

# Camp Hope 2025



**Tuesday, June 24, 2025**  
**Round Hill Pines Beach Resort**  
**300 Highway 50, Zephyr Cove, NV 89448**

Dear Parent/Guardian,

We are honored you are interested in having your child or teen attend Camp Hope 2025. Our program is available free of cost to children ages 7-12 and teens ages 13-17 (18 if still in High School) who have experienced the death of a loved one. This application includes the information necessary to register your child for camp.

We are thrilled to again be hosting camp at the beautiful beaches of Lake Tahoe at Round Hill Pines Beach Resort. Kids and Teens will work separately on activities, coping skills, crafts and grief activities, then come together for beach time and lunch.

Parents/Guardians are expected to provide their own transportation to drop off and pick up their child(ren)/teens at camp. Campers are expected to attend the full day at Camp Hope. Camp space is limited, so we encourage you to complete and return this application as soon as possible.

We look forward to receiving your application. If you have any questions, please call 775-450-0329 or email us at [info@douglascenterforhopeandhealing.org](mailto:info@douglascenterforhopeandhealing.org)

Sincerely,

Amanda Johnson, Executive Director  
Telsche Hipple, Camp Director  
and the CHH Board of Directors

# Camp Hope 2025

## Grief Day Camp Application



### CAMPER & PRIMARY CONTACT INFORMATION

Camper Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Age on 6/24/25	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
Shirt Size	<input type="text"/>	Nickname	<input type="text"/>
Parent/Guardian	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State/Zip	<input type="text"/>
Phone Number	<input type="text"/>	Work Number	<input type="text"/>
Email Address	<input type="text"/>		
Ethnicity/Race*	<input type="text"/>		

\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach and more, please respond if you feel comfortable.

### EMERGENCY CONTACTS

Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact if you are not reachable.

1st Contact	<input type="text"/>	Relationship	<input type="text"/>
Home Phone	<input type="text"/>	Work/Cell Phone	<input type="text"/>
2nd Contact	<input type="text"/>	Relationship	<input type="text"/>
Home Phone	<input type="text"/>	Work/Cell Phone	<input type="text"/>

### SAFETY INFORMATION

Does your camper have any medical conditions, allergies, food allergies or special needs the staff/volunteers should know about.

<input type="text"/>
<input type="text"/>

### MEDICAL INSURANCE INFORMATION

Primary Doctor	<input type="text"/>	Phone Number	<input type="text"/>
Policy Holder	<input type="text"/>	Relationship	<input type="text"/>
Home Phone	<input type="text"/>	Work/Cell Phone	<input type="text"/>

Insurance Company

Policy Number  Phone Number

Preferred Hospital

In a medical emergency I,  give the Center for Hope and Healing board, staff, and volunteers permission to call emergency services in the event my camper,  becomes injured during Camp.

Signature  Name

Relationship  Date

## 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 the camper when death occurred:

What was the cause of death?

Was the child present at the time of death?

Explain the circumstances and child's reaction:

Did the child attend the funeral/memorial service?

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. If yes, is support currently being provided?)

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

Does your child 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 child's school environment?

Have there been any recent problems in your child's school environment?

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

If yes, explain the circumstances and child's reaction:

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

### 2025 CAMP HOPE RELEASE AND WAIVER OF LIABILITY

I,   
The legal parent/guardian of  (the "Child"),

IN CONSIDERATION OF the Child being permitted to participate in any way in the Douglas Center for Hope and Healing's ("CHH"), Camp Hope activities, in particular, the Activity above, do hereby

1. CONSENT to the Child attending and participating in the Activity and any and all activities incidental thereto;
2. REMISE AND FOREVER RELEASE the Center for Hope and Healing, ("CHH") and its affiliates, parent companies, heirs, successors, servants, directors, employees, officers, volunteers, coordinators, insurers, agents, contractors, assigns, any sponsor, advertisers and other participants, and, if applicable, the owners and operators of the facility (collectively, the "Releasees") of and from any an all manner of actions, causes of action, suits, debts, costs, claims, damages and demands arising out of or in consequence of any loss, injury or damage to the Child's person or property, including death, incurred or suffered by the Child while attending at, using occupying or participating in the Activity, notwithstanding that any such loss, injury or damage, including death, may have arisen by reason of the negligence of the Releasees;
3. FULLY UNDERSTAND the risks and dangers of serious injury, including permanent disability, paralysis and death (the "Risks"); these Risks may be caused by the Child's own actions or inactions, the actions or inactions of others, the condition in which the Activity takes place, or the negligence of the Releasees; there may be other risks and social economic losses, either not known or not readily foreseeable at this time; and we fully accept and assume all such risks and all responsibility for losses, costs and damages the Child incurs as a result of the Child's participation in the Activity;
4. UNDERSTAND AND AGREE that CHH does not and shall not be considered to guarantee and warrantee such equipment as may be used in the conducting of the Activity;
5. UNDERSTAND AND AGREE that CHH is not responsible for lost or stolen personal articles or equipment;
6. UNDERSTAND AND AGREE that CHH reserves the right to substitute any instructors;
7. WARRANT that we will not commence any Court proceedings against any party in connection with, or in any way relating to, the subject matter of this Agreement, including, without limiting the generality of the foregoing, the Releasees.
8. AGREE TO INDEMNIFY AND SAVE HARMLESS each of the Releasees of an from any and all manner of actions, proceedings, claims, costs, losses, damages, expenses, legal fees on a solicitor and own client basis, or demands whatsoever that may be brought against the Releasees, or any or all of them, or which they may sustain, pay or incur as a result of, arising out of or in connection with or in consequence of the Child's attendance at, use or occupation of the arena or participation in the Activity or any activities incidental thereto, including as a result of the Child's own negligence;
9. REPRESENT that we are the full age of eighteen (18) years or older;
10. GRANT to CHH, without further compensations, the unrestricted right to publish, in its discretion, our and our Child's name, photograph, portrait, likeness, voice and any film rendering or digital recording of us or our Child for advertising and promotional purposes in connection with the Activity in any form of publication or display including, without limitation, newspaper and other print publication, radio and television broadcasts, film releases and interactive media worldwide.

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM – CONTINUED**

- 11. UNDERSTAND AND AGREE that the Child’s participation in the Activity and the Child’s use and occupation of the arena is voluntary and in the absence of this Agreement the Child would not be permitted to attend and participate in the Activity, or in any activities incidental thereto;
- 12. DELARE that we have each read this Agreement and understand its contents and we each sign it voluntarily;
- 13. ACKNOWLEDGE AND AGREE that if this Agreement is only signed by one parent or legal representatives, administrators, executors and assigns and upon the Child and his or her heirs, personal representatives, administrators, executors and assigns; and
- 14. ACKNOWLEDGE AND AGREE that this Agreement shall be binding upon us, our heirs, personal representatives, administrators, executors and assigns and upon the child and his or her heirs, personal representatives, administrators, executors and assigns; and
- 15. ACKNOWLEDGE AND AGREE that this Agreement is to be construed in accordance with the laws of the State of Nevada.

IN WITNESS WHEREOF we have executed this Waiver, Release and Indemnity Agreement on this  day of  , 20

Parent/Guardian :  Date :   
Name (Print)  
Parent/Guardian :  Date :   
Signature