



Each month, AKF hosts a virtual activity over Zoom that gives kids the opportunity to form friendships with peers who have shared experiences. These activities can help reduce social isolation and loneliness exacerbated by the ongoing COVID-19 pandemic.

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 Lianna Chase
lpurcell@kidneyfund.org or 240-292-7047

Together we can do
VIRTUALLY
anything!



Thank you to the generous support of





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: _____ Camper Age: _____

Camper Shirt Size: _____ Camper Birth Month: _____

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