

Camp Dates: _____



Camp Registration Forms and Information

We understand that losing a loved one can be difficult, but attending our family will be a wonderful experience for everyone in your family. New Hope has developed special activities and curriculum for all ages; each member of your family will leave with a better understanding of the grief they are experiencing. Our mission is to provide hope and healing to grieving people and families, and that is exactly what we do at camp.

Camp will take place at Camp Ronald McDonald for Good Times, located near Idyllwild, California. Camp begins at 4pm on **Friday, March 22, 2013** with registration, and camp ends on **Sunday, March 24, 2013** before lunch. At Camp three meals a day will be served inside the main dining hall, including dinner when you arrive. While at camp you will be staying in cabins. Each cabin is equipped with a bathroom which includes a shower. Most likely you will be sharing a cabin with another family; we will consider the size of the cabin and the number of people in your family.

Throughout the weekend campers will participate in family grief support time, age appropriate small groups, and enjoy family time together. During family time activities include hiking, arts & crafts, games, and other outdoor activities (weather permitting). Childcare will be provided during small group times for families with children under the age of three.

Enclosed with this letter is important information regarding camp, please be sure to read all of it very carefully. You will also find the registration forms that we require for each member of your family. Each family that attends camp is required to provide a refundable holding fee; the amount depends on the number of campers you bring, please see below for fees. We do not cash your check, it will be returned when you arrive at camp. Please know that the cost per family to attend camp is expensive, and donations are greatly appreciated.

Please complete all of the registration forms and mail them back at the address below along with your reservation fee no later than **Friday, March 15, 2013**. You can also bring your forms and payment to our offices, please call first and make an appointment.

If you have questions or need assistance please contact us at (562) 429-0075 ext. 2. On behalf of the New Hope staff and volunteers we look forward to seeing you at camp.

Sincerely,
The New Hope Family

Please make your check payable to:

New Hope Grief Support
Mail To: 3443 San Anseline Avenue
Long Beach, CA 90808-0057

1-4 Campers	5 or more campers
\$50.00	\$75.00



REGISTRATION PACKET FORMS AND INFORMATION

TO BE RETURNED TO NEW HOPE

1. Camp Registration Forms For Each Family Member
2. Waiver of Liability and Indemnity Agreement Forms
3. Permission to Photograph Family Members Form
4. Registration Fee/ Camp Fee

PARENT / GUARDIAN INFORMATION TO KEEP

1. Camp Registration and Information Letter
2. What to Bring Information Sheet
3. Camp Location and Directions Sheet
4. New Hope Family Camp Guidelines



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Head of Household Form

Head of Household 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 City State Zip

Home # Cell # Work #

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

Email

Additional Information (includes other deaths, etc.)

Have you attended a grief group or camp before? ____ No ____ Yes If yes, where? _____

DECEASED INFORMATION

Your relationship to deceased Name of deceased Date of Death

Cause of Death Length of Illness if applicable

HOUSEHOLD INFORMATION

The information you provide will remain confidential and is only used by New Hope staff for program funding

What is the current number of people living in your household? _____

What is your total annual household income before taxes? Please check the appropriate box

less than \$15,000 \$15,000-\$24,000 \$25,000-\$34,999 \$35,000-\$49,000 \$50,000-\$74,999 \$75,000 or more

Do you currently receive any of the following support or services? Check all that apply

EMERGENCY CONTACT INFORMATION

Camp Dates: _____

Emergency Contact

Your relationship to emergency contact

Phone #

HEALTH HISTORY

Please be as accurate as possible so we can best serve you.

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 note any other important information

Doctor's Name:

Phone #:

Health Insurance:

Camp Dates: _____



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, distributees, 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: _____

Camp Dates: _____



Permission to Photograph and Film Family

I hereby grant permission to allow myself and my family members (list each family member's name)

to be photographed or filmed by staff and/or volunteers of *New Hope Grief Support Community*© for purposes of promotional information, and/or advertisement of the organization.

Signed by parent or guardian (head of household)

Date



A Place for Grieving Families to Find Hope and Healing

WHAT TO BRING TO CAMP

This is a list of suggestions for what EACH person should bring to New Hope Family Camp.

CLOTHING

Underwear – 2 pairs
Socks – 4 pairs
Pajamas – 1 pair
Shorts – 1 pair
Pants/Jeans – 1-2 pairs
Shirts/Blouses – 3
Sweatshirts/sweaters – 2
Jacket – 1
Shoes – 2 pair tennis shoes

BEDDING

Sleeping Bag & 1 blanket or 2 sheets & 2 blankets
Pillow & Pillowcase

PERSONAL SUPPLIES

Towels – 2
Washcloth
Flashlight & batteries
Toiletries – soap, shampoo, comb, toothpaste, toothbrush, sunscreen and chapstick
You may bring sports equipment or musical instruments if you wish.

MEDICINES AND SPECIAL FOODS

If you have medicine that needs refrigeration, please let us know when you arrive at Camp.

SPECIAL NEEDS

Camp does not have baby equipment such as booster seats, cribs etc.; so if you need these items, please bring them.

Please do not bring knives, valuable jewelry, expensive cameras or radios. New Hope is not responsible for loss or damage to your personal items.

ITEMS FOR ACTIVITIES

5 Photos of you with your Loved One who has passed away
1 individual photo of each camper
Special Items of your Loved Ones for Memory Stone. These items should be something you don't mind breaking.
(Examples: Plates, Figures, Special Coffee Mugs or maybe some Old Jewelry)

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Camp Rules

Please read and have each



New Hope Family Camp

camper sign at the bottom

Safety is our utmost concern.
keep camp safe.

We need your help to

1. No child is to be left unattended. They must either be with a parent/guardian or New Hope Camp Staff member.
2. No child can be unattended at the cabin area.
3. The lake and pool areas are OFF LIMITS at all times. There will not be a lifeguard on duty to protect your safety.
4. If a parent or guardian is not present, the New Hope Camp Staff member is in charge. This is including group times and family time.
5. Every camper attends ALL grief group meeting times, unless approved through a New Hope Camp Staff member.
6. After every grief group meeting, please meet back at the dining hall before moving on to next activity.
7. The ONLY smoking area is behind the dining hall at the picnic table.
8. No cussing or fighting.
9. No electronics (cell phone, iPad, etc.) during group time.

Please go over all rules with your children and have each camper, if they can write, sign below.

Thank you and we look forward to meeting you at camp.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Signatures

Camp Dates: _____