



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) _____

Empty rectangular box for notes

Parent/Guardian _____ (circle one)

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Empty rectangular box for notes

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 () Mother () Brother () Stepmother () Grandparent
was the Child's: () 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: _____

FOOD ADVISORY: By signing here _____, I understand that food items at camp may have come in contact with or contain peanuts, tree nuts, soy, milk, eggs, wheat, shellfish or fish.

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 Campers and Guests: 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 understand that, to protect the privacy of other campers and camp attendees, and to minimize distractions and interruptions of camp programs and activities, campers are not permitted to have cell phones and other electronic devices during camp. Any brought by campers will be collected and stored during the day's camp, returned to campers when they are picked up by parents/guardians.

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

Printed Name Relationship

Address

City State Zip

Phone

MAIL COMPLETED FORMS TO:

Friends of Citrus and the Nature Coast
Herry's Kids Children's Support Services
8471 W. Periwinkle Lane, Suite B
Homosassa Springs FL 34446

