

KinderMourn

Camp Healing Hearts Application

KinderMourn will offer a one-day bereavement camp on **Tuesday, June 26, 2018** for rising first graders through high school seniors who have experienced the death of a loved one or friend.

Camp is limited to 40 participants (**spaces are filled on a first come, first served basis**). **Completed camp application is required to guarantee spot in camp.**

Camp hours are 8:30am - 5pm with dismissal from KinderMourn.

Camp Schedule

8:30am: Registration and Breakfast at KinderMourn

9:00am - 12:30pm: Activities and Lunch at KinderMourn

1pm – 4pm: Sky Zone Trampoline Park ***(see note below)**

4:30pm - 5:00pm: Dismissal from KinderMourn

Important Camp Information

*In order to participate at SkyZone, each camper must have a signed waiver on file at SkyZone. This can only be completed online at <https://charlottestore.skyzone.com/waiver/>. **If not completed, your child(ren) will not be able to participate in any activities at SkyZone.**

Mail or deliver your application to:

KinderMourn
Attn. Kiley Thiel, Camp Healing Hearts
1320 Harding Place
Charlotte, NC 28204

Applications may also be scanned & submitted via email: kiley@kindermourn.org

Questions?

Call 704.376.2580 or email kiley@kindermourn.org

Campers need to bring a bag lunch.

Drinks and snacks will be provided.

Don't forget to wear sunscreen as we will be outside for part of the day.

Registration deadline is Friday, June 22.

Camp Healing Hearts off-site activities and transportation are provided through a generous donation by Elevation Church.

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Camp Healing Hearts application - Registration deadline is Friday, June 22

PART 1 of 3

Child's Name: _____

Date of Birth: _____ Child's Grade: _____

Child's School: _____

Name of Person(s) who died/relationship: _____

Date of Loss: _____

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell phone: _____

Email: _____

Emergency contact if parent/guardian is unavailable

Name: _____ Phone: _____

Relationship to child: _____

Release Authorization: Please list additional name, other than parent/guardian listed above, 16 or older, that are allowed to pick-up your child. They will be required to show a picture ID.

Name: _____

Phone: _____

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HEALTH INFORMATION

PART 2 of 3

Medical Insurance provider: _____

Policy Number: _____

Pediatrician's name & phone number: _____

Preferred Hospital: _____

Does camper have any special dietary needs? Y N

If yes, explain _____

Any additional information that may be useful for our staff to know? _____

Please indicate if the camper is allergic to any of the following:

Animals Y N If yes, how do they react? _____

Bee Stings Y N If yes, how do they react? _____

Insect Bites Y N If yes, how do they react? _____

Food Y N If yes, please list foods: _____

Poison Ivy Y N If yes, how do they react? _____

Other Plants Y N If yes, please list plants: _____

Medications Y N If yes, please list medications: _____

Is the camper currently suffering from any illness, injury, physical, medical or emotional condition that could affect the camper's participation? Y N

If yes, explain _____

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Please list all medications the camper is currently taking and its purpose, including medication for

allergic reactions: _____

If camper requires medication from home, the parent or guardian must notify camp staff at time of

registration and provide staff with the medication for monitoring. Please send the amount required for one

day in the original container.

Medication

Dose

When Given

Reason for Medication

Date of last tetanus shot: _____

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

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CONSENT & WAIVER

PART 3 of 3

I agree to allow my child, _____, to participate in KinderMourn's Camp Healing Hearts program taking place at KinderMourn and an off-site location: Sky Zone Trampoline Park.

I do hereby waive, release and discharge KinderMourn staff, board members, volunteers and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my child and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf arising out of or connected with the camper participation in any activities, programs or services in conjunction with Camp Healing Hearts.

I hereby give permission to KinderMourn to transport my child off KinderMourn property for program activities or for the purpose of medical care (as deemed appropriate by camp staff). I hereby authorize the camp staff to provide for and secure treatment of all health issues that arise at camp for my child. I understand that I will be notified of minor injuries during pick-up at the end of the day. If a serious injury occurs, I will be notified as soon as possible. In the event I cannot be reached in an emergency, I give permission for my child to be transported to a hospital selected by the camp staff and I also give permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthetic, surgery or other necessary treatment for my child.

I understand that Camp Healing Hearts does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, are the sole responsibility of the parent or guardian named below.

Rules for campers are the same for everyone regardless of race, color, religion, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Camp Healing Hearts has the right to dismiss a child from camp whose special needs cannot be provided for or whose conduct is not in the best interest of the camp community. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

Camp Healing Hearts has my permission to use photographs or videos taken of my child while at camp for promotional purposes.

The undersigned parent or guardian further expressly agrees that the foregoing Consent and Waiver, is intended to be as broad and inclusive as permitted by law in the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent or guardian has read and voluntarily signs the Consent and Waiver, and further agrees that no oral representations, statements or inducement apart from the written agreement have been made.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____