or mumps 1-3 weeks prior to camp, please contact us as soon as possible.

Date of most recent tetanus shot: _____ Have you had the chicken pox? _____ Varicella titer: _____

General Questions (Explain “yes” answers in the space provided below – use additional paper if needed)

Has your child / Does your child:

- | | | | |
|--|-----|---|-----|
| Had any recent injury or infectious disease? | Y N | Have a chronic illness/condition other than cancer? | Y N |
| Been hospitalized in the last 18 months? | Y N | Had surgery in the last 18 months? | Y N |
| Have frequent headaches? | Y N | Ever had a head injury? | Y N |
| Ever been knocked unconscious | Y N | Wear glasses, contacts or protective eye wear? | Y N |
| Ever passed out during or after exercise? | Y N | Ever been dizzy during or after exercise? | Y N |
| Ever had seizures? | Y N | Ever had chest pain during or after exercise? | Y N |
| Ever had frequent ear infections? | Y N | Have an orthodontic appliance? | Y N |
| Have a history of bed wetting? | Y N | Have ADD/ADHD? | Y N |
| (walker, crutches, wheelchair, prosthesis)? | Y N | Ever had high blood pressure | Y N |
| Ever been diagnosed with a heart murmur? | Y N | Ever had back problems? | Y N |
| Ever had problems with joints? | Y N | Have any skin problems (itching, rash, acne)? | Y N |
| Have diabetes? | Y N | Have asthma? | Y N |
| Had mononucleosis in the past 12 months? | Y N | Had problems with diarrhea/constipation? | Y N |
| Have problems sleepwalking? | Y N | Ever had an eating disorder? | Y N |
| Have a central line or port? | Y N | | |

Explain all “yes” answers: _____

If your child is on therapy, please send the most recent blood counts to camp.

Please send all medications to camp with your child in their original container with written instructions.

___ My child takes no medication on a routine basis.

___ My child takes the following medications on a routine basis (use additional paper if needed):

Drug Name	Dosage	Frequency

***Physician/Practitioner Statement and Recommendations**

I examined _____ on _____
camper's full name date of most recent examination

Weight _____ Height _____ BP _____

Last blood count: Hgb _____ Hct _____ WBC/ANC _____ Platelets _____

Medical recommendations and/or restrictions while at camp:

In my opinion, the above applicant is able to participate in Camp Sunshine’s year round programs. Yes.

***Please note:**

Physician/PNP signature required for on therapy campers and annually for everyone.

Physician or PNP Signature: _____ **Date:** _____

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): _____

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 2010 Teen Retreat 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: _____

5. Camp Sunshine maintains an accident insurance policy on campers attending the 2006 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. Camp Sunshine and its representatives have absolute permission to use your child's image in a photograph, website and on video that pertains to the lawful programs and activities of the Camp.

9. 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: _____