



Camp Hope 2017

July 11, 2017

300 Highway 50, Zephyr Cove, NV



Dear Parent/Guardian,

We are honored you are interested in having your child/teen attend Camp Hope 2017. Our program is available free of cost to children and teens ages 7-17 (18 if still in high school), who have experienced the death of a loved one. This camp application includes the information necessary to register your child for camp.

To answer some of the questions you may have: Parents/Guardians are expected to provide their own transportation to drop off and pick up their child(ren) at camp. Camp is limited to 20 children/teens, so we encourage you to complete and return this application as soon as possible. Camp will be at the Round Hill Pines Resort in Lake Tahoe.

Please return applications to a DCHH representative or mail to:

Douglas Center for Hope and Healing
1528 Hwy 365, Ste 215
Gardnerville, NV 89410

We look forward to receiving your application. If you have any questions, please call or email us at info@douglascenterforhopeandhealing.org

Sincerely,

Jodi Wass

Executive Director

and the DCHH Board of Directors

CAMP HOPE

2017 Summer Camp

Program Application

(Thank you for printing legibly or typing)

1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper: _____	Date of Birth: _____	Age(at the time of Camp): _____	
Name you prefer to be called (if different): _____			
Name of School: _____	Grade: _____		
T-Shirt Size (circle one): Youth: XS SM MED LG or Adult: SM MED LG XL XXL XXXL			
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Email address you check frequently: _____			
Best way to contact you? (circle one)	Home Phone	Cell Phone	Email
Please send my paperwork via US mail or Please send my paperwork via email			
What is the race/ethnicity of you/your camper?*			
_____ <input type="checkbox"/> Prefer not to say			
*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.			

2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, food allergies or special needs the staff should know about? _____

4. MEDICAL INSURANCE INFORMATION

Primary Care Physicians Name: _____ Phone Number: _____

Policy Holders Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Insurance Company Name: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

Hospital of Choice: _____

In a medical emergency I, _____ give the Douglas Center for Hope and Healings board, staff, and/or volunteers permission to call emergency services in the event my camper, _____ becomes injured during Camp

Signature: _____ Relationship: _____

Date: _____

5. BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions.

Name of the Deceased, age, and relationship to camper.

When did the death occur? (date) _____

Age of camper when death occurred: _____

What was the cause of death? _____

Was the child present at the dime of death? YES / NO

Explain the circumstances and child’s reaction:

Did the child attend the funeral/memorial service? YES / NO

If yes, what was your child’s reaction to / or comments about the service?

Has your child received any professional support? (i.e. school counselor, peer support group, psychologist, psychiatrist, pastoral counselor? YES / NO

If yes, is support currently being provided? _____

If counseling is no longer in progress, how long was the period of support provided? _____

Do you have any special needs or circumstances that require extra attention (i.e. physical or mental challenges, learning disabilities, ADD/ADHD, family situations, etc?

Have there been any recent problems in your school environment?

Are there any behaviors staff should be aware of (shyness, aggressiveness, eating habits, etc.); or have you ever been treated for emotional or behavioral difficulties?

Is there anything else we should know to help ensure a positive camp experience?

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

2017 CAMP HOPE RELEASE AND WAIVER OF LIABILITY

Participant Name: _____ Date of Birth: _____ For the date of July 11, 2017 This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the DOUGLAS CENTER FOR HOPE AND HEALING (DCHH), THE BOARD OF DIRECTORS, VOLUNTEERS AND GRANTORS. The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of DCHH allowing the undersigned to participate in the above named activity for which or in connection with which the university has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge DCHH and the BOARD OF DIRECTORS, its members individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge DCHH, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class. I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Parent Initials: ____ Release and waiver of Liability I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

____ Photography Permission We give permission to use this participant's likeness in either photographic or video-taped promotional materials.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)