

CAMP CONNECTIONS

let's go on a virtual adventure!

American Kidney Fund®



Camp Connections, an innovative monthly virtual program hosted by the American Kidney Fund (AKF), provides pediatric kidney patients with opportunities to connect, create and thrive alongside peers who share their journey.

Through engaging activities like arts and crafts, STEM projects and game nights, Camp Connections allows kids to be kids and build authentic friendships. AKF also expanded Camp Connections to include Camp Connections: Cystinosis, allowing campers living with cystinosis to participate in additional camp programming exclusively for children and teens who share the diagnosis.

TO LEARN MORE ABOUT CAMP CONNECTIONS, PLEASE VISIT
WWW.KIDNEYFUND.ORG/CAMP-CONNECTIONS
OR REACH OUT WITH QUESTIONS!
CAMPCONNECTIONS@KIDNEYFUND.ORG



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Camper Registration Form

Make Camp Connections part of your family's kidney disease journey.

Enroll today and help your child start their virtual adventure!

Camper Name: _____

Camper Birth Month: _____ Camper Birth Year: _____

Are you a returning camper? ☐ Yes ☐ No Camper has Cystinosis: ☐ Yes ☐ No Preferred Language: ☐ English ☐ Spanish

Treatment Facility: _____

Connection to Kidney Disease: _____

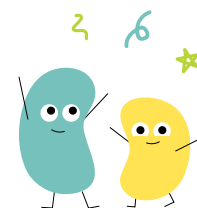
Parent/Legal Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

☐ My family would like to receive information about how to help AKF fundraise for Camp Connections to ensure 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