

CAMP CONNECTIONS

let's go on a virtual adventure!

American Kidney Fund®



JOIN US FOR CAMP CONNECTIONS: Cystinosis

Give your child the gift of **fun and friendship** by enrolling them in **AKF's monthly virtual adventure tailored for pediatric patients and exclusive extra activities for kids with cystinosis.**

Camp Connections: Cystinosis brings kids from across the country together through Zoom to form friendships with peers who understand their journey living with this rare disease. With interactive activities like arts and crafts, STEM projects and game nights, your child can enjoy moments of joy, creativity and connection from wherever they are. Each new camper receives a welcome swag bag to kick off camp and monthly activity kits.



For more information, contact
CampConnections@kidneyfund.org

Camp Connections is supported by
AMGEN  **SCHATTNER
FOUNDATION**



Registration Form

Make Camp Connections: Cystinosis a part of your family's journey. Enroll today and help your child start their virtual adventure!

Camper Name: _____ Preferred Language: English Spanish

Are you a returning camper? Yes No Camper Shirt Size: _____ Youth Adult

Camper Birth Month: _____ Camper Age: _____

Treatment Facility: _____

Connection to Kidney Disease/Cystinosis: _____

Parent/Legal Guardian Name: _____

Email: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

My family is interested in learning about fundraising for Camp Connections to ensure that every child who wants to participate has the opportunity.

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 participating in the American Kidney Fund's Camp Connections 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