

Time for Us 2017 Camp Jr. Leader Registration Form June 11 to 16th
Located within Bethel Horizons Camp 4651 Cty Rd ZZ, Dodgeville, WI 53533

Junior Leader registration form. This form may be copied.

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home phone _____ Family/Youth email _____

Mother/Guardian Name _____ Work Phone _____

Cell Phone _____ Email _____

Father/Guardian Name _____ Work Phone _____

Cell Phone _____ Email _____

If parent/guardian not available in an emergency, notify _____

Relationship to camper _____ Contact Phone #'s _____

Your relationship to loved one with cognitive, memory, neurological, PTSD or related challenges _____

Please provide some information on your experiences which may be helpful to other youth:

Cost: of Junior Leaders Camp is \$395. I would like to apply for a _____ full or _____ 50% scholarship

I would like transportation assistance _____ to and/or _____ from camp.

I understand that additional Time for Us/Bethel Horizons camp registration forms will be sent to me and will need to be submitted by June 1st to Christine VanRyzin (see below).

Consent: I hereby certify that I give permission for self (the previously named camper) to participate in the Time for Us camping program at Bethel Horizons Camp and be transported to and from all camp activities, outings and field trips on and off Bethel Horizons grounds, except as noted. I (camper) will cooperate with Camp officials with knowledge that failure to abide by established rules may result in loss of privileges or in being sent home.

Further, I give permission to forMemory/Time for Us authorized representative to secure appropriate medical treatment, release any records necessary for insurance purposed; and to provide or arrange necessary related transportation for myself (camper) in the event that I cannot be reached in an emergency. I hereby give permission to the physician/hospital selected to administer appropriate medical/hospital treatment.

Signature of Self, Parent or Guardian _____ Print _____ Date _____

Media Release: I consent to allow photographic and/or video images of camper to be used in future promotional materials.

Signature of Self, Parent or Guardian _____ Print _____ Date _____

To: forMemory, Inc Time for Us Christine VanRyzin cbvanryzin@gmail.com
821 W Browning St, Appleton WI 54914 920-734-9638 FAX: call ahead

Or: Alzheimer's & Dementia Alliance of WI, 517 N. Segoe Road #301, Madison, WI 53705
Phone: 608-232-3400 FAX 608-232-3407