

Camp Dates: _____

Adult Form



Adult Camp Registration Form

Instructions: Please PRINT. This form must be completely filled out. The information is vital to the health and well-being of the camper. Your application will be returned if it is not completed.

PERSONAL INFORMATION

Last Name First Preferred Name Sex Birthdate Age

Street Address (if different from head of household) **City** **State** **Zip**
 Check if address is same as **head of household**

Home # Cell # Email

Camper T-Shirt Size: **Adult Size:** S – M – L – XL - XXL

Your Relation to Head of Household

Have you attended a grief group or camp before? ____ No ____ Yes Where? _____

Explain any unusual family circumstances/dynamics that make camp especially important for yourself:

DECEASED INFORMATION

Your relationship to deceased Name of deceased Date of Death

Cause of Death Length of Illness if applicable

EMERGENCY CONTACT INFORMATION

Emergency Contact Your relation to emergency contact Phone#

Camp Dates: _____

HEALTH HISTORY

Drug Allergies: _____

Food Allergies: _____

Illnesses: _____

Disabilities or Limitations _____

Leg or Arm Braces: _____ Hearing Aides _____ Glasses _____ Eating Disorders _____

Indicate Date of Illness, severity, complications, and any residual impairment:

Respiratory Problems _____	Heart/Circulation _____	Anaphylactic Shock _____
Hypoglycemia _____	Dizzy Spells _____	Diabetes _____
Pulmonary Edema _____	Back _____	Hay Fever _____
Seizure Disorders _____	Fainting _____	

Other: _____

Details from above: _____

Immunization History:

Tetanus _____

MEDICATIONS

All Medications sent to camp must be in the original container with pharmacy label on it.

Are you taking any medications either prescribed by a doctor or from over the counter? ___NO ___YES

1. Medication Name	Dosage	Times	Last Dose given before Camp
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2. Medication Name	Dosage	Times	Last Dose given before Camp
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3. Medication Name	Dosage	Times	Last Dose given before Camp
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Please list why medications are taken:

Please use reverse side to list other medications to be taken during camp AND other important information

Doctor's Name	Phone Number	Health Insurance
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WAIVER OF LIABILITY AND INDEMNITY AGREEMENT/ADULT

I the undersigned person, request to be allowed to participate in the New Hope Grief Support Community Family Camp (herein after referred to as “Camp”) and the Program of Activities (herein referred to as “Activities”) from _____20__ to _____ 20__.

This agreement shall remain in effect until Camp receives written notice of the cancellation of the consent or until the end of the activity described above.

1. Animals, due to their size and unpredictability, are inherently dangerous. They can and will, do unpredictable things that are completely out of the control of the trainer or Camp staff. The Camp staff has no way to predict or prevent such occurrences.
2. WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributes, guardians, legal representatives, and assigns may have or acquire to make a claim, sue, attach the property of, or prosecute volunteers or employees, officers, directors of New Hope or paid and volunteer staff, of affiliated organizations including vendors or service providers and those affiliated organizations (hereinafter referred to as “the releases”) for monetary damages caused by injury to my child or myself arising from my child’s participation in the activities and use of the facilities and property at Camp, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releases.
3. INDEMNITY AGREEMENT: I agree to indemnify and hold the releases harmless from any loss, liability, damage, or cost, including reasonable attorney fees, that may occur to either my child’s or my participation in the activities and use of the facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, or any of the releases.
4. New Hope cannot anticipate the reactions of a grieving person attending any particular grief group. Some risk may be involved and I agree to waive my rights to bring litigation, and release all parties mentioned above from negligence or any injury I may suffer due to the actions of a grief group attendee.

I have carefully read this agreement and fully understand its contents. I am aware the agreement included a Waiver of liability, Indemnity Agreement, and I sign it of my own free will.

Date: _____

Signature: _____

Print Name: _____