



400 Holiday Trails Lane · Charlottesville, VA 22903
 Phone: (434)977-3781 · Fax: (434)977-8814
 ashley@campholidaytrails.org · 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.

F
A
M
I
L
Y

C
A
M
P

A
P
P
L
I
C
A
T
I
O
N

FAMILY CAMP DATES 2010

Please mark one Camp:

SPRING/SUMMER

- Family Camp, April 16 - 18**
w/Ryan White Clinic
- Family Hemophilia Camp, May 28 - 30**
w/Un Va Chap Nat Hemo Fdn
- Family Camp WEEK, August 1 - 6**
\$600 for family of 4; \$30 for each add'l. over age5

FALL/WINTER

- Family Sickle Cell Camp**
w/UVA (contact Camp for 1-page application)
- Peds Oncology Survivors Camp**
w/UVA (contact Camp for 1-page application)
- Family Health & Fitness Camp**
w/Community Obesity Task Force
- Family Cardio Camp**
w/UVA Peds Cardiology
- Young Family Camp, Nov. 6**
(contact Camp for 1-page application)

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: _____ DOB: _____ Male Female

Diagnosis: _____ Mobility Challenges: _____

Special Dietary Needs: _____ Allergies: _____

T-Shirt size (Circle one) - YOUTH size: S M L XL ADULT size: S M L XL OTHER: _____

Who Else Will be Attending this Camp? List Below. Total Number of Participants Attending: _____

PARENT/GUARDIAN Name: _____ DOB: _____

Mobility Challenges: _____ Allergies: _____

Special Dietary Needs: _____

T-Shirt size (Circle one) - YOUTH size: S M L XL ADULT size: S M L XL OTHER: _____

PARENT/GUARDIAN Name: _____ DOB: _____

Mobility Challenges: _____ Allergies: _____

Special Dietary Needs: _____

T-Shirt size (Circle one) - YOUTH size: S M L XL ADULT size: S M L XL OTHER: _____

BROTHER / **SISTER** Name: _____ DOB: _____

OTHER (Relationship to Camper: _____) Mobility Challenges: _____

Allergies: _____ Special Dietary Needs: _____

T-Shirt size (Circle one) - YOUTH size: S M L XL ADULT size: S M L XL OTHER: _____

BROTHER / **SISTER** Name: _____ DOB: _____

OTHER (Relationship to Camper: _____) Mobility Challenges: _____

Allergies: _____ Special Dietary Needs: _____

T-Shirt size (Circle one) - YOUTH size: S M L XL ADULT size: S M L XL OTHER: _____

CONTACT INFORMATION



Who will be the primary contact for Family Camp?

Name: _____

Address: _____
(Street)

(City) (State) (Zip Code)

E-mail: _____ 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 or rendering of care. This form may be photocopied for use outside of camp.

NAMES (Please print full names of ALL attending): _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

INSURANCE INFORMATION



Who is your primary insurance provider?

Name of company: _____ Medicaid #: _____

Address: _____ Policy #: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Group Insurance? Company name: _____

Parent/Guardian who insures children: _____

Social Security # of Parent/Guardian who insures children: _____

CONSENT FOR PHOTOGRAPHS



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, and 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: _____

ALCOHOL, TOBACCO, AND DRUG-FREE CAMP



STOP

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 your Med Staff.

Note: For some family camps, a designated smoking area will be established.

- ☞ We do not allow any form of illegal drugs on the premises at any time.
- ☞ **We reserve the right to ask anyone to leave if any of the above items are brought to camp.**



Financial Aid 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. Phone: (434)977-3781 or E-mail: ashley@campholidaytrails.org



400 Holiday Trails Lane · Charlottesville, VA 22903

Phone: (434)977-3781 · Fax: (434)977-8814

ashley@campholidaytrails.org · www.campholidaytrails.org

FAMILY CAMP CAMBERSHIP APPLICATION

FINANCIAL AID IS AVAILABLE

F
A
M
I
L
Y

C
A
M
P

F
I
N
A
N
C
I
A
L

A
I
D

Camp Holiday Trails (CHT) is a non-profit, 501(c)3 camp for children with special health needs. We are committed to making our camp available to as many children as possible, regardless of ability to pay. Each year we work hard to raise funds through special events, grants and private contributions.

We understand that providing the best possible program and care for your child *requires an investment*. We ask parents to complete the **Campership Application** accurately and honestly so that we may use our funds to provide as many children as possible with the Camp Holiday Trails experience. All information is confidential and will be used only to determine financial assistance.

Name (of Parent/Guardian filling out form): _____

Name of Family attending Camp: _____

Name of person completing application: _____

Home Ph.: _____ Work Ph.: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Total Household Income:

- Less Than \$15,000 \$15,001-\$25,000 \$25,001-\$35,000 \$35,001-\$45,000
 \$45,001-\$55,000 \$55,001-\$65,000 \$65,001-\$75,000 \$75,001-\$85,000
 Over \$85,001

Number of people in household (supported by total household income): _____

Is there any additional information you would like to share to help us in providing financial assistance?

We partner with our families to make the CHT experience possible. Please share any source of financial assistance you have explored to help get your family to Camp!

Assistance from family: _____ Employer/workplace: _____
Local service clubs (Rotary, Kiwanis, Lions, etc.): _____ Health organizations: _____
Other: _____

My family/outside support is able to pay: \$ _____

My CAMBERSHIP REQUEST to CHT: \$ _____

TOTAL CAMP FEE: \$600 (Family Week) for family of 4,
\$30 for each add'l person over age 5

Signature of person completing application: _____ Date: _____