



# Registration Form

We are proud to announce that the **2016 KidsRStrong2 Family Fun Day at Victory Camp** is set for Saturday, September 10, 2016. This **FREE** event will serve children and youth currently undergoing cancer-fighting treatments at Texas Children's Hospital and MD Anderson Children's Cancer Hospital, as well as their immediate family members (parents/guardians and siblings). We are confident that attendees will have a fun and memorable time with their loved ones.

Victory Camp is located just 30 miles south of Houston, **located at 1407 Victory Lane in Alvin, Texas**, and provides an array of indoor and outdoor activities for children, including: train rides, bumper boats, swimming, sporting activities and more. We will also have special activities for those who need accommodations. Please note: we only have space for 250, so it will be a first-come, first served event. All guests should prepare to arrive by 9:45 a.m. for check-in. A light breakfast and lunch will be provided.

In order to reserve your spot, all attendees must submit the following form, as well as the media release form. Once received, we will send you a confirmation via email. Please feel free to let us know if you have any questions or concerns. We can be reached directly at 832-736-7775, or via email at [info@kidsrstrong2.org](mailto:info@kidsrstrong2.org).

**Patient's Full Name:**

\_\_\_\_\_  
Last First Middle Initial

**Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender** (please check one): **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Shirt Size:** (Circle) Youth or Adult (Check Size) \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL

**Number of Family Members that will attend with patient:** \_\_\_\_\_

**Names of Family Members who will attend:**

1) \_\_\_\_\_  
First and Last Name / Relationship to Patient / Age / Shirt Size (Adult or Youth XS, S, M, L, XL, 2XL)

2) \_\_\_\_\_  
First and Last Name / Age / Relationship to Patient / Shirt Size (Adult or Youth XS, S, M, L, XL, 2XL)

3) \_\_\_\_\_  
First and Last Name / Age / Relationship to Patient / Shirt Size (Adult or Youth XS, S, M, L, XL, 2XL)

4) \_\_\_\_\_  
First and Last Name / Age / Relationship to Patient / Shirt Size (Adult or Youth XS, S, M, L, XL, 2XL)

**Address:**

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip Code

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

***MEDICAL INFORMATION***

*All information contained in this document will remain confidential. Please fill in the following information as completely and accurately as possible.*

*Please note: the proposed activities provided by Victory Camp may require participation in physical exercise, which by nature can be physically demanding. Many of the activities including, but not limited to, challenge course activities, soccer, go-karts, basketball, volleyball, etc. may challenge participants, and could cause surges in blood pressure rates. It is imperative that if the attendee elects to participate in one of the challenging activities that may be offered, they are free from any heart-related diseases. It is suggested that all patients and parents/ guardians to receive the necessary approval from their attending oncologist from the hospital that treatment is received, prior to participating in all physical activities. This is the responsibility of each attendee's parent/guardian. In addition to the challenging activities, accommodating activities will also be provided, so that all attendees can have an enjoyable day. As a courtesy, it is expected that volunteer physicians and/or nurses will be onsite.*

**Physician Name:** \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

**Date of Diagnosis and Age:** \_\_\_\_\_

Are you currently being treated for this diagnosis? \_\_\_\_\_

If yes, where do you currently receive medical treatment? \_\_\_\_\_

Activities Limited by Physician: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

### **INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Type of Insurance (HMO or PPO): \_\_\_\_\_

Insurance Address:

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### **Agreement To Participate: Assumption of Risk and Release of Liability** **PLEASE READ BEFORE ACCEPTING**

*I (we) acknowledge that during KidsRStrong2 Family Fun Day at Victory Camp the activities that attendees have the option of participating in may have certain risks. I (we) recognize that such risks may include loss or damage to personal property, physical injury, or fatality due to accident. By signing below, the parent/guardian and physician are approving the participating of the patient in this event. The health history is correct as far as I know, and the person herein described has permission to engage in all camp activities, except as noted. I fully authorize the camp's medical personnel to order x-rays, routine tests, treatment and necessary transportation for my child, and/or other family members in attendance. I, individually on behalf of the minor, do hereby release KidsRStrong2 and Victory Camp (a ministry of Living Stones Church) and it's employees and volunteers from any and all liability. I also understand that my participation in KidsRStrong2 Family Day at Victory Camp is entirely VOLUNTARY. I enter into this camp and take full responsibility for my decision to participate or not to participate, and agree to follow all safety instructions. I understand that photographs or video may be taken for me/ my child during this session for promotional use by KidsRStrong2 and Victory Camp. I understand that I will not receive compensation, monetary or otherwise in exchange for these images.*

By signing below you are agreeing to the information in the Agreement to Participate, Assumption of Risk and Release of Liability. Do not sign unless you are the parent or legal guardian of the camper that is being registered, or are over 18yrs. of age.

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Parent/ Guardian's Name (Print)

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Parent's Signature

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Date

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Physician's Name (Print)

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Physician's Signature for Approval

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Date

**MEDIA RELEASE**

As the parent/guardian of the patient I agree that the names, photos and videos of all participants may be published in the news media, and on the KidsRStrong2 website ([www.kidsrstrong2.org](http://www.kidsrstrong2.org)), newsletters, brochures, speeches or any other promotional items.

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Parent/Guardian name (Print)

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Parent/Guardian's Signature

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Date

Completed forms may be emailed to [info@kidsrstrong2.org](mailto:info@kidsrstrong2.org) or mailed to the address below:

KidsRStrong2  
Family Fun Day at Victory Camp  
P.O. Box 84298  
Pearland, TX 77584