



APPLICATION DEADLINE: March 16, 2010
APPLY AS SOON AS POSSIBLE!!
 Date Received: _____

RETURN AS SOON AS POSSIBLE TO:

400 Holiday Trails Lane, Charlottesville, Virginia 22903

Phone: 434-977-3781 ▪ FAX: 434-977-8814
 ashley@campholidaytrails.org ▪ www.campholidaytrails.org

Family Camp

April 16 – 18, 2010

Registration Form

ALL INFORMATION IS CONFIDENTIAL

The following information is necessary in order to assure a successful camp experience and the best possible care.
 Please answer each question and provide as much detail as possible.

Family Info. (please list all family members who will be attending)

Name: _____ Date of Birth: _____
T-shirt size: Youth S M L XL Adult S M L XL 2XL
 Gender: M _____ F _____

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T-shirt size: Youth S M L XL Adult S M L XL 2XL
 Gender: M _____ F _____

Family Mailing Address & Phone:

Address: _____
 City: _____ State: _____ Zip Code: _____
 Home: _____ Office: _____ Cell: _____ E-Mail: _____

Emergency Contact:

Name: _____ Relationship: _____
 Home: _____ Work: _____ Cell: _____

Has anyone in your family been treated and/or hospitalized for any injuries or illnesses during the last 12 months?
Please be specific.

Yes _____ No _____ If Yes – Please Explain: _____

Family Allergies: (please include family member names and specific reaction)

Medications (i.e., penicillin, sulfa, etc.): _____

Foods (i.e., shellfish, etc.): _____

Insect Bites (i.e., bee stings, etc.): _____

Plants (i.e., poison ivy poison oak, etc.): _____

Other (i.e. materials, solutions, etc.): _____

General Health Information:

Please answer these questions on behalf of all family members who will attend Family Camp.

Please indicate any medications that will be taken while attending Family Camp.

*Please indicate if medicines require refrigeration.

Medications	Dosage	Purpose	Special Instructions (refrigeration needed, etc.)

**** Please bring ALL MEDS to the Family Camp with you. ****

Are there any other health-related concerns or medical problems that will require special attention?

Yes _____ No _____ If yes, please list them: _____

Special dietary needs (vegetarian diet, low salt diet, lactose intolerant, food allergy, etc):

Is there any other information we should have that will help us provide a more enriching experience for your family?

Are you willing to share a cabin with another family? Yes _____ No _____

May we use photos or videos of your family for promotional purposes or medical documentation, if necessary?

Yes _____ No _____

Parent Permission/Activity Waiver for: Family Camp: April 16-18, 2010

Permission Statement:

I hereby give permission for my family, children and/or myself to take part in this event. I waive all claims against Camp Holiday Trails (CHT) and any other parties contracted by them for transportation, accommodations, or services provided during this activity. I understand that I will be responsible for any damages, injuries and/or illness incurred by my guest or myself during this activity.

Furthermore, I understand that Camp Holiday Trails is an drug, alcohol and smoke-free camp. Families shall NOT bring alcoholic beverages to this event and CHT assumes no responsibility for participants who fail to abide by these regulations. There is to be no smoking anywhere on the campus.

It is the policy of Camp Holiday Trails that confidentiality for those with diabetes is strictly maintained. By participating in this event those attending agree that they will not use any information obtained as a result of their participation for any purpose other than those stated in the program.

Signatures of adults (over the age of 18) attending this event

<u>Print Participant Name</u>	<u>Signature if over 18 or signature of guardian if under 18</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION DEADLINE: March 16, 2010

(PLEASE SEND YOUR APPLICATION AS SOON AS POSSIBLE – SPOTS WILL FILL UP QUICKLY!!!)

FAMILY CAMP FEE: The cost of Family Camp will be covered for you – just join us!

I have completed this application to the best of my knowledge. I understand that incomplete or inaccurate information may result in the inability of this camper to participate in the Camp Holiday Trails program.

Name of person who completed this application: _____

Signature: _____ Phone: _____ Date: _____

Parent/guardian signature (if different): _____ Phone: _____

A confirmation of your family’s acceptance to Family Camp will be sent to you with ***Directions to Camp*** and a ***Things to Bring List***.

