

Camp Date _____
 Date Registered _____
 T-Shirt Size _____
 Picture of Child _____
 Community _____
 Hospice _____



CAMPER APPLICATION

Camper's Full Name _____ M _____ F _____

Camper's Preferred Name _____

Mailing Address _____

Physical Address (if different from mailing address) _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Birth Date of Child: _____ Age of Child at Camp Time: _____

School: _____ Grade of Child at Camp Time: _____

Please list the name and telephone number of a responsible adult, other than parent and / or guardian listed above, who could pick the child up during the camp weekend, in an emergency.

(Name) _____ (Telephone Number) _____

Please check the relationship to the child of the person who died:

- | | | | |
|---------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Father | <input type="checkbox"/> Sister | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other _____ |

Name of Deceased: _____ Date of Death: _____

What was the cause of death? _____

If the death occurred over two years ago, what has happened to indicate that the child is still grieving for the person? _____

Have there been multiple deaths in the family? Yes No
 If yes, whom? _____

How has your child attempted to cope with his/her grief? _____

Have there been other significant changes in the child's life? _____

For example: Moving to a new home or school, divorce, etc. _____

Has the child attended a grief support group? () Yes () No If yes, please explain.

Please provide us with any other information about your child that will be helpful in providing supportive camp experience. What interests does your child have?

How did you learn about Camp Good Hope? _____

What about Discipline?

Our counselors will not physically discipline the campers. Each camper will have to be very willing to cooperate with the program or the parents will be asked to come and get them.

PERMISSION REQUESTS:

I give permission to HOSPICE OF CITRUS COUNTY that any relevant information about my child may be shared with anyone directly involved with Camp Good Hope, e.g. counselors, volunteers, etc.

Signed: _____ Date: _____

In consideration for attending Camp Good Hope, I understand and agree that HOSPICE OF CITRUS COUNTY, its Board of Directors, Officers, Employees, and Volunteers are released from any legal responsibility and / or liability of negligence arising out of any accidents or illnesses which occur while attending Camp Good Hope.

Signed: _____ Date: _____

Occasionally videotaping and photography may occur at Camp Good Hope. The photo albums and videotapes may be shown to perspective attendees or benefactors or be included in marketing activities for Hospice of Citrus County. In addition, the news media may wish to photograph videotape and / or interview the campers and/or volunteers. 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: _____

Name of Camper: _____

PHYSICAL/ MENTAL HEALTH CONSENT

I, _____, the parent /legal guardian of _____ consent to his/her attendance at Camp Good Hope, a program of Hospice of Citrus County Inc. (Hereinafter referred to as Hospice).

I understand that all medications for _____ must be sent to camp with my child. The following is a list of all prescription medications, over-the-counter medications, with dosages and times of administration, applicable to my child, and which will accompany my child to camp:

Medication	Dosage	Time of administration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: _____ Dated: _____

I hereby consent to and give permission to Hospice of Citrus County Inc. to administer the above listed medications in the above stated dosages at the above stated times. I also consent and give permission to Hospice of Citrus County to, in its discretion, either give my child first aid, call (name of person to be called in emergencies) _____ at (telephone number) _____ in case of medical emergencies which require action other than basic first aid and, to call 911, if necessary. I understand that Hospice of Citrus County will not transport my child in case of medical emergency; only _____, above named, or an ambulance will provide transportation. If an ambulance is called, the expense of the transport shall be my responsibility to pay.

Signed: _____ Dated: _____

The following is a list of any allergies, medical conditions, physical disabilities or mental health concerns related to my child: _____

I understand, consent and authorize all of the above medical and mental health information to be shared with any volunteer, Hospice of Citrus County employee, professional or contractor participating in, assisting at, counseling at, or otherwise conducting Camp Good Hope, on behalf of Hospice of Citrus County Inc.

I hereby expressly release, discharge and hold harmless, Hospice of Citrus County, Inc. , 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 Hospice of Citrus County, Inc. , its appointees, employees, volunteers, agents, or successors in interest, created by or arising out of, my child's participation in Camp Good Hope, through any act or omission to act by anyone, whether they be the undersigned, Hospice of Citrus County, 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 Hospice of Citrus County, Inc.

Date Signed:

Signature

Witnesses:

Name of Parent/Legal Guardian

Address

Telephone Number

Name of Camper

MAIL TO:
Hospice of Citrus County, Grief Services
PO Box 641270
Beverly Hills, FL 34464
352-527-2020 or 866-642-0962
www.hospiceofcitruscountry.org



HORSE, WATER AND LOW ROPES ACTIVITIES COME WITH THESE WARNINGS
HOSPICE OF CITRUS COUNTY
PARTY PROVIDING THESE WARNINGS

The recipient(s) of this form is/are hereby warned as follows:

WARNING
UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES DUE TO THE INHERENT RISKS OF EQUINE ACTIVITIES.

Section 1. PROTECTIVE ATTIRE

- A. PROTECTIVE HEAD GEAR Each horse handler will be required to wear properly fitted and secured protective head gear (equestrian riding helmet) while mounted on the horse. Wearing of such headgear while mounting, riding, dismounting and being around horses, may prevent or reduce the severity of some head injuries and may even prevent death as a result of a fall and/or other occurrences.
- B. FOOT PROTECTION Horse handlers, riders and drivers are required wear hard, smooth-soled shoes to provide protection for the feet in event that a horse steps on a foot.
Each child **must wear sneakers** to participate in activities, specifically horses and low ropes.
- C. CLOTHING Horse handlers, riders and drivers should wear long pants to protect legs.
Each child and volunteer participating in water activities will be required to wear a life vest.
Each child participating in Low Ropes will be required to wear shorts or pants, no skirts or dresses.

Section 2. INHERENT RISKS

- A. NATURE OF THE HORSE Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and there are numerous obvious inherent risks always present in such activity despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will be generally a distance of from 3 ½ to 5 ½ feet, and the impact may result in further injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing direction or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking, or running from what it perceives as danger.
LOW ROPES Children participating in low ropes will not be required to wear protective gear. Children will be climbing and/or jumping on certain activities which may result in bodily harm. A camp nurse will be onsite during the camp. If injury is assessed as an emergency 911 will be called and parent/guardian contacted immediately.
WATER ACTIVITIES Each person participating in water activities is mandated to wear a life vest.

STATEMENT OF AWARENESS
“I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING WARNINGS CONCERNING CAMP ACTIVITIES.”

Parent/Guardian _____ Date _____
 (Parent/Guardian must sign if Participant/Rider is under 18 years of age)

Parent/Guardian for _____
 Print (Name of Participant/Rider)

Participant/Rider's Signature _____ Date _____



NAME _____ **AGE** _____

Please indicate your first, second, and third choices by numbering 1, 2 and 3 for Camp Good Hope Optional activities. Return this form to Hospice as soon as possible. Participation in certain activities is limited.

_____ **Water Sports:**



Basic canoeing skills will be taught in this hands-on session on beautiful Lake Tsala Apopka. Safety and navigation will also be covered.

_____ **Horsemanship Fundamentals:**



Members of the Citrus County Sheriff's Posse will team up with individual Camp Good Hope participants to explain how to care for horses. Also for the Teen Encounter, enjoy the EAP horsemanship extra training.

_____ **Arts and Crafts:**



A variety of materials and supplies will be available to make exciting arts and crafts.

_____ **Sports:**



Recreational sports, like volleyball, basketball and other organized competition will be held to promote good sportsmanship.

_____ **Hiking:**



A guided hike on the trails of Good Counsel Camp. Explore history and nature together.

Hospice of Citrus County
PO Box 641270
Beverly Hills, FL 34465
352-527-2020