



Camp Caroline Camper Registration Application

Camper Information:

First Name: _____ Last Name: _____

Name to appear on child's name badge: _____

Birthdate (Month/Date/Year): _____

Gender: Female Male

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

School attending: _____ Current school grade: _____

Does Camper have any siblings attending Camp Caroline? Yes No

Parent/Legal Guardian Contact Information:

First Name: _____ Last Name: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How did you find out about Camp Caroline? _____

Other relatives living in the home, and their relationship to the Camper:



Emergency Contact (other than Parent/Guardian)

First Name: _____

Last Name: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Camper Health Information

Name of child's physician: _____ Physician's phone number: _____

Hospital of choice: _____

Food Allergies (Please provide severity of food allergies, reactions and any other information):

Drug Allergies (Please provide severity of drug allergies, reactions and any other information):

Other significant allergies: _____

Does child have an Epi-pen? Y N

Does child have asthma? Y N

If yes, do they have a prescription for an inhaler or nebulizer? Y N

Please list any medications your child is currently taking that will need to be administered by the Camp Nurse during Camp Caroline:

Please list any dietary restrictions (physician recommended/religious, etc.):



Please list any additional information (i.e. problems with eating, getting along w/friends and peers or family members, school attendance, physical limitations, separation anxiety, etc.):

Bereavement History (this information will better assist our Camp facilitators in how to address your child with their grief needs)

Please include as many details as possible pertaining to the two most significant losses to your child when answering the following questions.

How many deaths has your child experienced? _____

Name of the deceased: 1. _____ 2. _____

Age of the deceased: 1. _____ 2. _____

Relationship to camper: 1. _____ 2. _____

When did the death occur (date): 1. _____ 2. _____

What was the cause of death? 1. _____ 2. _____

Where did this person die? 1. _____ 2. _____

Was the child present at the time of death? 1. Y N 2. Y N

Explain the circumstances and child's reaction

1.

2.

Did the child attend the funeral/memorial service? 1. Y N 2. Y N

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

1.

2.



Please describe any grief support your child has received, including participation in a grief support group or visiting with a bereavement counselor.

Please explain how your child indicates that he/she is still grieving (sadness, anger, acting out, etc.)

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

Other information you believe might be helpful for Camp Caroline staff to know:

Parent/Guardian Signature

Date



Waiver and Release of Liability Form

* This form must be completed by a parent/guardian and turned in to Friends of Caroline prior to your child's participation at Camp Caroline.

Camper's Name: _____

Parent/Guardian Name: _____

Camp Caroline (hereafter known as CC) is a service of Friends of Caroline Hospice (hereafter known as FOCH). In consideration of my minor child/ward ("my child") being permitted to participate in the Camp Caroline program, its related events and activities, and utilize the community facilities at Dataw Island and materials of CC and FOCH, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance FOCH and Dataw Island Community Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that neither FOCH nor Dataw Island Community Center will provide medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date



Media Release Form for Minor Children

Child's Name: _____

Parent/Guardian's Name: _____

I, Parent/Legal Guardian of (child's name) _____ hereby grant permission to Friends of Caroline, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by Friends of Caroline for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and Friends of Caroline owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release Friends of Caroline and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release expresses the complete understanding of the parties.

Signed: _____

Printed Name: _____

Date: _____

Relationship to child: _____