



Camp Sunshine Family Camp Fall 2017 Registration Form

Saturday, September 2 - Sunday, September 3

The _____ Family would like to attend Family Camp at Camp Sunshine. The members of our family that will be attending include:

Name	Grade (or Age, if not applicable)	Gender
1.		
2.		
3.		
4.		
5.		
6.		

Primary Contact Person: _____

Email: _____

Address: _____

Home #: _____

Mobile #: _____

Overnight Accomodation Options

Please Select One Option
(Limited to Space Available)

Dorm Style Room (4 beds) - \$20

Dorm Style Room (8 beds) - \$40

Tent Camping (Bring Your Own)- \$10

RV Parking - Call office for pricing

Payment Information

Family Registration Fee _____

\$25/adult

\$20/child (4 - 12 years old)

Children 3 and under FREE

Overnight Accomodation _____

Total _____

Method of Payment

Check enclosed in reply envelope

Credit Card Gift

Please charge in Full \$ _____

Visa Mastercard

Card Number _____ Exp Date _____ 3 Digit Code _____

Name as it appears on card _____

Signature _____



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MEDICAL INFORMATION & HEALTH HISTORY

Emergency Contact #1

Name _____

Phone _____

Relationship to Family _____

Emergency Contact #2

Name _____

Phone _____

Relationship to Family _____

Health Insurance Provider _____ Insurance Policy # _____

Family Physician _____ Physician Phone # _____

Please list any allergies and/or other restrictions for any family member, that may hinder his or her full participation in all camp activities. Include pertinent physical, psychiatric and behavior related information. (Please attach additional sheet if necessary.)

PARENTAL CONSENT (Must be signed by Parent or Guardian)

- My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and Overnights, unless I notify the camp otherwise in writing. I understand and realize Camp Sonshine will follow safety procedures, but that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation.
- I affirm that I have been advised that any and all camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sonshine activities and the services and food arranged for my family by Camp Sonshine, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp Sonshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Camp Sonshine, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any and all members of my family.
- In the event that I cannot be reached or communicated with in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for myself as well as for my child. Our family's physician or his/her office should be contacted, if possible.
- I also give permission for Camp Sonshine to use my and my family members' names, voices, testimonials, and/or pictures in any type of promotional material, press releases, and news stories about camping or Camp Sonshine. I understand I can notify a director if this is unacceptable.
- By signing below, I authorize Camp Sonshine to charge the credit card given with this application for the registration fees associated with this camp. I further agree for Camp Sonshine to use this card for the reconciliation of any additional fees, fines or charges incurred as a result of my family's participation in this program, including but not limited to additional family member participation, camp merchandise, and damaged or destroyed equipment and supplies resulting from deliberate misuse or reckless behavior.
- I understand that by signing this Parental Consent form I have read and agree to the above and assume responsibility for payment of camp tuition and fees.

Parent's Signature _____ Date _____

Spouse's Signature _____ Date _____

Printed Name _____

Printed Name _____