



Keeping It Coastal
Educational Family Camp Weekend & Adult Retreat
September 24-26, 2021
“A Family Reunion”

We are excited to welcome you back to come spend a weekend with friends and community members throughout South Carolina for our annual educational Family Camp Weekend and Adult Retreat. We are planning a terrific weekend of educational sessions to include fun family activities! All lodging and meals are included to eligible participants. Registration is required with the deadline date of [August 27th, 2021](#). Please note, due to the popularity of this event and our growing Chapter, first come, first serve will be applied and each application will be evaluated. We try to accommodate everyone, but limited resort space, COVID 19 mitigation, and funding does apply for this event. *Early registration is advised.* A waiting list will be applied once space is filled. *Special consideration will be given for those individuals and families new to the chapter and who are directly affected; ie; have a confirmed bleeding disorder themselves, a child, spouse/significant other **living in the same household** with a bleeding disorder.*

You will be notified by phone, email, and/or mail that your application to attend has been accepted, wait-listed, or declined, ***shortly after*** the close of the deadline date, August 27th. A welcome letter with the full agenda, packing list suggestions, and other information will be mailed to you. Information is now on our website with additional details- www.hemophiliasc.org. *All participants who register for this **EDUCATIONAL WEEKEND** event **must be able and willing** to attend the educational and group session components.*

PLEASE NOTE: NO CHILDCARE SERVICES ARE PROVIDED during this event. This event is for families to attend together and you are responsible for children attending with you at all times. We will work hard to try and have our session programming accommodating to having no-childcare services being provided.

Registration Information

Who is eligible for this event? For individuals with a confirmed bleeding disorder, confirmed carriers of a bleeding disorder, and their immediate family members living in the same household. (ie: you and your spouse, significant other, or children-*dependents living with you in the same household.* Your adult children not living in your household any longer may stay in your room if space allows. No one under 21 can stay in the hotel rooms alone. The hotel will ask for your photo ID upon hotel check-in. A credit card or debit card will be needed for the hotel upon check-in for deposit holds for any incidentals costs you may occur on your own or damages to your room. The Chapter will cover your room and taxes only, no incidental costs.

Date: Friday, September 24th arrival @ 4:00pm
Sunday, September 26th check-out @ 11:00am

What is the Educational Family Camp / The Adult Retreat?

HSC's Family Camp and Adult Retreat provides the community an extended time to connect with members living with bleeding disorders and finding comfort knowing they are not alone in their journeys'. Families often connect on a deeper level of understanding while sharing their personal experiences, knowledge and strengths. For children and teens, they connect in a way that is unique to themselves; knowing they are not the only one with a bleeding disorder, and for a brief time, they can connect as teens and forget what has brought them to camp. They are among friends who understand without words. For the older adults, it is a special time to reconnect and find support, allow teachable lessons to those younger than themselves, and to feel connected to this new generation of bleeding disorders. Educational speakers, some of the best in the nation, are available to provide relevant information on living with a bleeding disorder. Families leave with a renewed feeling of support and empowerment, knowing they are not alone. ~Sue Martin, Executive Director

WHAT IS NEEDED FOR REGISTRATION?

- ✓ Family Camp Registration form filled out in full on line
- ✓ Photograph and HSC Release Waiver, Participation Expectations document, signed, dated, and returned
- ✓ Your \$25.00 NON-REFUNDABLE deposit check or money order- no cash please! With the high cost of this event, a small deposit is required. It will be donated to the Chapters walk fundraiser to help us reach our walk fundraising goal to support this and all chapter events. You may apply your deposit to your own walk participation or fundraising team. Our Walk/Run onsite registration will be available on Sunday morning. Scholarships are available upon request for those in financial need.

Return the above three items by August 27th to: (space is limited and once all spots are taken, the event will close)

Hemophilia of South Carolina/Family Camp Registration
439 Congaree Road, Suite Box #5, Greenville, SC 29607
Fax- 864-244-8287

Questions: Sue Martin- 865-350-9941
E-Mail- Sue.martin@hemophiliasc.org

Accommodations

Location: Marina Inn at Grande Dunes

8121 Amalfi Place

Myrtle Beach, SC, 29572

<http://www.marinainnatgrandedunes.com/>

*Due to our growing numbers of member's, we will make every effort to accommodate our attendees, but it is important for you to register ONLY those who are eligible and confirmed to attend with you. Attendees will be placed in rooms according to registrations needs. If you register someone and we provide room accommodations for them and they do not show for the weekend event, you will be charged the difference for the upgraded larger room. Please register carefully so we can maximize our funding dollars. We want to be sure to not waste funding by no shows; guests in your party that were registered to attend, but do not come. If you register someone and they cannot attend, **PLEASE call us and let us know so we can cancel your meals, etc. This must be done 7 days prior to the event date. Thank you for your understanding! We appreciate your assistance. Room reservation cancelations MUST be made 7 days prior to the event in order for us not to be charged for the room.***

Hotel Amenities:

Valet Available 24 hours

Morning paper, cookie and punch served at 3:00pm

Chairs and umbrellas set up 9-5pm, Sat-Sunday on the private beach with shuttle service available 9:00-5:00pm

Private Balcony with Sweeping Water Views of the Waterway/Golf Course or the Poolscape/ Marina. Large, Luxuriously Appointed Travertine Tile Bathrooms, Separate Glassed In Shower with Relaxing RainShower Heads, Tommy Bahama Upscale Amenities, 300 thread count imported cotton bed linens, 47" LCD HDTV's with Premium Channels, Lighted Makeup Mirrors, (2) Cotton Bath Robes, Coffee Maker, Hair Dryers, WiFi (included), Ironing Board/Iron, In-room Safe, Dual Phone Lines and Voicemail, Mini or Full Fridge (varies by room type), Washer/Dryer in 2/3 Bedroom Suites only, Full kitchens in 2/3 Bedroom Suites only.

Grande Guest Rooms The Grande Guest Room is an exceptionally oversized guestroom unlike any other resort in Myrtle Beach, SC. These spacious Myrtle Beach hotel rooms are 435 square feet with a balcony view of the pool/ marina or waterway/golf course. Bathrooms feature travertine tile floors and countertops with a spacious, separate glassed in, tile shower. Choices include one king or two queen beds and are perfect for couples or a small family of 3 or 4. Four of these rooms are handicap accessible.

Two Bedroom Suites This extensive Myrtle Beach hotel condo provides over 1,200 square feet of comfort with 1 king in one bedroom and 2 queens in the second bedroom is perfect for a Myrtle Beach family vacation. Amenities Include fireplace, full kitchen, dining area, living room with sleeper sofa, two full baths, washer/dryer and balcony with exceptional views and much more! Will comfortably accommodate up to 8 occupants. Two of these condos are handicap accessible.

Registration Form- Complete in full for those attending with you in your family, or you as an individual per this event guidelines: PLEASE PRINT CLEARLY T-Shirts are included...

- ✓ I will arrive in time for dinner on Friday, count me for dinner at 6:30-7:30pm only. Yes_____ No_____
- ✓ PLEASE NOTE: You must cancel your hotel room reservation with the chapter **7 days in advance of September 24th** so **by 9-16-19** or we will be charge for the rooms and will pass that cost on to you. Thanks!

Name on room reservation: _____ Shirt Size _____
(Include all adults with you in your party)

1. _____ Shirt Size _____

2. _____ Shirt Size _____

3. _____ Shirt Size _____

Address: _____

City, State, Zip: _____

EMAIL: _____

Home Phone: _____ Cell: _____

Children: _____ age: _____ sex: _____ Shirt size _____

Children: _____ age: _____ sex: _____ Shirt Size _____

Children: _____ age: _____ sex: _____ Shirt Size _____

Children: _____ age: _____ sex: _____ Shirt Size _____

Children: _____ age: _____ sex: _____ Shirt Size _____

Please make any special needs known here: _____

Additional schedule programming & session details will be available at www.hemophiliasc.org under the recreational/social programs sub-link / Family Camp. View here: <http://hemophiliasc.org/programs-and-events/recreational-programs/family-educational-camp/>. You may register online with the online link on our website once you have read and agree to the terms of this entire event. You can pay your deposit by credit card or send in your deposit check and your photo document by mail to complete your registration.



**Photograph/Video Media Authorization,
BDASC Release/Disclaimer and Participation Expectations**

I understand that photographs and/or video media may be taken over the course of this event.

I also understand that these photos may be used in newsletters, websites, social media platforms, videos, presentations or other promotional materials by Bleeding Disorders Association of South Carolina (hereinafter referred to as “BDASC”) or other participants. I hereby grant to BDASC representatives and assigns, and those acting with the BDASC’s authority and permission, the irrevocable and unrestricted right and permission to use, re-use, publish, and re-publish photographic portraits or pictures/video in which I and/or my family/children may be included, in whole or in part, in conjunction with my own or a fictitious name. I also consent to the use of any printed matter in conjunction therewith.

I also do hereby assume full responsibility for any and all damage, injuries, or losses that I may sustain or incur, if any, while attending, participating or witnessing BDASC’s events. I hereby assume full risk and expressly waive all claims against BDASC, its volunteers, employees, directors, officers, representatives or partners of the aforementioned program or event, individually or otherwise, and hereby indemnify, hold harmless and release them from any and all liability and claims for injuries or damages. I am fully aware and understand that BDASC does not employ or contract with any medical services. I hereby release and covenant not to sue the, directors, officers, employees, volunteers, representatives, agents, and lessees from any and all claims resulting from physical/ or other injury that may occur to me or my children while participating in events or activities held on or sponsored by BDASC.

Participants Expectations:

We are so glad to have you participant at our events and conferences. In an effort to make the most out of everyone’s experience and to maintain the high standards of the program quality, we have a few expectations we have established. We know that expectations run both ways so our expectations for event attendees run parallel with the high expectations we have for ourselves. Please know these expectations are set to ensure obvious gains of all participants and to secure future funding.

1. Participants will participate in all requires educational sessions including breakouts, general session and group activities scheduled.
2. If childcare is provided, participants will follow rules and expectations, be mindful and prompt with drop off and pick-up timing, and provide for their needs: IE. Diapers, clothing, special foods (baby food, picky eaters), etc.
3. Cover any additional costs accrued by the participant that are not provided by the Chapter.
4. Conduct themselves in a way that fosters healthy learning for themselves as well as other participants, respect others and the staff, volunteers, speakers and BDASC members.
5. Failure to follow the above may disqualify me from attending future BDASC events/conferences.

I have read and fully understand the above release/waiver/expectations. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, and legal representative.

My signature below applies to myself and all individuals in my party unit and/or family unit.

Name/Family Representatives:

(Print) _____

Date: September 24-26, 2021

Family / Individual Signature: _____