



FAMILY CAMP EVENT REGISTRATION AND RELEASE FORM
Camp Oakhurst • Labor Day Weekend

Name of Burn Survivor _____ Age: _____ T-Shirt Size: _____
 Address: _____ City _____ Zip _____
 Phone: (H) _____ (W) _____ (C) _____

List below the name of your immediate family who will be joining you.

Note: Immediate family is defined as child, parent or person living under the same roof. Special arrangements can be made, please contact AARBF if you would like a non-immediate family member to attend.

Name	Relationship to burn survivor	Age	T-Shirt size

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE	RELATIONSHIP TO SURVIVOR

MEDICAL INFORMATION

Company: _____ Policy #: _____ Group #: _____

1. Are you, or will anyone in your group be taking any type of medication during the dates of this event?
 No Yes If yes, please explain _____

2. Do you or anyone else in your group require special help that we should be aware of regarding your participation in this event? No Yes If yes, please explain : _____

3. Are you or anyone else in your group vegetarian? Does anyone require any special dietary needs? _____

TRANSPORTATION INFORMATION

Please mark which transportation you plan to take to get to the Family Camp:

Oakland Bus Los Angeles Bus Fresno Bus I will be providing my own transportation

Form continues on the back

CABIN ASSIGNMENT INFORMATION

Please choose one of the following options:

My family would like to stay with one of the following families in a cabin with a bathroom:

Name of family #1 _____ Name of family #2 _____

My family would like our own cabin, even though there is no bathroom in the building however, there is access to a community bathroom. I realize there are only 14 these cabins available and are first come first serve.

My family has no preference and is happy to be assigned anywhere.

PLEASE READ THE FOLLOWING VERY CAREFULLY:

- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, and firearms will not be tolerated, and may result in my dismissal.
- While participating in this event, I will take responsibility for the actions of the others listed as a part of my group.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for myself in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.

Survivor Signature

Date

PHOTOGRAPH/VIDEO RELEASE

The Alisa Ann Ruch Burn Foundation needs your help and support in its work of providing educational programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn accidents. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. Check next to the appropriate answer and then give your signature.

Yes I authorize the Alisa Ann Ruch Burn Foundation to use photographs or video form of this event for public education to prevent burns. I understand that my last name, the cause of my burns, and any other sensitive personal information will not be revealed without my specific consent.

No, I do not want myself or my family to be photographed or video taped in any way.

Survivor Signature

Date

MAIL OR FAX THIS FORM BACK TO:

Alisa Ann Ruch Burn Foundation
665 Third Street, Suite 345 San Francisco CA 94107
(415) 495-7223/ 1(800)755-BURN / (415) 495-7224 (Fax)
camp@aarbf.org / www.aarbf.org

Make check or Money Order payable to: AARBF