

Camp Hope – August 5, 2017 Camper Application

Child's Name: _____ Birth Date: _____

Sex: M ___ F ___ Age: _____ Phone: _____

Address: _____
Street City State Zip Code

| Parents/Guardians | Emergency Contacts |
|---|---|
| Names: _____ | Names: _____ |
| Phone: _____ | Phone: _____ |
| Phone: _____ | Phone: _____ |
| Relationship to camper: _____ | Relationship to camper: _____ |
| Can the child be released to these individuals? _____ | Can the child be released to these individuals? _____ |

Permission to Attend/ Share Info/ Seek Emergency Treatment

I give permission for (child) _____ to attend Camp Hope on August 5, 2017. I give my permission to Clarion Forest VNA, Inc. to share any information contained in this application with the staff and volunteers who will be working with my child at Camp Hope. I give permission for Clarion Forest VNA Staff, Volunteers and Whitehall Camp Staff to see emergency medical treatment for the above named child if necessary.

Parent/Guardian Signature: _____ Date: _____

Media Release Form for Clarion Forest VNA and Hospice

By checking the box below, I understand that pictures might be taken of my child during this event by Clarion Forest VNA and Hospice for promotion of bereavement programs and services that we provide. No personal information will be used, only your child's likeness and the event attended.

By checking this box, I give permission for my child's likeness to be used in any media format.

Child's Name _____

Parent/ Guardian Signature: _____ Date: _____

Permission to Participate in Waterfront Activities

I give permission for (child) _____ to participate in waterfront activities including canoeing, kayaking or paddle boats on the lake at Whitehall Camp during Camp Hope. I understand that lifeguards will be provided by Whitehall Camp, and children are required to wear a life jacket while participating in these activities.

Parent/ Guardian Signature: _____ Date: _____

Medical Information

Health problems: _____

Allergies (food, medication, other): _____

Medications: _____

(If medications need administered during camp hours, please send bring them in the original prescription bottles. Also include written instructions regarding administering them. All medications MUST be given directly to Camp staff upon arrival to camp.)

T-Shirt Size (Check one)

| | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XX-Large |
| | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult XXX-Large |

BEREAVEMENT HISTORY

1. Name of the person who died: _____
Relationship to child: _____ Date of death: _____
Cause of death: _____ Child's age at time of death: _____ Age of person who died: _____

2. Please describe the relationship between the child and the person who died: _____

3. Where did this person die? Home _____ Hospital _____ Hospice _____ Other _____

4. Was the child present at the time of death? _____ Please explain the circumstances: _____

5. Was there a funeral or memorial service? _____ Did the child attend the service? _____
If yes, what was your child's reaction to/or comments about the service? _____

If no, why didn't they attend? _____

6. Any problems or concerns with your child that we should be aware of? _____

7. Is there anything else we should know to better serve the child? _____

Questions please contact Sue Evans, Bereavement Coordinator at: **(814) 297-8360**

Please return completed application to:

(Camp Hope 2017)
Clarion Forest VNA, Inc
271 Perkins Rd.
Clarion, PA 16214

BEFORE July 24, 2017

Activities Release Waiver

Adventure Activities Consent and Release

I hereby freely, knowingly, and voluntarily consent to and give permission that I, or the camper listed below can participate in Adventure Activities conducted by Whitehall Camp & Conference Center staff, Clarion Forest Visiting Nurses Association Inc. & volunteers with these organizations. For the purpose of this waiver, "Adventure Activities" includes, but is not limited to, canoeing, hiking, archery, lake activities and the challenge course.

I recognize, however, that participation in Adventure Activities can be dangerous, and hereby acknowledge that my consent on behalf of myself, or the camper listed below is voluntary and informed. I also acknowledge that I, or the camper listed below, will be trained at camp to safely participate in the Adventure Activities and that the use or non-use of such training shall, under no circumstances, result in a claim against Whitehall Camp & Conference Center or Clarion Forest Visiting Nurses Assoc., Inc.

Camper's Name

Camper's Signature (if 18 or older)

Date

Parent/Guardian Name

Signature of Parent/Legal Guardian

Date