



Middle Tennessee Camp Bluebird

Information Sheet

2023 Spring Camp, May 5-7

PERSONAL INFORMATION

Name (First and Last): _____ Age: _____ Sex: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Occupation: _____

Is this your first camp? Yes No If **YES**, please provide t-shirt size: _____

If no, list prior counselor/cabin #: _____

MEDICAL INFORMATION

Cancer Type: _____ Year of Diagnosis: _____

Are you currently receiving treatment for cancer? Yes No

Do you need help with medications? Yes No Is refrigeration needed? Yes No

Physical limitations - select all that apply (must be able to function independently):

Walker Oxygen Assistance with stairs Other _____

Hospital Preference: _____

Dietary needs: We offer a variety of food options for you to choose from. If you require specific types of food, you will need to bring them with you to camp. Any refrigerated foods may be stored in the dining hall refrigerator by the staff. We do not accommodate specific dietary needs.

FAMILY AND OTHER INFORMATION

Hobbies/Interests/Clubs: _____

Children's Ages Under 5 5-13 14-18 Over 18

Emergency Contact 1: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Emergency Contact 2: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Name (First and Last): _____

I have completed the above information and will assume the responsibility for myself.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my next of kin will be notified as soon as possible in case of any emergency. In the event that they cannot be reached in any emergency, I hereby authorize the camp to acquire medical treatment for me.

Signature: _____

Date: _____

The undersigned hereby transfers and grants to Ascension Saint Thomas (AST) the exclusive right to use and authorizes others to use all or any part of my interview/photograph/video in related media such as books, magazines, journals, pamphlets, electronic, news releases, news- letters, and other written and video formats. The undersigned hereby releases AST and its directors, its members, trustees, officers, employees and agents, from any and all claims, demands, causes of action and suits, including, but not limited to, claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of or in connection with the use of this interview, photograph or video. This authorization will expire at any time I submit a written request to Myrna Garrett.

Signature: _____

Date: _____

Middle Tennessee Camp Bluebird was founded in 1985 through the generous philanthropic support from individuals, organizations and corporations who had a vision to provide holistic care for cancer patients in Middle Tennessee.

Their vision continues to be realized today through Camp Bluebird's twice annual 3-day camp weekends.

The average cost to attend one weekend of Camp Bluebird is \$500 per person. Thanks to charitable donations from individuals like you, this expense is offset allowing cancer patients the opportunity to attend Camp for a nominal fee.

Please consider adding a tax-deductible donation to the Camp Bluebird Fund along with your camp registration fee.

Or donate online at <https://give.stthomas.org/CampBluebird>.

Donations to the Camp Bluebird Fund can be made in honor or memory of a loved one.

Registration Fee:	\$50
Charitable Donation to Camp Bluebird:	\$
Total Amount Enclosed:	\$

Please return this form to Myrna Garrett, Camp Director
7144 Old Cox Pike Fairview, TN 37062-8254

If you have any questions, please contact Myrna Garrett at mxgarrett55@gmail.com or 615-306-0349.