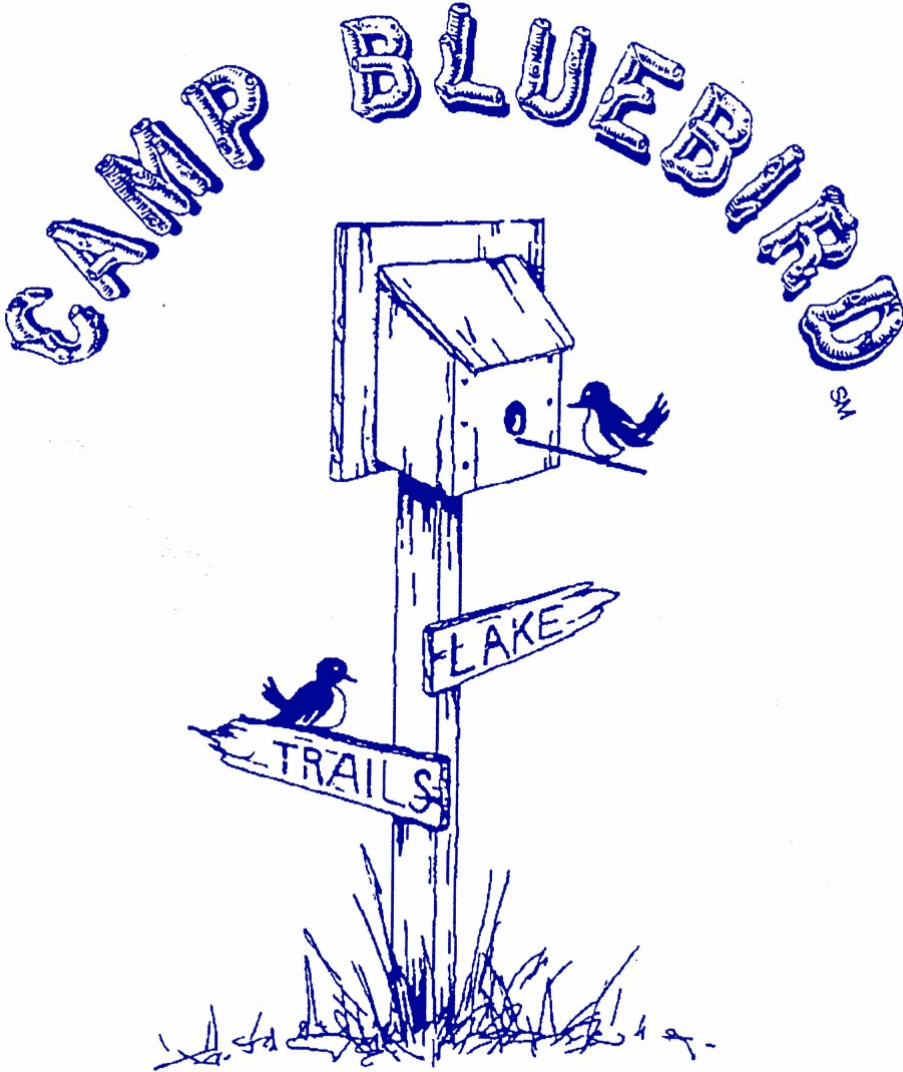


Middle Tennessee Camp Bluebird Information Sheet

2023 Fall Camp, September 22-24

* Indicates required question



Personal Information

1. First Name *

2. Last Name *

3. Age *

4. Gender *

5. Street Address *

6. City *

7. State *

8. Zip *

9. Primary Phone (example: 615-222-4567) *

10. Email Address *

11. Occupation *

12. Is this your first camp? *

Mark only one oval.

Yes

No

13. If this is your first camp, indicate your T-shirt size. Otherwise, leave this question blank.

Mark only one oval.

Small

Medium

Large

X-Large

XX-Large

3X-Large

Other: _____

14. If no, list prior counselors/cabin #

15. How did you learn about Camp Bluebird? *

Mark only one oval.

Referred by a friend

Social Media

Flyer

Other: _____

Medical Information

16. Type of Cancer(s) *

17. Year of diagnosis *

18. Are you currently receiving treatment for your cancer? *

Mark only one oval.

Yes

No

19. Do you need help with any medications? *

Mark only one oval.

Yes

No

20. Is refrigeration needed? *

Mark only one oval.

Yes

No

21. Physical Limitations - select all that apply (must be able to function independently)

Check all that apply.

Walker

Oxygen

Assistance with climbing stairs

Other: _____

22. Hospital Preference *

Diet

We offer a variety of food options for you to choose from. If you need specific types of food, you will need to bring them with you. Any refrigerated foods can be stored in the dining hall refrigerator. We will not be able to honor specific dietary needs.

Family & Miscellaneous Information

Emergency Contact #1

23. Name *

24. Relationship *

25. Primary Phone (example: 615-222-4567) *

26. Email Address *

Emergency Contact #2

27. Name

28. Relationship

29. Primary Phone (example: 615-222-4567)

30. Email Address

Waivers

31. 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 emergency contact 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. *

Mark only one oval.

I accept.

32. Name *

33. Date *

Example: January 7, 2019

34. 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, newsletters, 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 suites, 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.

Mark only one oval.

I accept

35. Name *

36. Date *

Example: January 7, 2019

