



 American Kidney Fund®
FIGHTING ON ALL FRONTS

Each month, AKF hosts a virtual activity over Zoom that gives kids the opportunity to form friendships with peers who have shared experiences.

Children enrolled will receive a special camp welcome swag bag to kick off camp! Throughout the year, they will participate in a variety of virtual activities such as art classes, BINGO, science night, game night, trivia, and MORE!

For more information, contact Diana Crofoot
dcrofoot@kidneyfund.org or 240-292-7032

Together we can do

VIRTUALLY
anything!



Thank you to the generous support of **AMGEN**



Registration Form

Each month, AKF hosts a virtual activity over Zoom that gives kids with kidney disease the opportunity to form friendships with peers who have shared experiences. Throughout the year, kids will participate in a variety of virtual activities such as art classes, BINGO, science night, game night, trivia, and MORE!

Camper Name: _____ Preferred Language: English
 Spanish
 Youth
Camper Shirt Size: _____ Adult

Camper Birth Month: _____ Camper Age: _____

Treatment Facility: _____

Connection to Kidney Disease: _____

Parent/Legal Guardian Name: _____

Email: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

GENERAL RELEASE, CONSENT, AND ASSIGNMENT

Signature is required by parent/legal guardian

I/we, _____ (and) _____, am/are the parent(s) and/or legal guardian(s) of _____, the minor child participating in the American Kidney Fund Virtual Camp, hereinafter "my/our minor child."

In consideration of participation in the Events and/or Activities, I/we grant to the American Kidney Fund full rights to take pictures, photographs, and/or video (including recordings) of my/our minor child in connection with the Events and/or Activities and to make use of such pictures, photographs and/or videos as the American Kidney Fund shall deem appropriate. I/we understand that the copyright to all such pictures, photographs and/or video shall be and remain the exclusive property of the American Kidney Fund. Further, I/we grant permission to the American Kidney Fund, without limitation, the right to collect and use information about my/our minor child. I/we understand that AKF has a privacy policy that I/we can read, and we are granting AKF to send us information on other initiatives, programs and events.

Parent or Legal Guardian (Print)

Parent or Legal Guardian (Sign)

Date