

# CAMP CONNECT

**Friday August 17th– Sunday August 19th**

*The philosophy of Camp Connect is to provide a camp for PKU Children ages 5+ and their immediate Family to enjoy a supportive educational family camp experience. The weekend will include all meals at the same time maintaining the necessary diet restrictions. We want children with PKU and their siblings to have the opportunity to meet other children with PKU encouraging all to share their experiences and make special friends. Camp Connect will be held at CampTwin Lakes Will-A-Way in Winder, Georgia. We look forward to seeing everyone to celebrate our 7th year.*

**\*\*\*PACKETS AND REGISTRATION FEES FOR ALL  
CAMPER FAMILIES ARE DUE BEFORE: JULY 20th, 2018\*\***

**Registration camp fees are nonrefundable and are \$25.00 per person**

**FAMILY NAME \_\_\_\_\_**  
**NUMBER OF PEOPLE ATTENDING \_\_\_\_\_ X \$25.00=\$ \_\_\_\_\_**

***Please make sure to email or mail your completed forms to  
The Camp Director Adele Hunt at [campconnectpku@gmail.com](mailto:campconnectpku@gmail.com)***

**Camp Connect and Camp Twin Lakes Registration Form**  
(Please Print Clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Self:** \_\_\_\_\_

Parents or Legal Guardian signature if under 18

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M or F

**Please list any diagnosis or medical concerns for this individual**

**Please list any allergies (medicinal, dietary, environmental) and dietary restrictions for this individual**

**T-Shirt Size:** Child Small Child Medium Child Large

Adult Small Adult Medium Adult Large Adult XL. Adult XXL

\_\_\_\_\_

This information is require to be filled out in order to be completely registered

**PER FAMILY INSURANCE (May include copy of insurance card(s))**

Self Pay: \_\_\_\_\_ (Initial if self pay)

Medicaid Number: \_\_\_\_\_ State: \_\_\_\_\_

CIDC Number: \_\_\_\_\_

Private Insurance Member ID# \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Telephone Number: \_\_\_\_\_

**In case of emergency please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_



**MEDIA RELEASE**

□ I give Camp Connect and Georgia PKU Connect the right to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fund-raising materials including, but not limited to videotapes, pamphlets and brochures. I understand my child’s name may be used in connection with these materials. By signing this media release, I intend to legally bind my minor children, heirs, my executors, administrators and myself. Camp Connect and Georgia PKU Connect shall have the right to use photographs or other images of my child in promotion, educational or fund-raising materials. I acknowledge that Camp Connect or Georgia PKU Connect shall have all rights or copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Camp Connect and Georgia PKU Connect and its officers, agents, and employees from all liability connected with the taking and use of these materials as is authorized by Camp Connect and Georgia PKU Connect. 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 acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

\_\_\_\_\_  
Parent/Guardian Name Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Signature Name Print

\_\_\_\_\_  
Date

**All Forms must be completed by every immediate family member attending Camp.**