



Camp MendingHeart Registration

Camper Information

First name _____ Last name _____

Nickname _____

Birth date (month/date/year) _____

Gender: Male _____ Female _____

Height _____ Weight _____

Child's T-shirt size: Children: S M L Adult: S M L XL XXL

School _____ Current Grade _____

Parent/Legal Guardian Contact Information:

First name _____ Last name _____

Relationship to camper _____

Address _____ Unit/Apt _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell phone() _____

Email address _____

How did you find out about Camp? _____

Emergency Contact (other than Patent/Guardian)

First name _____ Last name _____

Relationship to camper _____

Address _____ Unit/Apt _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell phone () _____

Camper Medical Information

Name of child's physician _____ Physician's phone number(____) _____

Medical Insurance: Carrier _____

Plan/policy number _____ Phone number(____) _____

Does this child have any health problems? NO/YES

If yes, please describe _____

Does this child have any allergies (airborne, food and plants)? NO/YES

If yes, please describe _____

Dietary restrictions? _____

Food allergies? _____

Is this child taking prescription or OTC medication ? NO/YES. If yes, complete below:

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Water Safety Information

Does this child have motion sickness/sea sickness? NO/YES

Does this child have any balance and/or equilibrium problems? NO/YES?

Can this child swim? NO/YES

Is this child sensitive to sun exposure? NO/YES

*Campers should wear appropriate clothing, and/or utilize sunscreen to protect themselves from the effects of sun exposure. *

Bereavement History

Name of deceased _____ Age: _____

Relationship to camper: _____

When did the death occur (date)? _____ Cause? _____

Was this death expected? _____ Where did it occur? _____

Explain the circumstances and the child's reaction: _____

Has there been a change in your child's behavior since the death? NO/YES

If yes, please explain: _____

Did the child attend the funeral? NO/YES

If yes, reaction? _____

Has the child received any professional support (i.e. school counselor, peer support group, social worker, psychologist, pastoral counselor)? NO/YES

If yes, for how long was support provided? _____

Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?

NO/YES

If yes, please explain: _____

Is there other information you believe might be helpful for Camp MendingHeart staff to know? _____

_____.

Camper Rules:

All campers must read and follow to ensure their safety and to allow everyone to participate in camp activities without disruption.

CAMPERS WHO DO NOT COMPLY WITH THE FOLLOWING RULES WILL BE SENT HOME.

*No camper may leave his or her assigned group without permission from the group leader or counselor. At no time may a camper wander alone.

***No cameras, cell phones, music players, iPods, iPads, electronic games, radios, tape players or televisions are permitted.**

*Campers are assigned to groups according to age and sex. Boys and girls are NOT permitted to go into the rooms assigned to the opposite sex.

*No smoking, drugs, or alcohol will be permitted.

*Campers will have adult supervision at all times.

*Wake-up is at 7:00 a.m. and lights out is at 10:30 p.m.

*Campers shall wear life preservers when engaged in all water activities other than in the camp pool. Campers may request a life preserver for use in any camp pool.

*Swimming is permitted in only the camp pool.

*Meals are served cafeteria style. All group members will stay together during the meals.

*Campers are expected to respect themselves, each other, and leaders of the camp.

*All campers will be asked to assist with the final clean-up of the lodge, the boat, or other facilities at the close of camp and to pack their personal belongings.

*Camper and his/her parent/guardian agree to promptly pay for any and all accidental or intentional damage caused by camper while participating in Camp MendingHeart within seven (7) days after being requested to do so by Avow

I have read and agree to abide by these rules.

Parent/Guardian_____ Date_____

Camper_____ Date_____

RELEASES

Parent/Guardian/Camper Permission Statement

I certify that I am the parent/guardian of the child named on this form. The information provided, including health and medical information, is complete and accurate to the best of my knowledge. This child has my permission to engage in all Camp MendingHeart activities, except as noted in this registration form. Camp staff members have my permission to share the information in this application with volunteers working with this child. Camper also acknowledges that the health and medical information is complete and accurate to the best of his/her knowledge.

Parent/Guardian_____ Date_____

Camper_____ Date_____

Authorization for Medical Treatment

If a medical emergency occurs during my child's participation in Camp MendingHeart, I consent to my child being transported to the nearest medical facility for treatment and for required medical treatment and/or emergency care for my child.

Camp MendingHeart staff will notify me if my child needs medical care. I have provided the Camp MendingHeart staff, on this application, with a number where I can be reached both day and night. I authorize the Camp MendingHeart staff to contact the physician named below if needed. I also agree that it is my responsibility to pay for any medical treatment and/or emergency care for my child.

Physician's name _____ Phone # _____

Parent's name _____ Phone # _____

Signature of parent/guardian _____ Date _____



Child's Name: _____

PHOTO RELEASE FORM - CHILD

PHOTO RELEASE FORM
FOR PRESS RELEASES, TV BROADCAST, NEWS ARTICLES
AND/OR PUBLIC RELATIONS PURPOSES

I hereby authorize the use and reproduction of any and all picture, video and/or voice recording by Avow Hospice, Inc. or anyone authorized by Avow Hospice, Inc. I also release Avow Hospice, Inc., its personnel, and any other persons, from any and all liability, which may or could arise from the taking or use of such photographs.

I have read and understand the foregoing and I consent to the use of my child's picture, video and/or voice recording as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by Avow Hospice Inc. for such use.

I understand that consent to use my child's picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on the provision of care, treatment, and services. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video, or voice recording is used.

Printed Child's Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian: _____

Date: _____

Comments: _____

This release is not time sensitive unless notes otherwise.