

# CAMP CONNECT

**Friday August 25th – Sunday August 27th**

*The philosophy of Camp Connect is to provide a camp that allows children with PKU and their Families to enjoy a supportive educational family camp experience while 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 and will encourage all to share their experiences and make special friends. Camp Connect will be held at Camp Twin Lakes Will-A-Way in Winder, Georgia*

**\*\*\*PACKETS AND REGISTRATION FEES FOR ALL CAMPERS ARE DUE BY: JULY 24th, 2017\*\*\***

**Registration Camp Fee: Non Refundable payment of \$25.00 per person**

**FAMILY NAME:** \_\_\_\_\_

**NUMBER OF PEOPLE** \_\_\_\_\_ **X \$25.00 per person**

**Total Registration Fee of \$** \_\_\_\_\_

**Please make checks payable to Georgia PKU Connect and Mail completed camper registration forms and check to:**

**Georgia PKU Connect  
Attn: Adele Hunt/ Camp Connect  
P.O. BOX 942492,  
Atlanta, Georgia  
31141**

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

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

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

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

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

Parents or Legal Guardian: \_\_\_\_\_

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

Address Book Telephone: \_\_\_\_\_

Family email address for Camper Address Book: \_\_\_\_\_

**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

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**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 interview and/or 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 knowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

**CAMPER'S ADDRESS BOOK**

- I give permission to include my child/children name, address, telephone number and email address in an address book made by Camp Connect. The information will only be shared with other Camp Connect campers for the purpose of staying in touch with each other throughout the year.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Email Address:** \_\_\_\_\_