

Time for Us 2019 Camp Registration Form June 16 to 21 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 \$425 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,, 3330 University Ave, Suite 300 Madison, WI 53705 Phone 608-232-3400 FAX 608-232-3407 Email: support@alzwissc.org