

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

One camper per form. This form may be copied.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Home phone \_\_\_\_\_ Family or camper email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If parent/guardian not available in emergency, notify \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Contact Phone \_\_\_\_\_

Relationship of camper to their loved one with cognitive, memory, neurological, PTSD, or related challenges \_\_\_\_\_

Please provide some information on your family's situation and what might be most helpful to your camper \_\_\_\_\_

Cost of 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 the 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).

Parental Consent: I hereby certify that I give permission for 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. My child has been instructed to cooperate with Camp officials and knows 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 my child. 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 for my child.

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ 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