



Camp Rising Sun is going on an adventure!

Our All Camp Activity for Mini-Camp Weekend is an afternoon adventure to CoCo Key Water Park in Waterbury! We will leave camp right after lunch, traveling by commercial buses to Waterbury, and return to Colebrook in time for dinner. Bring your bathing suit, sweatshirt, sweatpants and a towel. Water shoes are optional. There is no charge to any camper but children may bring a small amount of cash to purchase snacks.



Any camper attending must return the enclosed permission slip in order to attend.

Camp Rising Sun's Mini-Camp Weekend



Where kids with cancer have fun!

March 24 - 25, 2012

Camp Jewell YMCA - Colebrook, CT



SPECIAL TRIP THIS YEAR!



Information on the reverse
Permission slip enclosed.

What is Mini-Camp Weekend?

Camp Rising Sun's Mini-Camp Weekend is a fun overnight camping experience for children who have had a diagnosis of cancer. It is an introduction to camp for new campers and a reunion for returning Camp Rising Sun family.

At Mini-Camp Weekend our time is spent playing games, doing arts and crafts, exploring the great outdoors of Camp Jewell YMCA Outdoor Center, making new friends and enjoying the old. We will be sleeping in heated cabins with carpeting and lounge areas. All meals are provided.

Three nurses and a pediatric oncologist will be on the premises. Bring your meds with you - in the original container.

Camp Rising Sun is held at Camp Jewell YMCA in Colebrook, Connecticut.

**Camp is offered
FREE OF CHARGE!**

Camp Rising Sun Mini-Camp Weekend Registration and Permission Form

To register for Camp Rising Sun Mini-Camp Weekend, fill in the form below and return to:
Camp Rising Sun, 825 Brook St., Rocky Hill, CT 06067

Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parents Names _____

Families are invited to join camp for a buffet breakfast from 8:30 – 9:30 in the Dining Hall.

Will you attend? _____ How many people including the camper will have breakfast? _____

My son/daughter has my permission to participate in American Cancer Society's Mini-Camp Weekend at Camp Jewell YMCA on March 24 – 25, 2012.

Cancer Diagnosis _____ Date _____

Is the child currently on treatment? _____ Date of last treatment _____

Last tetanus shot _____ Can child take part in strenuous activity? _____

List any allergies _____

The following medications will be needed by my child at camp. All medications must be given to the nurse at registration in the original container. Children may not carry medications.

Medication

Amount and Time to be Given

I hereby give permission to the physician or nurse to administer the above medication.

Additional information or remarks. _____

I understand that every attempt will be made to contact me in the event of an emergency. If I cannot be reached, I authorize the directors and medical staff to seek the proper treatment in the event of an accident, injury or medical emergency. I give my permission for the use of medical treatment deemed necessary by the attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate treatment.

Signature of parent or guardian _____ Date _____

Other emergency number if parent cannot be reached: Name _____

Relationship _____ Phone _____ (over)



**CoCo Key Water Resort Field Trip
Parent Consent Form for Camper Participation**

Camper's Name _____

Camp Rising Sun is planning an all camp adventure to CoCo Key Water Resort in Waterbury on March 24, 2012. I understand the group will leave Camp Jewell YMCA after lunch and return to camp at approximately 5:00 P.M. We will travel by commercial buses. The camper/staff ratio will be a minimum of 3:1. Where the medical or director staff deems necessary the ratio will be 1:1.

I request that my child/ward be permitted to attend the American Cancer Society's Camp Rising Sun Trip and that he/she has permission to participate in all planned activities.

As the parent/legal guardian of the above named camper, I give the American Cancer Society's (ACS) Camp Rising Sun directors or their agents permission to secure medical care or treatment for my child. This treatment may include assistance from the nearest hospital, medical clinic, or EMT in the event of an illness or injury that requires immediate attention. In the event that I cannot be contacted, and an emergency has occurred, I give my permission to the treating medical institution / and or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child.

I agree that neither ACS, nor its employees, agents or volunteers associated with Camp Rising Sun shall be held responsible for any injuries or damages that occur while my child is in attendance at or participating in activities at Camp Rising Sun. I do hereby hold harmless ACS, its employees, agents, and volunteers from any and all liability, damage, loss, claims or demands which arise out of or are connected in any way to my child's attendance and participation at Camp Rising Sun.

I have read this document, I understand its contents, and I agree to its terms.

Parent/Guardian (print) _____

Parent/Guardian Signature _____ Date _____

Telephone _____ Cell _____

Please return this form with by March 1st in the enclosed envelope to Camp Rising Sun, 825 Brook St., Rocky Hill, CT 06067 or by email to Tina.saunders@cancer.org or by fax 203-379-5060.

