

# Camp Holiday Trails

A Camp for Children with Special Health Needs



FOR OFFICE USE:

Rec'd.: \_\_\_\_\_

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Additional info. and applications at: [www.campholidaytrails.org](http://www.campholidaytrails.org)

Camp Holiday Trails' mission is to **empower, encourage and educate** children with chronic illnesses, their families and healthcare professionals by providing a summer camp and year-round programming aimed at personal growth. NOW WE WELCOME FAMILIES TO CAMP!

## FAMILY CAMP DATES 2008

Family Camp w/ Ryan White Clinic **Apr. 25 – 27**

Family Hemophilia Camp **May 23 - 25**

Family Dialysis Camp **May 9 – 11**

Family Camp WEEK **Aug. 3 – 8**

~~\$100 per family of 4/\$10 ea. additional~~

~~\$600 per family of 4/\$25 ea. additional~~

## ALL INFORMATION IS CONFIDENTIAL

Family Camps at Camp Holiday Trails usually include a family where **at least one child** has a special health need. **This child is the CAMPER.**

**(Note:** special family camps include *adults* with special health needs. For Family Camp, *with the UVA Ryan White Clinic*, please enter family names only, you do not need to specify a Camper.)

**Camper's Name:** \_\_\_\_\_ MALE  FEMALE

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Age: \_\_\_\_\_

Camper diagnosis: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

### Who will we get to meet at Family Camp (i.e. – who else is attending?)

- **Parent/Guardian:** \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

- **Parent/Guardian:** \_\_\_\_\_ Age: \_\_\_\_\_

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

- **Brother  Sister  Name:** \_\_\_\_\_ Age: \_\_\_\_\_

**OTHER**  (relationship to Camper: \_\_\_\_\_)

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

- **Brother  Sister  Name:** \_\_\_\_\_ Age: \_\_\_\_\_

**OTHER**  (relationship to Camper: \_\_\_\_\_)

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

- **Brother  Sister  Name:** \_\_\_\_\_ Age: \_\_\_\_\_

**OTHER**  (relationship to Camper: \_\_\_\_\_)

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

- **Brother  Sister  Name:** \_\_\_\_\_ Age: \_\_\_\_\_

**OTHER**  (relationship to Camper: \_\_\_\_\_)

T-shirt size: Youth size: S M L XL Adult size: S M L XL Other: \_\_\_\_\_ Mobility Challenges: \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

## CONTACT INFORMATION

### Who will be the primary contact for Family Camp?

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

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip)

Email: \_\_\_\_\_ Primary phone#: (\_\_\_\_) \_\_\_\_\_

### Who will be your emergency contact(must be someone not attending the camp) while you are at Camp?

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

Relationship to your family: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

I hereby grant, in the event it is necessary, permission to the medical staff of Camp Holiday Trails, to provide routine and emergency medical services as required for myself, and/or for my child(ren). I assume full financial responsibility for any and all medical and other expenses incurred on my behalf while at CHT and understand that CHT shall not be liable for any such expense. I understand that information pertaining to me will be treated as confidential by CHT, but that information may be shared or released with appropriate personnel by CHT for the purpose of treatment. I agree to release CHT and its sponsors, volunteers, employees, directors and all agents of any liability arising from the administration of rendering of care. This form may be photocopied for use outside of Camp.

Name: (please print full names of ALL attending) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## FAMILY INSURANCE INFO.

### Who is your insurance provider?

Name of company: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Address: \_\_\_\_\_ Policy # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Group insurance? Company name: \_\_\_\_\_

Parent/Guardian who ensures children: \_\_\_\_\_

Social security # of Parent/Guardian who ensures children: \_\_\_\_\_

## PHOTO/MEDIA RELEASE AND RIDING PERMISSION

I give CHT, sponsors, and authorized news media permission to **photograph and to use pictures**, video or audio tapes of my child for the newsletter, fundraising, positive promotional activities and to help the community understand and support children with special health needs. CHT respects the privacy of all participants and does not give permission for unauthorized visitors to photograph campers or families.

Parent/Guardian Initials: \_\_\_\_\_

I give permission for the following family members to participate in the **therapeutic horse riding program**.

Names of participating individuals: \_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_

## ALCOHOL, TOBACCO AND DRUG-FREE CAMP

Camp Holiday Trails is committed to the health and safety of all participants and staff.



We do not allow alcohol on the premises at any time.

We do not allow tobacco products to be used at any time. This includes smokeless tobacco. There is no smoking, dipping or chewing – even in your vehicle, while on Camp premises. If you would like assistance with the symptoms you may be feeling due to this policy, please see our Med Staff.

We do not allow any form of illegal drugs on the Camp premises at any time.

**We reserve the right to ask anyone to leave if any of the above items are brought to Camp.**

I understand that CHT has a NO Alcohol, Tobacco or Drug Policy and my initials below indicate that I will comply during the time of the Camp program. **All participants must initial and date.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

☀ Financial Aid – it is available! Please contact the Camp Office for an application.

☀ A **Things to Bring list** and **Directions to Camp** will be sent to you as **confirmation** of your registration to Family Camp.

☀ We look forward to hosting your family – and our Camp Staff are here to answer your questions about Family Camps – or ANY of our programs. Ph. (434) 977-3781, email: [campisgood@campholidaytrails.org](mailto:campisgood@campholidaytrails.org)

