



Camper Application

Children's Bereavement Network

"In Life There Is Hope"

PO Box 181

Gaylord, MI 49734

www.camplivelaughlove.org

Children's Bereavement Network Camp (Facebook)

The Child's history and confidential information on this form will be used by the camp director and those involved in your child's weekend experience to help ensure the best possible care for your child. At camp your child's safety and care is our number one priority. **Please answer ALL questions on both sides as completely as possible, keeping in mind that the information you share will be used in strict confidence.**

First Middle Last (and nickname if applicable) Sex Race Birth Date Age

Religious affiliation (if any) School Attended Grade entering in fall

Parent/ Legal Guardian Relationship

Street Address City State Zip Code

Email Address

() () ()
Cell Home Phone Work

Emergency Contact (if unable to reach you) Relationship

() () ()
Cell Home Phone Work

How did you find out about our camp? (Please be specific. Thanks)

Would you like to speak to a veteran camp parent? Yes No

Has your child spent the night away from home? Yes No

(It's very important that your child has spent the night away from home before they come to camp.)

Does your child have any sleep problems (sleep walking, bedwetting, night light, nightmares, etc.)?

Please describe any significant changes or problems in your child's behavior since the death of the loved one (eating problems, behavior problems, change in school grades or activities, changes in relationships with other family members, friends or peers, new fears, etc.).

CBN Bereavement History

Child's Name _____

Please include as many details as possible when answering the following questions. Attach extra pages if necessary.

Name of person who died _____ **Relationship** _____

Print name how you want it to be written on a scroll for the memorial service, which will be given as a keepsake after camp.

Date of death _____ Cause of death _____

Age of child when loved one died _____

Please explain circumstances about loved one's death that would help us to understand child's emotions. (Where did it happen, were they present, what they knew and understood about it, etc.?)

Did child attend the funeral/memorial service and what was your child's reaction? _____

Have there been multiple deaths of loved ones experienced by this child? Yes ___ No ___

If yes, please describe the nature of death and the child's relationship to the other person who died.

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

Please explain how your child indicates that he/she is still grieving. _____

Has your child received any professional support (i.e. school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)? Yes No

If yes, for how long and are they still receiving this support? _____

Attended another grief camp? Yes ___ No ___ If yes, where _____

T-Shirt Children Size: ___ Small (6 -8) ___ Medium (10 -12) ___ Large (14 -16)

T-shirt Adult Size: ___ Small ___ Medium ___ Large ___ X - Large

CBN Health History Form

Child's full name

Date of Birth

Age

Sex

Child's Height

Child's Weight

Parent/Guardian

Address

City

State

Zip

Parent /Guardian's Phone # (Cell)

Parent / Guardian's Phone# (Home)

Family Physician

Physician's Phone

Name of Insurance

Contract #

If parents / guardians are not available in an emergency, Please notify:

Name

Relationship

Phone # (Cell)

Phone # (Home)

Health History

Are all of the camper's immunizations current? _____

Date of child's last tetanus shot? _____

Does child have any health history or serious medical problems such as: ADHD, allergies, seizures, diabetes, hearing, asthma, heart or kidney problems, etc.? Yes ___ No ___ If yes please explain:

List any other information that you feel we may need to know. _____

Does your child have any **dietary restrictions or food allergies**? _____

Does your child have any activities limited or prohibited by a physician? (Please explain what limitations or adaptations may be necessary.)

CBN HEALTH FORM

List all over-the-counter, non-prescription and prescription drugs taken regularly by the child. Bring enough medication to last the entire time at camp. On day of camp at check-in, we will update any changes or additions to medications. **Please bring all medications in a Ziploc bag labeled with the child's name. Keep all medication in the original packaging/bottle that identifies who prescription is for, the name of the medication, the dosage, and the frequency of administration.**

Current Medications: PLEASE PRINT CLEARLY

Name of Drug	Reason for medication	Date prescribed	Dosage / Time given
Name of Vitamin/Herb	Reason for medication	Date prescribed	Dosage / Time given

Is there any special way that the above medications need to be given (with food, milk, etc.)?

Are there any side effects that are experienced from any of the above medications?

List any reasons why this medication should not be given at the prescribed time (vomiting, fever, drowsiness, upset stomach, empty stomach, etc.).

Drug allergies:

Name of Drug	Type of reaction (hives, shock, etc)

If needed may we dispense Tylenol Yes___ No___ Ibuprofen Yes___ No___ Benadryl Yes___ No___

Parental / Caregiver authorization for _____

(Print) Child's full name

All health history is correct and complete to the best of my/our knowledge and the child herein described has permission to engage in all Children's Bereavement Network activities except as noted. I hereby give permission to the medical personnel selected by the Children's Bereavement Network to provide routine health care; to administer medications and treatment; to order x-rays and routine tests; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an Emergency, I hereby give permission to the physicians selected by the Children's Bereavement Network to secure and administer treatment, including hospitalization, for the person named above. Children's Bereavement Network will make every attempt to notify you before an emergency room visit for your child while he/she is in our care. All minor medical needs will be cared for by the on-site Children's Bereavement Network nurse without notification of parent/guardian.

Parent/Guardian Signature

Date

CBN Assumption of Risk and Waiver

Name of Participant _____

I, the participant and/or as parent/guardian of minor participant, understand that Children's Bereavement Network's goal is to facilitate the bereavement process and provide support for said minor participant to express feelings of grief. I, the participant and/or as parent/guardian of minor participant, understand that, as in all sports/activities and bereavement sessions, there is a risk of injury, whether physical and/or emotional, and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries, whether physical and/or emotional, to the participant resulting from participating in any/or all of the sports and bereavement sessions. I, the participant and/or as parent/guardian of minor participant, agree to be fully responsible for any personal injury, whether physical and/or emotional, or damage to the property arising out of or in connection with the participant's use of the facilities while with the Children's Bereavement Network, regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage. To this end I, the participant and/or as parent/guardian of minor participant, hereby release, discharge, and covenant to hold harmless Children's Bereavement Network, and any other entity that is the landlord, or sub landlord of the premises, and/or bereavement sessions location and/or directors, officers, volunteers, agents, employees and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party may have suffered or incurred which in any way arise out of or in connection with participant's use of the Premises and/or from participating in program regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor participant has reached his/ her age of majority. I, the participant and /or as parent/guardian of minor of participant, further promise and covenant (jointly and severally) for myself, individually and/or as parent/guardian of minor participant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said Children's Bereavement Network or any other entity that is the landlord or sub landlord of the Premises and/or bereavement sessions location and/or directors, officers, volunteers, agents, employees or successors, assigns of any of the above for damages or injury to the property or person of the participant or to myself/ourselves arising out of or in connection with the participant's participation in the activities and bereavement sessions, at the premises and/or bereavement sessions location regardless of the cause, causes or contributing causes of such injury, whether physical and/or emotional, or damage.

As named above I, the participant and/or as parent/guardian of minor participant. All health history presented is correct to the best of my/our knowledge, and the participant named above has my/our permission to engage in any/or all of the sports/activities and bereavement sessions with Children's Bereavement Network.

Release of Liability

By signing this form, I, the participant and/or as parent/guardian of minor participant acknowledges that they have read and understood the above information and are signing this form to assure Children's Bereavement Network that I, the participant and/or as parent/guardian of minor participant assumes all risks during the program.

I hereby give consent for myself or minor child named herein:

1. To participate in Children's Bereavement Network's sports/activities and bereavement sessions.
2. To receive emergency medical care (which may become reasonably necessary in the course of such activities and/or travel).

I further agree not to hold Children's Bereavement Network or anyone acting in its behalf, responsible for any injury occurring to the named participant during Children's Bereavement Network programs, activities, and travel.

Signature of Participant or Parent/Guardian (If participant is under age 18)

Date

Authorization for Audio/Visual Records

I understand that the Children's Bereavement Network may make audio/visual recordings. I hereby authorize Children's Bereavement Network to have and use photographs, slides, moving pictures and audio/video recordings of my child (if under 18) and/or myself for the purposes of Children's Bereavement Network records, public relations, and/or advertising.

Signature of Participant or Parent/Guardian (If participant is under age 18)

Date

YMCA CAMPING SERVICES ASSUMPTION OF RISK AND WAIVER

Name of Participant _____ Email _____
Address _____ City _____ State _____ Zip _____

I understand that, as in all sports/activities there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parents and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, and any other entity that is the landlord, or sublandlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees, which the applicant, or a third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said YMCA Camping Services, YMCA Camp Ohiyesa, YMCA Camp Nissokone, or any other entity that is the landlord or sub landlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I/we/am are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at YMCA Camp Ohiyesa and Camp Nissokone, such as:

- 1. Skateboarding, roller skating, in-line skating and/or similar activities
- 2. Horseback riding
- 3. Climbing on natural rocks and cliffs, the climbing tower, and/or the climbing center, and/or similar activities
- 4. Water sports, including: swimming, kayaking, canoeing, sailing, windsurfing, and rafting, and/or similar activities
- 5. Field sports
- 6. Tubing (winter)
- 7. And/or similar activities

YMCA Camping Services and Camp Ohiyesa located at 7300 Hickory Ridge Road, Holly, Michigan ("Premises") or Camp Nissokone located at 6836 F-41, Oscoda, Michigan ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

Release of Liability

By signing this form, parent/legal guardian and/or participant acknowledges that they have read and understood the above information and are signing this form to assure YMCA Camp Ohiyesa/YMCA Camp Nissokone that parent/legal guardian and/or participant assumes all risks during the program.

Guardians or participants who do not wish to accept the risks described in this warning should not sign this permission form.

I hereby give my consent:

- 1. To participate in YMCA Camp Ohiyesa/YMCA Camp Nissokone programs.
- 2. To receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold YMCA Camp Ohiyesa/YMCA Camp Nissokone or anyone acting in its behalf, responsible for any injury occurring to the named participant during YMCA Camp Ohiyesa/YMCA Camp Nissokone programs activities or travel.

DATE

Signature of Participant or Parent/Legal Guardian (If participant is under age 18)

I have read the aforementioned and will abide by the principles and regulations contained herein.

DATE

Signature of Participant

Authorization For Audio/Visual Records

I understand that the YMCA may make audio/visual recordings of this camping event. I hereby authorize the YMCA to have and use photographs, slides, moving pictures, and audio/video tapes of my child (if under 18) and/or myself _____ for purposes of YMCA records, public relations, and/or advertising.

DATE

Signature of Participant or Parent/Legal Guardian (If participant is under age 18)

HEALTH FORM

Note: YMCA Camping Services does NOT carry health/accident insurance for group participants. (In order to participate in camp programs, this form must be signed and must be presented to your group's leader upon your arrival at camp.)

General Information

Participant's Full Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Participant's Age _____ Birth Date _____

Name of Parent/Guardian or Spouse _____ Work Phone _____

Home Address _____ Home Phone _____

If parents/spouse are not available in an emergency, please notify:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Home Address _____

Family Physician _____ Physician's Phone _____

Name of Insurance Subscriber _____ Soc. Sec.# _____

Name of Insurance Provider _____ HMO # _____

Medicaid ID # _____ Medicare # _____ BC/BS Contract # _____ Other Contract _____

Health History

Does your child/the participant have any problems with the following?

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to Food	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Medications	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Bone/Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	Fear of Heights	<input type="checkbox"/>	<input type="checkbox"/>
Bee Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Insect Allergies	<input type="checkbox"/>	<input type="checkbox"/>			

If Yes, please explain: _____

Is there any reason your child should not sleep on an upper bunk? (All upper bunks have railings) _____

Does your child/participant have any other serious medical problems/been under a physician's care recently?
 Yes No If Yes, please explain: _____

Does your child/participant have any dietary restrictions? _____

List activities limited or prohibited by a physician. _____

Date of last Tetanus shot: _____

Is your child/participant currently on medication? Yes No

If Yes, please explain: _____

Can Tylenol be administered to your child if necessary? Yes No

Parent's/Participant's Authorization

All of the above information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child/myself as named above.

Participant

Signature _____ Date _____