

For Office Use

- Date received _____
- Application _____
- Health _____
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- Agreement _____
- HIPAA _____
- Cabin Assign. _____

Camp Courage 2009- Around the World

(6-12 Year olds)

Enrollment Form

(To avoid delays, please complete this form accurately & completely)

RETURN BY

FRIDAY, May 8, 2009

**ATTACH
CAMPER
PHOTO
HERE**

Camper Information

Camper Name: _____ Date of Application: _____

Nickname: _____ E-Mail Address (if available): _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Does he/she live in St. Louis City limits? Yes or No. If not, what county does he/she live in? _____

Birthdate: _____ Age: _____ Male/Female: _____ Height: _____ Weight: _____

Grade completed in May/June 2009: _____ School: _____

**For Annie's Hope use when requesting financial support, please answer the next three optional questions.
THE ANSWERS ARE STRICTLY CONFIDENTIAL.**

Does the camper qualify for a free or reduced school lunch program? Yes or No (please circle)

Do you receive ADC (Aid to Dependent Children), SSI (Supplemental Security Income) or Food Stamps? Yes or No (please circle)

Does the camper have a religious preference? If so, what religion? _____

Please check your camper's race/ethnic background (check as many as needed): African-American _____ Caucasian _____
Hispanic _____ Asian _____ Native American Indian _____ Other _____

Has the camper attended an overnight camp before? Yes or No (please circle). Where? _____

Has the camper attended Camp Courage before? Yes or No (please circle)
If so, in what years? 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 (please circle)

Other relatives applying to Camp Courage or Camp Erin- St. Louis: _____

Camper T-Shirt size: Please check one. Children size Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____
Adult Size Small _____ Medium _____ Large _____ XL _____ 2X _____ 3X _____

Please describe your child's personality: _____

Name of Deceased Person(s): _____

The deceased person's relationship to the camper: _____

Former Employer of the deceased (if applicable).

Date of Birth: _____ Date of Death: _____ The Deceased Person's Age at the Time of Death _____

Cause of Death (please check all that apply): Short Illness _____ Long Illness _____ Cancer _____ Sudden Death _____
Suicide _____ Murder _____ AIDS _____ Motor Vehicle Accident _____ Other _____

Circumstances of the Death: _____

**Has your child shown any of the following behaviors since her/his experience with this death?
Please put a "c" for current and a "p" for past on any and all behaviors she/he has shown.**

- | | | |
|--|---|---|
| <input type="checkbox"/> afraid of the dark | <input type="checkbox"/> destruction of property | <input type="checkbox"/> over sleeping |
| <input type="checkbox"/> afraid to go to bed | <input type="checkbox"/> over eating | <input type="checkbox"/> difficulty sleeping |
| <input type="checkbox"/> tantrums | <input type="checkbox"/> under eating | <input type="checkbox"/> risk taking behaviors |
| <input type="checkbox"/> repeated illnesses | <input type="checkbox"/> bed wetting | <input type="checkbox"/> regressive behaviors |
| <input type="checkbox"/> changes in school work | <input type="checkbox"/> cruelty to animals | <input type="checkbox"/> withdrawal from family |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> obsession with death | <input type="checkbox"/> withdrawal from friends |
| <input type="checkbox"/> fighting | <input type="checkbox"/> experimentation with sex | <input type="checkbox"/> afraid of hospitals, doctors
or their offices |
| <input type="checkbox"/> hurtful behavior to self | <input type="checkbox"/> drugs or alcohol use | |
| <input type="checkbox"/> clinging to parent/guardian | <input type="checkbox"/> cigarette use | |
| <input type="checkbox"/> hurtful behavior to others | <input type="checkbox"/> difficulty concentrating | |

Please add details about any of the behaviors listed above, especially, hurtful to self or others, destruction of property, cruelty to animals, use of drugs, alcohol or cigarettes, changes in sexual activity, & fighting.

Has your child ever received individual therapy or attended a support group? If so, please provide the counselor/therapist/social worker's name(s), dates and contact numbers.

Parent or Guardian information:

Parent/Guardian name(s): _____

Relationship to the camper: _____

The Parent/Guardian's Relationship to the deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Does your employer have a Matching Gift program? Yes or No (please circle)

I approve this application and verify that the proposed camper is capable of such an experience.

I understand Camp Courage & the camp director reserve the right to dismiss any camper who is judged detrimental to the welfare of the group or whose conduct is not in accord with the standards of Camp Courage.

As a participant, I agree to assume the full risk and fully release and discharge members of Annie's Hope, its directors, officers, trustees, agents, servants, employees, & volunteers for any injuries, including death, damages or losses, regardless of severity, which my child may sustain as a result of any Camp activity. I agree to waive and relinquish all claims my child may have as a result of participating in Camp against Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers as well as to indemnify and hold harmless the aforementioned.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

*****Camper's Signature:** _____

*****Parent/Guardian Signature:** _____

2009
Camp Courage
Health Examination Form

Name: _____

Birthdate: ____/____/____ Age: _____

Parent/Guardian Name: _____

Telephone: Home: _____ Work: _____

Cell Phone: _____ Pager: _____

Home Address: _____

In an Emergency, notify (other than parents):

(Please list persons who will be available during the Camp Session and the contact number)

Doctor's Name: _____

Telephone: _____

Health History (please **circle** if the camper has experienced this)

Diabetes	Fainting	Convulsions	Homesickness
Asthma	Stomach upset	Athlete's foot	Tubes in ears
Heart Trouble	Constipation	Sleep walking	Ivy or Oak
Bed wetting			Poisoning

Has your child ever needed an inhaler or nebulizer for wheezing or asthma? Yes or No

Operations, serious illness: _____

Any Drug or Food allergies: _____

Allergic reactions: Bee Sting: _____ Penicillin: _____ Poison Oak/Ivy: _____

Mosquito Bites: _____ Other: _____

Additional information

Is this the first time your child has stayed overnight without your presence?: _____

Any specific activities to be restricted: _____

Does the Camper know how to swim: _____ If so, please circle: poor average very good

Are the camper's immunizations up-to-date: please circle YES or NO

Date of Camper's last Tetanus shot: _____

Does he/she have any condition requiring regular medication? Yes or No (please circle)

If yes, please complete the information below. "X" the time of day the med is given.

<u>Medication</u>	<u>Dose</u>	<u>B-fast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Bedtime</u>	<u>Other</u>	<u>Reason for Med</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Any additional instructions: _____

Any specific equipment needed? (i.e., braces, glasses, contacts, retainers, cast): _____

Is the camper afraid of dogs?: _____

Does the camper have any special diet needs? _____ If so, what? _____

Please **circle** any of the following over-the-counter medications that the Camp Nurse may give to the Camper as he/she deems necessary:

Benadryl Tylenol Ibuprofen Motrin Saline Eye Rinse Calamine Lotion Tums

NOTE: Please notify the Camp Director if this child is exposed to any communicable disease in the three weeks prior to camp attendance (Chicken Pox, Mumps, Measles, etc.)

Insurance Coverage: _____

Policy ID/Medicaid Number: _____

In the case of medical emergency, I understand every effort will be made to contact the parents or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above:

*****Parent/Guardian Signature:** _____

Date: _____

Annie's Hope & Camp Courage

PHOTOGRAPHIC RELEASE

I, _____, hereby authorize *Annie's Hope* to take photographs, film,
Name of Parent/Guardian

audiotapes, and videotapes of my child, _____, and to use them in newspapers,
Name of Child

publications, and presentations. *Annie's Hope* may use these items and information in whatever way the organization considers proper and desirable.

Date: _____

*****Signature of Parent/Guardian: _____**

Phone Number: _____

TRANSPORTATION WAIVER

I, _____ hereby grant permission for *Annie's Hope* to
Name of Parent/Guardian

transport my child _____ to and from Camp Courage on a
Name of Child

bus leased by *Annie's Hope*. I release *Annie's Hope & Camp Courage* from responsibility and liability if any injuries are incurred in connection with being transported to and from Camp Courage.

Date: _____

*****Signature of Parent/Guardian: _____**

Annie's Hope & Camp Courage

Confidentiality Statement

This statement is to be reviewed and signed by all campers who wish to attend Camp Courage. Parent/guardian, please review this with the camper.

As you know, children, teens and families who come to programs offered by *Annie's Hope* are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As fellow participants, you become a piece of the healing process for the other children, teens and families. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information with anyone else - not even with family, friends or relatives. They share with you because they want and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by others is strictly confidential. Outside *Annie's Hope* programs, it is not to be discussed - even to your own families and friends. Your story may be told to anyone you choose.

There are exceptions to preserving confidentiality. They are:

1. Any indication of suicidal ideation (thoughts of suicide).
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child, teen or adult.
4. You learn that someone participating at *Annie's Hope* may commit an act of violence.

Fellow participants who suspect any of the above, please report your concerns to a staff member of *Annie's Hope*. The staff person will initiate the steps to assess the situation and intervene accordingly.

*****CAMPER'S SIGNATURE!!!:** _____

Date: _____

Annie's Hope & Camp Courage

Release of Responsibility for Valuables

I, _____ hereby release *Annie's Hope & Camp Courage* staff
Name of Parent/Guardian

and volunteers of any responsibility for valuables that my child, _____,
Name of Child

chooses to bring to Camp Courage. I acknowledge that Camp Courage guidelines encourage all valuables to be left at home.

Date: _____

*****Signature of Parent/Guardian:** _____

Annie's Hope & Camp Courage

Camper Assistance Checklist

You should have already seen and reviewed the **2009 Camper Packing Checklist**. This list outlined the suggested camper supplies. Camp Courage may be able to offer assistance with obtaining the items listed below **ONLY** if you **absolutely** need help. All other items on the **2009 Camper Packing Checklist** are the responsibility of the parent or guardian.

Please check the items that you need assistance in obtaining and return the form with the Enrollment Packet by **Friday, May 8, 2009**.

Toiletries

- ___ Toothbrush & Toothpaste
- ___ Hair comb or brush
- ___ Soap
- ___ Shampoo/Conditioner
- ___ Deodorant
- ___ 2 Bath Towels and Wash Cloths
- ___ Sunblock or Sunscreen (at least SPF 15)
- ___ Insect repellent (prefer lotion)
- ___ Preventative Poison Ivy lotion, if needed

Camp Necessities

- ___ Bedroll, Sleeping Bag, or 2 sheets and blanket
- ___ 1 Pillow and pillow case
- ___ Cloth bag for packing belongings



AUTHORIZATION FOR RELEASE OF INFORMATION

To: Annie's Hope – Becky Byrne

From: _____

Re: Child(ren)'s Name Date of Birth

For purposes of the length of stay of the above named child(ren) at Camp Courage 2009 only, June 7, 2009 to June 11, 2009, I hereby authorize any educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts and physicians to whom this authorization is presented to disclose to and discuss with Rebecca Sloan Byrne any information related to evaluation, care or treatment rendered to my child(ren) named above. I further authorize the release of all records, including but not limited to reports, correspondence, notations, diagnoses and prognoses which may be requested by Rebecca Sloan Byrne.

A faxed copy/photocopy of this release is as valid as the original.

This authorization shall remain in full force and effect until I file a written withdrawal of such authorization or until the close of Camp Courage 2009 on June 11, 2009, whichever comes first.

This release is intended to comply with the Health Insurance Portability and Accountability Act of 1996. The educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Parent or Legal Guardian of child(ren) named above

Printed name of Parent or Legal Guardian

Address and Phone number of Parent or Legal Guardian
Social Security Number of Parent or Legal Guardian:

Date:

Farther below is a Code of Conduct Behavior Agreement.

**Please read it and sign the agreement immediately below and
return it with the other required forms
by FRIDAY, May 8, 2009.**

I, _____, agree to follow the above Code of Conduct while attending Camp Courage.
Camper's Name

I am in agreement with the consequences of not following the Code of Conduct.

I, _____, am in agreement and in support of the below Code of Conduct
Name of Parent/Guardian

and the consequences of not following it.

*****PARENT/GUARDIAN SIGNATURE:** _____ Date _____

*****CAMPER'S SIGNATURE:** _____ Date _____

(Keep this upper section attached)

CUT HERE

**Return the above signed agreement with the other enrollment forms by
FRIDAY, May 8, 2009,
but keep the Code of Conduct Behavior Agreement information below**

Camp Courage

Code of Conduct Behavior Agreement

Annie's Hope Commitment

Annie's Hope will provide comprehensive support services for children, teens and their families who are surviving the death of someone significant. Camp Courage, one of Annie's Hope programs:

1. Will offer a space that is safe and comfortable;
2. Will treat each person with respect and dignity;
3. Will treat each camper fairly and consistently;
4. Will maintain confidentiality for all children and their families.

Parent/Guardian Commitment

We realize the importance of working cooperatively with Annie's Hope to provide the safest, most supportive environment possible. Therefore, we join with the staff of Annie's Hope and its program, Camp Courage, by enforcing the Code of Conduct including the dress code and behavior expectations:

Dress Code

Clothing items that will **NOT** be permitted are:

1. Sagging pants below the hip line
2. See-through shirts or halters
3. Skull caps
4. Shirts with inappropriate sayings or pictures.
5. Any gang-related clothing (including head/arm bands, colors, pant legs up, etc.)

Continued on next page

Behavior Expectations

♥Campers will show respect to others and to themselves. Hitting, kicking, pulling chairs, gesturing, mocking, scratching or physical threats are not acceptable. Campers will not use any hand, facial, or body gestures while being photographed.

♥Campers will not use “bad” or “hurtful” language. Name calling, cussing, teasing, verbal slurs, arguing, sarcasm, “getting in someone’s face”, verbal threats or coercion will not be allowed or tolerated.

♥Campers will behave in a manner appropriate for being in a group or in public. Meal manners, listening, not interrupting when someone else is talking , taking turns, saying “please”, and “thank you” and using a “talking” voice for indoors.

♥Campers will arrive on-time to gatherings, meals and activities.

♥Campers will respect the property of the campgrounds and of fellow campers. Before leaving Camp Courage, the campgrounds will be cleaned and left in better shape than it was upon our arrival. Campers are not permitted to damage or destroy any campground facilities or supplies, any Camp Courage property or supplies, or any property or supplies of another camper’s. Borrowing another camper’s possessions is highly discouraged. If borrowing occurs, it must be with the owner’s permission only.

♥Campers shall not harass others for any reason, including race, sex, religion, disability, appearance, or grief response. A camper may not have any sexual contact with another person in any circumstance. Any form of harassment will be reported to a staff member immediately.

♥Campers will not smoke, chew tobacco, use street drugs, or drink alcoholic beverages. None of the items above may be brought to camp.

♥Campers will not physically or verbally fight.

Any noncompliance of the Code of Conduct will result in the camper being sent home. If a camper is released from Camp Courage, but transportation from camp is not possible, the camper will **NOT** be eligible to attend Camp Courage the next year.