



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

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:

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