



## The Cassie Hines SHOES CANCER FOUNDATION

### Sample Camp Registration Form

The Cassie Hines Shoes Cancer Foundation ("CHSCF") hosts a Sample Camp Day at the Walled Lake Outdoor Education Center in Walled Lake, MI for Young Adults with Cancer diagnosed between the ages of 16-30. To be eligible to attend Sample Camp, participants must complete this Registration Form and our Medical Release Form along with the Medical Care Authorization and Waiver and Release of Liability from the Walled Lake Outdoor Education Center (all of these forms can be found on our website).

**If you are under the age of 18, this form must be completed by a parent or legal guardian.**

**Return this completed form to:** The Cassie Hines Shoes Cancer Foundation  
PO Box 345  
Washington, MI 48084  
Fax: (586) 232-1273  
Email: [camp@cassiehinesshoescancer.org](mailto:camp@cassiehinesshoescancer.org)

Participant Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

How did you hear about Sample Camp? \_\_\_\_\_

Is this your first visit to Sample Camp? \_\_\_\_\_

Will you be bringing a guest to Sample Camp? Y / N

Name of Guest: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Must be a parent or guardian if under 18)

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

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

If primary Emergency Contact is unavailable, please provide a secondary contact:

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

Cell: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Center Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person's Phone: (\_\_\_\_) \_\_\_\_\_

Type of Cancer: \_\_\_\_\_ Year of Diagnosis: \_\_\_\_\_

Age at Time of Diagnosis: \_\_\_\_\_ Date of most recent treatment: \_\_\_\_\_

Is your cancer treatment complete? \_\_\_\_\_

**Allergies:**

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Other (bee stings, latex, etc.): \_\_\_\_\_

Is an Epi-pen required for any allergy? \_\_\_\_\_

**List any Special Needs:**

Mobility (Wheelchair, walker, etc.): \_\_\_\_\_

Dietary Restrictions (Vegetarian, Vegan, etc.): \_\_\_\_\_

Special Infection Control Issues: \_\_\_\_\_

**List any other information that you think would be valuable for CHSCF Sample Camp staff to be aware of that would make your day with us more enjoyable for you:**

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#### **RELEASE OF LIABILITY**

I hereby release and hold harmless CHSCF, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by CHSCF. I understand that this release and indemnification releases liability for the conduct of CHSCF and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

#### **PHOTO RELEASE**

The undersigned gives permission to CHSCF to use photographs and audio and/or video recordings of the Sample Camp Participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites, Sample Camp albums, newsletters or our Information Bags, which contain information given to young adult cancer patients. CHSCF respects the privacy of its Sample Camp Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

#### **PARTICIPATION CONSENT**

The undersigned consents to participate in any and all activities, including transportation (if needed) to and from Sample Camp for camp activities, except those specifically prohibited by the Participant's physician.

X\_\_\_\_\_Date:\_\_\_\_\_

Participant Signature

The undersigned gives permission for the Participant to participate in any and all activities, including transportation (if needed) to and from Sample Camp for camp activities, except those specifically prohibited by the participant's physician or parent/legal guardian).

X\_\_\_\_\_Date:\_\_\_\_\_

Parent/Legal Guardian for Participant under age 18