



Send completed application and payment to:
True Friends
 10509 108th St NW
 Annandale, MN 55302
 Tel: 952.852.0101
 Email: registration@truefriends.org
 Website: www.truefriends.org

For office use only
 ___ Deposit Paid
 ___ Registered
 ___ Wait Listed

Family Camp Application

Campers or Family's Last Name: _____ E-mail: _____

Address: _____

Street City State Zip

Phone: _____ Person completing application: _____

List Names of those Attending:

Name	Birth Date	Disability (if applicable)	Uses Wheelchair?	Support Person

Special Needs (shower chair, special diets, etc.)

What activities do you want do while at camp:

How did you hear about True Friends?
 ___ social worker ___ teacher ___ friend/family ___ Arc ___ DSAM ___ AUSM ___ other support organization
 ___ internet search/which site: _____

Have you used True Friends services before? No Yes When: _____

Emergency Contacts:

Name _____ Relationship to applicant _____

Cell # (____) _____ Work # (____) _____

Name _____ Relationship to applicant _____

Cell # (____) _____ Work # (____) _____

FINANCIAL ASSISTANCE APPLICATION

Please complete in its entirety to be considered for Financial Assistance.

Due to limited Financial Assistance funds available, financial assistance requests must accompany the initial application. Funds are awarded on a first come, first served basis and will not be awarded after the service has occurred.

Please note: if you are using waiver funds to pay for any portion of your fees, financial assistance is not available.

Camper's / Family's Name: _____
Date of Birth: _____
Parent/Guardian Name (if applicable): _____
Spouse name (if applicable): _____

Adj. Gross Income: \$ _____
Adj. Gross Income of spouse (if separate returns filed) \$ _____
(From: Line 36-IRS 1040 Form OR Line 21-IRS 1040A Form OR Line 4-IRS 1040EZ Form)
Total Number of dependents (including yourself and spouse, if applicable) _____

Total Amount you are able to contribute towards the cost: \$ _____

Provide a brief explanation of financial need (Please list extenuating circumstances on back of application or additional page if needed) Examples: Unemployed or Disability since last tax filing, Out of Pocket Medical, etc.

Examples: Extenuating Circumstances	Wage Earner or Dependent Affected	Additional hardship since last tax filing
(loss of income, significant out of pocket expense)		

I/We verify that the above information is true and accurate. If requested, I/We agree to provide verification of income.

 Signature of camper/parent/guardian Date

Financial Assistance Awards will be included in your confirmation letter.

True Friends, 10509 108th St. NW, Annandale, MN 55302
 (952) 852-0101 * (320) 274-8376

Method of Payment

_____ Full payment of \$_____ enclosed.

_____ Partial payment of \$_____ enclosed.

_____ Bill me later for a Single payment of \$_____

_____ Bill me for Monthly payments (minimum \$75/month)

_____ Credit Card: Bill \$_____ To my: MasterCard VISA Discover American Express

Credit Card # _____

Print name on card _____

Card Holder Billing Address _____

City/State/Zip _____

Expiration Date: _____ CVV Code: _____ (3 digit # on back of card)

_____ Fee will be paid by _____

Amount	Address	City	State	Zip
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Please Note: Your credit card statement will list **GIVEDIRECT** as the payee, not True Friends.

Is applicant paying for services eligible with Waiver Service Funds? Yes _____ No _____

If yes, please check the waiver that applies:

Consumer Directed CADI Traditional DD BI ISP/CSP EW other _____

Cancellation Policy

Our cancellation policy is available online or call our Registration Team at 952-852-0101

When will I hear from True Friends about my session(s)?

Most applications are processed within three weeks. If this time frame has passed, please contact registration.

Photos and Funds

Publicity Release: True Friends uses photographs, images or recordings of applicants for publication in brochures, email, website and various other media to promote services or to recruit volunteers and staff. The applicant named above **MAY be included** in these promotional materials unless you contact Registration.

Release Signatures

Attendance Release: I hereby give my permission for the applicants named above, to participate in True Friends (TF) sponsored and supervised programs. **I certify that the information on the application is true, accurate and complete.** TF emphasizes safety first; however participation in TF programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless TF, its employees, and agents.

Emergency Release : In the event that parent or guardian cannot be reached in an emergency I hereby give permission to the non-medical staff selected by TF to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. I hereby give permission to the physician selected by TF to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. TF cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

(REQUIRED) Signature of parent, legal guardian, applicant if own guardian, or authorized person

Date signed

USE AGREEMENT

FAMILY CAMP POLICIES

1. If you wish to bring a fishing boat, there is a public landing north of Camp Courage. Please inform camp staff if you intend to bring your own boat, as there is limited dock space. Use of alcohol and illegal drugs is prohibited at camp.
2. Use of tobacco products at camp is discouraged and only allowed in designated areas. Tobacco use inside any structures or outside designated areas is not allowed.
3. Firearms are prohibited on camp property.
4. All campers are expected to respect the trees, land, buildings and equipment. Individuals, families or groups registered will be held responsible for any damage to the grounds, property, building, and/or equipment.
5. Parents are responsible for the supervision of their children at all times. Please notify the camp director if your family leaves camp to enjoy community resources.
6. Domestic animals are not permitted at camp. Service dogs are welcome if they have been formally trained by a recognized service animal organization. Documentation of certification is required. Managing service animals is the responsibility of the caregiver.
7. Any recreational activity carries with it normal levels of physical risk. Any injuries to campers while participating in activities at camp are the responsibility of that camper or caregiver. Lifeguards must be on duty for all waterfront or pool activities.

I understand and agree that my group will abide by these policies.

(REQUIRED) Signature of parent, legal guardian, applicant if own guardian, or authorized person

Date signed