# **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.

# \*\*\*<u>PACKETS AND REGISTRATION FEES FOR ALL</u> CAMPER FAMILIES ARE DUE BEFORE: JULY 20th, 2018\*\*

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

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Please make sure to email or mail your completed forms to The Camp Director Adele Hunt at 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 an	y diagnosis or m	edical concerns for	r this individual
Please list an	v allergies (medic	cinal, dietary, envir	onmental) and
	tions for this ind		
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	v Name:		
Insurance Telephon	e Number:		
In case of emergen	cy please notify:		
Name:		Relationship:	
Telephone Day:		Evening:	

#### **Camp Release Form**

(This agreement must be read and signed for each Immediate family member tin order to attend Camp Connect at Camp Twin Lakes.)

#### PARTICIPATION CONSENT

#### I, understand and certify that

Participation in Camp Connect and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Camp Connect program and activities at Camp Twin Lakes in which 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, and canoeing. I acknowledge that although Camp Connect and Georgia PKU Connect have taken safety measures to minimize the risk of injury to camp participants, Camp Connect and GEORGIA PKU 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 Connect. I also agree to inform Camp Connect and Camp Twin Lakes of any activities in which my child may not participate.

#### 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 my minor children, heirs, my executors, administrators and myself. I hereby release and forever discharge Camp Connect and Georgia PKU Connect, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my child during or related to my child's attendance at Camp Twin Lakes at the Camp For All facilities.

Parent/Guardian

Date

#### **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.