



## CAMPER APPLICATION

Camper's Full Name \_\_\_\_\_

Camper's Preferred Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age at time of Camp \_\_\_\_\_ Grade at time of Camp \_\_\_\_\_

School \_\_\_\_\_

T-SHIRT SIZE:     Youth S    Youth M    Youth L  
                          Adult S    Adult M    Adult L    Adult XL    Adult XXL

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_



Parent/Guardian \_\_\_\_\_  
(circle one)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_



Please list the names of the adults who will be dropping off or picking up a child at Camp:

(Name/Relationship) \_\_\_\_\_ (Name/Relationship) \_\_\_\_\_



Name of Deceased \_\_\_\_\_

Age at Death \_\_\_\_\_ Date of Death \_\_\_\_\_ Cause of Death \_\_\_\_\_

The Deceased was the Child's: ( ) Mother ( ) Brother ( ) Stepmother ( ) Grandparent ( ) Father ( ) Sister ( ) Stepfather ( ) Other \_\_\_\_\_

Have there been multiple deaths in this Child's life? \_\_\_\_ Yes \_\_\_\_ No

If Yes, whom? \_\_\_\_\_ where? \_\_\_\_\_

relationship? \_\_\_\_\_ when? \_\_\_\_\_



### CAMPER ASSESSMENT

Camper Name: \_\_\_\_\_

How did you learn about Camp Good Hope? \_\_\_\_\_

How has the Child attempted to cope with his/her grief? \_\_\_\_\_

Have there been other significant changes in the Child's life? (i.e., moving into a new home or school, divorce, etc.) \_\_\_\_\_

Has the Child had individual/group grief counseling? \_\_\_\_ Yes \_\_\_\_ No If Yes, explain: \_\_\_\_\_

Please provide us with any other information about the Child that will be helpful in providing a positive Camp experience: \_\_\_\_\_

What interests does the Child have? \_\_\_\_\_

Camp Staff are not authorized to discipline Campers. Parents/Guardians will be asked to come and pick up Campers who are disruptive or unmanageable.



### CAMPER HEALTH CONDITION

Camper: \_\_\_\_\_

I understand that all medications must be sent to Camp with my Child. The following is a list of all prescription medications and over-the-counter medications, with dosages and times of administration.

MEDICATION	DOSAGE	TIME OF ADMINISTRATION
1) _____ Reason for taking: _____	_____	_____
2) _____ Reason for taking: _____	_____	_____
3) _____ Reason for taking: _____	_____	_____
4) _____ Reason for taking: _____	_____	_____
5) _____ Reason for taking: _____	_____	_____

(Please use reverse side for additional medications or allergies)

ALLERGIES: Please list any food, medication, insect, etc. allergies & describe reaction:

- Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_
- Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_
- Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_

Conditions that may restrict this Camper from certain Camp activities: \_\_\_\_\_

I hereby consent to and give permission to Friends of Citrus and the Nature Coast to administer the above listed medications in the stated dosages at the stated times. I also consent and give permission to Friends of Citrus and the Nature Coast to provide basic first aid to my Child or to call me, the emergency contact or 911 in case of medical emergencies.

I understand that Friends of Citrus and the Nature Coast will not transport my Child in case of medical emergency. If an ambulance is called, the expense of the transport shall be my responsibility.

Signed: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



IN CASE OF EMERGENCY - if parent/guardian is not available, please contact:

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

I understand, consent and authorize necessary medical and mental health information to be shared with all professional staff of Friends of Citrus and the Nature Coast participating in, Camp Good Hope/Teen Encounter.

Publicity Consent for Camper: \_\_\_\_\_

Videotaping, photography and/or interviews may occur at Camp Good Hope/Teen Encounter which may be shown to perspective attendees or benefactors or be included in marketing activities for Friends of Citrus and the Nature Coast. Please sign below if you authorize photographs, videotapes and/or interviews. This authorization is valid for up to 4 years and may be revoked by you at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby expressly release, discharge and hold harmless, Friends of Citrus and the Nature Coast, its appointees, employees, volunteers, agents, or its successors in interest, from any and all injuries, damages, claims, causes of action, lawsuits or judgments of any kind or nature that I may have known or unknown, or that any person claiming through me may have or claim to have against Friends of Citrus and the Nature Coast, its appointees, employees, volunteers, agents, or successors in interest, created by or arising out of, my child's participation in Camp Good Hope/Teen Encounter, through any act or omission to act by anyone, whether they be the undersigned, Friends of Citrus and the Nature Coast, Inc., its appointees, employees, volunteers, agents, successors in interest or whomsoever.

It is my intention that this Release be binding on my heirs, legal representatives and assigns, and that its coverage extend to the appointees, employees, volunteers, agents or successors in interest of Friends of Citrus and the Nature Coast.

Date Signed: \_\_\_\_\_

X \_\_\_\_\_  
Signature

Witnesses:

X \_\_\_\_\_ Printed Name Relationship  
X \_\_\_\_\_ Address  
City State Zip  
Phone

MAIL COMPLETED FORMS TO:

Friends of Citrus and the Nature Coast  
Herry's Kids Children's Support Services  
PO Box 641270  
Beverly Hills FL 34464