

**Family Trauma Advocacy Program
Camp Ginneria Bereavement Camp**

Registration Form

Only one camper per registration form, photocopy this form or download more forms at www.ftaprogram.org

Please Print:

Name: _____
 First Last

Address: _____ City: _____ State: _____ Zip: _____

Birthdate ___/___/___ Age: _____ Sex: _____ Grade completed: _____

T-Shirt Size (circle ONE only) Youth: S M L Adult: S M L XL XXL

Has the camper ever attended a bereavement camp in the past? Yes ___ No ___ if yes,

When: _____ Where: _____

Has your child ever attended an overnight? Yes _____ No _____

How did you hear about this program? _____

Allergies/Special Needs: _____

Parent/Legal Guardian:

Name: _____

Relationship to Camper: _____

Address: _____
 City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work: _____

Email address: _____

Emergency Contact Information:

Primary Emergency Contact

Name: _____

Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work: _____

Email address: _____

Secondary Emergency Contact

Name: _____

Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work: _____

Email address: _____

Bereavement History

In order to provide the best possible camp experience it is helpful for us to understand the loss (s) that each camper has experienced. Please answer the following questions.

Name of Loved one who died: _____ Relationship to Loved One: _____

Date of Death: _____ Cause of Death: _____

Child's Age at the Time of Death: _____

Was the child present at the time of the death? Yes ___ No ___

Did he/she witness the death? Yes ___ No ___

What behaviors have you noticed in your child since the loss?

Did your child attend the funeral? Yes ___ No ___ If yes, what were his/her reactions?

If no, why didn't he/she attend the funeral

Have you talk about the deceased? Yes ___ No ___

Have your child received any grief counseling? Yes ___ No ___ If yes, When? _____

Is he/she still receiving counseling? Yes ___ No ___

Has the family received grief counseling? Yes ___ No ___

Please describe how your child express his/her grief.

Is there any other information that you would like to share with us about your child? Please list anything that you feel will help us know him/her better.

Please Note:

Parents/guardians are required to attend an informational meeting prior to Camp Ginneria. The date and time will be provided.

**Medical Consent Authorization
and
Consent to Treat a Minor Form**

Camper's Name: _____
First Last

Physician's Name: _____ Contact Number: _____

I _____ the undersigned parent(s) or guardian of _____ a minor, give my/our consent for him/her to attend Camp Ginneria and to participate in its activities. We give further consent for the camp nurse to render necessary first aid in the event of accident or nursing care in the event of sickness and to control the administration of prescribed medication brought to camp by the camper. In the event of an EMERGENCY we do hereby AUTHORIZE AND CONSENT TO any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor UNDER THE SPECIAL INSTRUCTION OF ANY LICENSED PHYSICIAN THE CAMP MAY CALL, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital or at the camp. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Ginneria OR THE PHYSICIAN TO EXERCISE HIS BEST JUDGMENT AS TO THE REQUIREMENT OF SUCH DIAGNOSIS OR TREATMENT. It is understood that IN THE CASE OF MAJOR ACCIDENT OR ILLNESS, REASONABLE EFFORT WILL BE MADE to reach the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This consent is effective while traveling to and from and while in attendance of any activity of Camp Ginneria and shall remain in continuous effect until revoked in writing or until said minor is removed by parent or guardian from care of Camp Ginneria. We hereby authorize any hospital, physician, or any other person who has attended or examined said minor to furnish the Camp's insurance company or its representative's any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original. Furthermore, it is understood that should the need for medical care arise, you will be financially responsible for all costs incurred in rendering or providing medical attention to your child and Camp Ginneria is not obligated to provide insurance nor will it assume financial responsibility for medical assistance provided. It is further understood that you or your insurance company are responsible for all costs associated with rendering or providing medical care to your child. It is understood and the undersigned _____ hereby agrees to release Camp Ginneria, and any of its affiliates from any and all liability arising out of the medical care rendered by any physician or health care. It is understood that in the event of a medical emergency or need for medical aid, your child will be taken to the nearest health care provider, whether it be an emergency room or otherwise.

 Parent/Guardian Signature

 Date

HEALTH HISTORY

Any changes to this form MUST be provided upon participant's arrival at camp.

Insurance Information

Is the camper covered by family medical/hospital insurance? YES _____ NO _____

A photocopy of your insurance card is required

Carrier: _____ Policy/Group # _____

Name of Insured _____ Relationship to Camper _____

Medications

Please list ALL medications (prescription and over-the-counter) taken routinely. Bring enough medication to last the entire time at camp. Keep all medication in its original container with correct dosage and frequency information from the doctor. Present ALL medication to the camp nurse at registration. ***Updates can be made during registration**

_____ camper takes NO medication on a routine basis

_____ camper takes medications as follows:

Med # 1 _____ Dosage _____ Times

Taken _____

Reason for taking _____

Med # 2 _____ Dosage _____ Times

Taken _____

Reason for taking _____

Attach additional pages for more medications

ALLERGIES – List all known

Medication allergies _____

Food allergies _____

Other allergies (insect bites, hay fever, etc.) _____

Describe reaction and management of the reaction _____

HEALTH HISTORY- Please check all that apply

_____ Ever been hospitalized

_____ Ever had an eating disorder

_____ Ever had surgery

_____ Ever had a head injury

_____ Ever had seizures or

_____ Have frequent ear infections

_____ Ever passed out during exercise

_____ Currently have seizures

_____ Have frequent headaches

_____ Have heart disease or defect

_____ Wear glasses or contact lenses

_____ Have diabetes

_____ Sleepwalk

_____ Have a history of bed-wetting

_____ If female, have an abnormal

_____ Had mononucleosis

menstrual history?

Please explain if there are any restrictions needed at camp.

Please provide any additional information about the camper's physical, emotional, behavioral and/or mental health that will help us to better understand your child and his/her needs _____

IMMUNIZATIONS: You MUST provide a photocopy of the camper's immunization record. Please attach to this form.

**Consent, Agreement, Release of Liability
And Photo Permission/Release Consent**

I hereby give permission for my child, (camper's name), _____ to attend Camp Ginneria on (dates), _____ to _____ and I understand that Camp Ginneria's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief. _____ Parent/Guardian Initials

Parent/Guardian Agreement

I understand that reasonable precautions are taken to insure that all programs and activities are conducted in a safe and responsible manner by Camp Ginneria (a program of Parents Against Gangs/Family Trauma Advocacy Program staff/designees). I understand and accept that the Camper may be exposed to potential hazards while at Camp and participating in activities including but not limited to the natural setting of the Camp and activity sites, weather changes, plants, and insects. _____ Parent/Guardian Initials

Waiver and Release of Liability

I agree that I will not hold Camp Ginneria, (a program of Parents Against Gangs/Family Trauma Advocacy Program), its employees, officers, directors, volunteers, agents and contractors liable for any personal injury, property damage, loss or insurance. I agree to release and hold harmless Camp Ginneria, its employees, officers, directors, volunteers, agents and contractors from all liability incurred as a result of my child's participation in camp, and that these terms serve as a release for myself and members of my family. _____ Parent/Guardian Initials

Photo Permission and Release

Camp Ginneria is granted permission to take and use any group or individual photograph, photo image, recording, or video taken during a camp session for publicity or promotional purposes. _____ Parent/Guardian Initials

Release

In consideration of the above-named child being granted permission by Parents Against Gangs/Family Trauma Advocacy Program/Camp Ginneria to attend Camp Ginneria, I, for myself and on behalf of my child, release and discharge Parents Against Gangs/Family Trauma Advocacy Program/Camp Ginneria, the Board of Directors, Officers, and Volunteers from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Parents Against Gangs/Family Trauma Advocacy Program/Camp Ginneria for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault. I, the undersigned, have read this release and understand all of its terms.

Parent/Guardian Signature

Date:

Discipline Policy

To insure the safety and enjoyment of all campers, camp staff will address disruptive, inappropriate, and/or unsafe behavior that may result in a camper being removed from group activities. If such behaviors continue, then the parents/guardians will be contacted to pick up their child. Therefore, a name and number must be provided where a parent/guardian can be contacted at all times during the camp. Use or possession of alcohol, cigarettes, or other drugs will result in immediate dismissal from the camp.

Name of camper _____

I have discussed this policy with my child and agree to the conditions of the discipline policy.

Parent/Guardian (please print)

Parent/Guardian Signature

Date