



2019 Spring Family Camp Weekend Application

Dear Camp Sunshine Families,

Camp Sunshine Spring Family Camp Weekends are to be held **March 29-31 and April 5-7th**, and your family is invited! 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 only those members living within the household to attend family camp weekend.

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 - Rutledge, which is located approximately 50 miles east of Atlanta, off I-20. It is an enjoyable program that provides a space for connections and relaxation! 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 15, 2019! 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 15th deadline. Meanwhile, please feel free to call our office at 404-325-7979 or email me at astin@mycampsunshine.com with any questions.

Please complete the entire application.

We hope you can join us for a weekend full of family, friends and fun!

Sincerely,
Astin Godwin
Program Director

Please Return Applications by Mail: 1850 Clairmont Road, Decatur, GA 30033
Email: astin@mycampsunshine.com OR Fax: 404-325-7929



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PLEASE LEAVE THIS PAGE BLANK

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

March 29-31 _____

April 5-7 _____

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

Camper Information:

Camper First Name: _____ Last Name: _____ Age: ____ DOB: _____ Grade: ____ T-Shirt Size: _____

Camper Race: ____Caucasian ____African Am. ____Asian ____Am. Indian ____Hispanic ____Other: _____

Diagnosis: _____ Date of Diagnosis/Relapse: _____

Please Check: On Therapy____ Off Therapy____ If off therapy, date therapy discontinued: _____

Treatment Hospital: CHOA Egleston _____ CHOA Scottish Rite _____ Children's Hospital of Savannah _____

MCCG the Children's Hospital _____ Other Treatment Hospital: _____

Primary Physician: _____ Oncologist: _____

Camper address: _____
(Street address) (City) (State) (Zip) (County)

Parent/Guardian Preferred Telephone #: _____ **Parent/Guardian Work #:** _____

Parent/Guardian preferred email address: _____

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

Please list first name (no nicknames), last name, relationship to camper, date of birth (for every family member), and t-shirt size (available sizes listed below, please indicate – youth or adult size).

(Available T-shirt sizes include: TODDLER: 2T, 4T YOUTH: S, M, L, ADULT: S, M, L, XL, XXL)

First Name: _____ Last Name: _____ relationship: _____ DOB: __/__/__ Shirt Size: _____

First Name: _____ Last Name: _____ relationship: _____ DOB: __/__/__ Shirt Size: _____

First Name: _____ Last Name: _____ relationship: _____ DOB: __/__/__ Shirt Size: _____

First Name: _____ Last Name: _____ relationship: _____ DOB: __/__/__ Shirt Size: _____

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First Name: _____ Last Name: _____ relationship: _____ DOB: __/__/__ Shirt Size: _____

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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: _____

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

Parent/Guardian Name: _____ Relationship: _____

Address: _____
(Street address) (City) (State) (Zip) (County)

Home Phone #: _____ Cell Phone #: _____ Email: _____

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

Person to call in case of emergency

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Patient/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.) and reaction: _____

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? _____

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Family Health History:

Please alert us of any special needs that may apply to other family members attending family weekend;
(Dietary restrictions, allergies (and reaction), physical or behavioral concerns): NKA – No Known Allergies

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

First Name: _____ Last Name: _____ NKA: ___ Yes ___ No Special Concern: _____

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

Additional family members/information:

Immunization Status

All campers, volunteers, and other camp attendees must be fully immunized according to CDC guidelines, except for those who have a medical or religious exemption letter signed by a physician. For CDC requirements, please reference this chart: <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

Please indicate your family's immunization status:

_____ **We are fully immunized according to CDC guidelines**

_____ **We are not fully immunized but have a medical or religious exemption**

You may be asked to provide your immunization exemption letter and/or a record of your immunization status

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**2019 Spring Family Camp Weekend Application
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 are 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

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CAMP TWIN LAKES -- CAMP RELEASE FORM

This agreement must be read and signed for you/your child/family to be eligible to attend Camp Sunshine Family Camp at Camp Twin Lakes.

Your/Your Child's Name: _____

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Camp Sunshine Family Camp and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Sunshine Family Camp program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Camp Sunshine and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Camp Sunshine and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Sunshine Family Camp at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in the Camp Sunshine Family Camp activities at Camp Twin Lakes. I also agree to inform Camp Sunshine of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Sunshine and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Camp Sunshine Family Camp at Camp Twin Lakes.

III. MEDIA RELEASE

I do give Camp Sunshine and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Camp Sunshine and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Camp Sunshine or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Sunshine and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Camp Sunshine and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION

I do give Camp Sunshine and Camp Twin Lakes to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

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V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

Parent/Guardian Signature _____ Date _____

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