



4115 West Spruce Street
Tampa, Florida 33607
(813) 877-CAMP (2267)
FAX (813) 879-0490
info@facesofcourage.org

"Providing life enriching experiences for kids, women & families touched by cancer and blood disorders."

June 2010

Dear Camper,

Congratulations, you have been accepted to the Faces of Courage's **Women's Cancer Retreat – September 10-12, 2010**. We have been planning this camp for months and it is going to be spectacular.

Enclosed in this packet are the following:

- Packing List;
- Map to the Camp;
- Retreat Registration;
- Consent/Release Form

PLEASE MAKE CERTAIN YOU COMPLETE THE REGISTRATON AND CONSENT/RELEASE FORMS AND MAIL/FAX THEM TO OUR OFFICE. YOU ARE NOT OFFICIALLY REGISTERED UNTIL THE FORMS ARE RETURNED COMPLETED.

Registration will open Friday night at 6pm in the Assembly Hall at the Rotary's Camp Florida (follow the signs from the parking lot). Please do not plan on being at camp any earlier than 5:30pm. The cabins are air conditioned/heated with indoor bathrooms and cots. The cots are not made up, so, remember to pack bedding or a sleeping bag.

If, for any reason you will be unable to attend please call us immediately. Even if it is the last moment please let us know. These programs are very popular and we want to make sure that we make this opportunity available to as many of our campers as possible. Our number here is 813 877-CAMP (2267). Or you can reach me at (813) 389-9339. Our fax number is (813) 879-0490.

From all of us at Faces of Courage, we welcome you to the 2010 Women's Cancer Retreat!

Best wishes,

Peggie

Peggie Sherry
Founder/CEO/Survivor



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2010 Women's Cancer Retreat Registration

General Information

Name of Participant: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
e-mail address: _____
Date of Birth: _____

Emergency Contact Information:

Name: _____
Relationship: _____
Address: _____
Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Health Information:

Clinic/Hospital where you receive care: _____
Name of Physician/Nurse Practitioner: _____
Phone: (_____) _____
Diagnosis: _____ Date of Diagnosis: _____
In therapy/in treatment: No Yes If applicable/Date of Relapse: _____
Bone Marrow or Stem Cell Transplant? No Yes
Other Medical Issues (seizures, diabetes, asthma): _____

Allergies (medication, food, plants, insects): _____

Infectious Diseases: _____

Do you snore? Yes No

Sleep Apnea? Yes No

Food Restrictions: _____

Physical Restrictions: _____

Other Information: _____

Medications:

Include all scheduled and PRN oral, IV, and IM meds including heparin/saline flushes. All medications should be sent with child in its original packaging.

<i>Name</i>	<i>Dose</i>	<i>Route</i>	<i>Schedule</i>

Insurance Information (must have proof of insurance to participate in programs, either attach a copy of the card or complete the following information):

Insurance Provider: _____

Policy #: _____

Name which policy is under: _____



**FACES OF COURAGE CONSENT
RELEASE FROM LIABILITY –ASSUMPTION OF RISK - MEDICAL
TREATMENT - PERMISSION SLIP AND MEDIA RELEASE WAIVER**

"Providing life enriching experiences to kids, women & families touched by cancer."

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

I (We) hereby acknowledge that the activities associated with any recreational program involves an element of risk of injury. These activities include but are not limited to: swimming, canoeing, softball, volleyball, climbing, hiking, basketball, arts and crafts. Faces of Courage Foundation does not own, operate or control the facilities where life enrichment activities are conducted. As a consequence, the below signed hereby acknowledges that he/she does hereby assume the risk of any injury, illness, harm or damage of any type that may occur in the course of his/her own personal or his/her child's participation in any Faces of Courage Foundation program and release Faces of Courage Foundation and its board, Officers, venue, Staff and Volunteers from any liability or responsibility whatsoever.

I (We) give permission to the medical personnel selected by the program director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for myself or child due to injury, illness or medical emergency. In the event that I cannot/ or any other appointed individual cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the above named individual.

Please initial _____

I (We) grant permission for the above named to participate in any audio-visual, photo, interview, or multi-media event that may take place by Faces of Courage Foundation and I (we) release everyone involved from liability or claims in association with said coverage.

Please initial _____

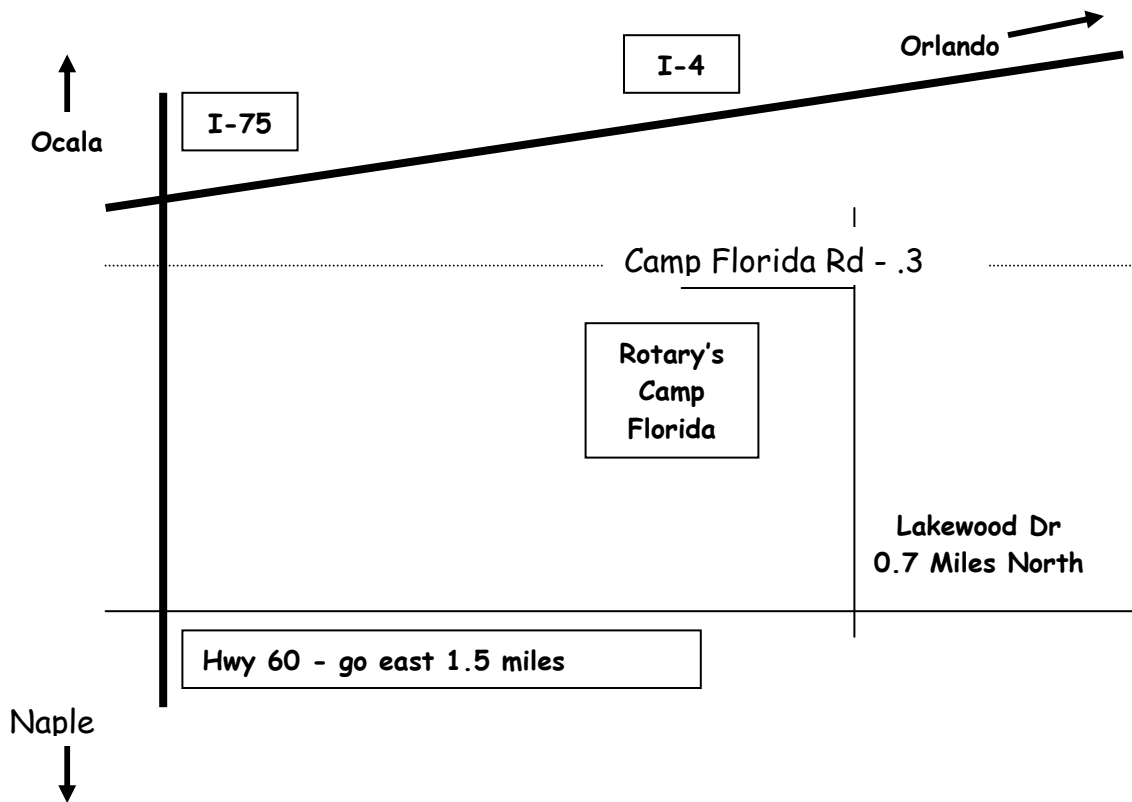
I (We) grant permission for any photos, audio-visual footage, interviews both recorded and printed of the above named individual, to be used for publication in any multi-media or advertising format, such as brochures, websites, television, public service announcements, ads and publications with the express purpose of marketing and promoting Faces of Courage Foundation.

Please initial _____

Self/Parent/Guardian Signature

Date

DIRECTIONS TO ROTARY'S CAMP FLORIDA
1915 Camp Florida Road - Brandon, Florida
813 389-9339 Peggie Sherry



From Interstate 75, take exit Brandon/Hwy 60 exit.

At the base of the exit you will be at Hwy 60. Go east on Hwy 60 for 1.5 miles to Lakewood Drive. There's a Kmart, a Mobil gas station, and Chrysler dealer.

At the Lakewood and Hwy 60 intersection, turn North on Lakewood for 0.7 mile to Camp Florida Road.

At Lakewood and Camp Florida Road intersection, turn Left (there is no right, only a cow pasture). Drive west on Camp Florida Road for 0.3 mile. Rotary's Camp Florida is on the left.

Landmark: Camp Florida Road runs parallel with railroad tracks. Also, there is a dead end sign by the Camp Florida Road sign. There is a blue and gold "Rotary's Camp Florida" sign at the Lakewood and Camp Florida Road junction.

Suggested Clothing and Equipment

**Must have ~ sleeping bag and/or blanket and sheets
cabins have cots but they are not made up**

toiletries (toothbrush, toothpaste, soap, shampoo, etc.)

pillow and pillow case

duffel bag or pillow case for dirty laundry

raincoat or poncho

jeans or long pants

shirts

sneakers and socks

sweater, sweatshirt or jacket

towels and wash cloth

underwear

flashlight and batteries

camera & film

bathing suit and sun tan lotion

medications in originally labeled bottles

bug spray

pajamas

The public areas of camp are considered a 'no cell phone zone'
please refrain from using cell phones/Ipods/computers around
camp. You are welcome to use all electronics in your cabins.