

Camp Dates: _____



Child/Teen

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

Camper's Last Name First Preferred Name Sex Birthdate Age

Street Address City State Zip

Check if address is same as head of household

Name of the person the child is living with and relationship with Child- Parent/Foster/Guardian/Etc. (if applicable) Phone #

Has your child attended a grief group or camp before? _____ No _____ Yes Where? _____

Camper T-Shirt Size: Child Size: S – M – L / Adult Size: S – M – L – XL

DECEASED INFORMATION

Child/Teen's Relation to Deceased

Name of Deceased

Date of Death

Cause of death

EMERGENCY CONTACT INFORMATION

Emergency Contact

Child's relation to emergency contact

Phone Number

Camper Emotional/Behavioral/History

(Please check applicable boxes)

	Often	Sometimes	Not At All		Often	Sometimes	Not At All
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changes in Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Additional comments or explanations from above:

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

HEALTH HISTORY

Indicate any known allergies, illness, disabilities, or physical limitations:

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
2. Medication Name	Dosage	Times	Last Dose given before Camp
3. Medication Name	Dosage	Times	Last Dose given before Camp

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/Child/Teen

The undersigned person, parent(s) or legal guardian(s) (hereinafter referred to in the singular) of _____ (herein after referred to as "child") request that the child 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__.

All declarations, agreements, statements and waivers stated above are incorporated by reference. In return for child being permitted to take part in the activities and to use the facilities and property at which Camp is being conducted, each of us makes the following promises and warrants the truth of the following:

1. I am familiar with the programs included in the activities, and that staff is available to me to discuss any additional information I may need. I understand that I am solely responsible for the arrival and departure of child at the beginning and end of the weekend program. I will inform child that he/she is expected to cooperate with and follow the directions of the persons in charge of the activities and to act in a manner consistent with respect for the rights and property of others. I have discussed with child that; alcohol is strictly prohibited, use of drugs is strictly forbidden except those medications taken per a doctor's prescription and those medications remain in the custody and control of Camp staff with my directions for administration, electronic equipment for personal entertainment is prohibited and smoking is not allowed.
2. My child is in good health and has no communicable diseases or illnesses.
3. Current contact information has been provided to Camp in the event I must be contacted for any reason. I understand that the decision if child should remain at Camp is solely within the discretion of Camp staff. I will cooperate in the early pick-up of child if Camp staff deems that action advisable.
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: _____