



Family Camp  
Camp Perkins  
June 10-13<sup>th</sup>, 2010

It is not mandatory for your child to have previously attended Camp Rainbow Gold Oncology Camp in order for your family to participate in Family Camp.

Come and join us for a weekend of fun!

Mountain biking, canoeing, kayaking, fishing, archery, campfire, arts and crafts as well as much more will be enjoyed by all.

There is no charge for participation.

Important notes:

- All medical care will be the responsibility of the family.
- Transportation is the responsibility of the family
- The Consent Form must be notarized. We have a notary in our office if needed.
- Any child participating in Family Camp must be at least four (4) years of age.

If you have any questions or concerns about the application process or the camps in general, please contact us by calling 208-422-0176 or send an email to [camp.rainbowgold@cancer.org](mailto:camp.rainbowgold@cancer.org). Thank you for your desire to participate in camp and we look forward to a great summer.

**All forms are due no later than Wednesday, April 7, 2010  
however the sooner we receive them the better!**

**Space is limited so acceptance will occur on a first come, first serve basis.**

# Family Camp Application 2010

Please return to:  
2676 S. Vista Avenue  
Boise, ID 83705  
Fax: 208.343.9922

Family name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_ Cellular telephone : (\_\_\_\_) \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_

Emergency telephone: (\_\_\_\_) \_\_\_\_\_

Name of child with cancer: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ On treatment: \_\_\_Yes \_\_\_No

Who will be attending? Fill in below.

Name	Age	Sex	T-Shirt size (youth or adult)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

\*Any child attending Family Camp must be at least four (4) years old.\*

# CONSENT TO PARTICIPATE/PERMISSION FORM

I hereby request and consent that my family members:

_____	_____
_____	_____
_____	_____
_____	_____

be permitted to participate in the Camp Rainbow Gold Family Camp weekend on the following dates: June 10<sup>th</sup> through June 13<sup>th</sup>, 2010.

I agree to and understand the following:

### **Consent for Media**

The nature of the American Cancer Society's Camp Rainbow Gold activities has been reviewed with me, and I hereby give my approval. I further grant permission for the child named above, to appear in person or in voice, video or photographic presentation for radio, television, internet, or print media reports and/or media campaign(s) resulting from participation in the American Cancer Society's Camp Rainbow Gold activities throughout the year.

### **Consent for Camp Directory**

I give \_\_\_\_\_ do not give \_\_\_\_\_ Camp Rainbow Gold permission to publish our family contact information in the annual Camp Rainbow Gold Family Camp directory that will be released to all campers and volunteers at camp.

### **Release of Liability**

I agree to and understand the following: My child or ward may be accompanied and transported by American Cancer Society (ACS) and/or officials sponsoring the Camp Center of Excellence Camp to and from Camp Activities. I agree and acknowledge, however, that neither ACS, nor its employees, agents, or volunteers assume any liability whatsoever by such accompaniment or transportation.

I agree that neither ACS, nor its employees, agents, or volunteers associated with the ACS Camp Center of Excellence Camp and/or Camp Rainbow Gold activities shall be held responsible for any injuries or damages that occur while my family is traveling to or from such ACS Camp Center of Excellence Camp and/or Camp Rainbow Gold Family Camp activities or during the time my family is in attendance at or is participating in the ACS Camp Center of Excellence Camp and/or Camp Rainbow Gold Family Camp activities. I do hereby hold harmless ACS, its employees, agents, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my family or ward's travel to and from, attendance at or participation in the ACS Camp Center of Excellence Camp and/or Camp Rainbow Gold Family Camp. I hereby authorize any ACS employee, agent, volunteer, or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my family. I further agree that no ACS employee, agent, volunteer, or designated chaperone will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my family. I do hereby agree to indemnify and hold harmless ACS and any ACS employee, agent, volunteer, or designated chaperone from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

I \_\_\_\_\_ give my consent for my family members to participate in such possible activities: hiking, bike riding, archery and boating.

I understand that this is an innovative clinical program using a variety of outdoor settings and activities that have some inherent physical risks. Every possible safety measure has been designed into the program (highly trained staff, state-of-the-field equipment, and strict safety standards) to safeguard all participants against possible injuries.

I understand that if I have any questions about the activities, I can make an appointment to discuss it with a staff person from the program.

I understand that during hiking, boating, archery and mountain bike riding there are risks of injuries, falling, equipment failure or being hit by falling objects dislodged by others or by the force of nature, and that by electing to participate in such activities, my family members shall be deemed to have assumed the risk of accident or injury.

I also understand that not all campers will participate in the above activities. Age and physical abilities will determine appropriate activities.

The nature of the American Cancer Society's Camp Rainbow Gold Family Camp weekend has been reviewed by me and I hereby give my approval.

Notary

For your family to be able to participate in Camp Rainbow Gold Family Camp, please sign these forms in the presence of a notary and have him/her notarize this document.

Parent/guardian signature: \_\_\_\_\_

Parent/Guardian name (printed): \_\_\_\_\_

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

STATE OF IDAHO )  
                          )ss.  
County of Ada     )

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008 by

\_\_\_\_\_

Name: \_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_