

# HeartsWay Hospice Kid's Camp Registration

Today's Date: \_\_\_\_\_

Camper's full name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt Size: Child  SMALL  MEDIUM  LARGE

Adult:  SMALL  MEDIUM  LRG  XL

Campers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

School District: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

If Guardian, Relationship to camper is: \_\_\_\_\_

If Different address than above: \_\_\_\_\_

Parent/Guardian Contact information:

Primary Contact #: \_\_\_\_\_

Secondary Contact #: \_\_\_\_\_

Email of Parent/Guardian: \_\_\_\_\_

Will your child be dropped off at church \_\_\_\_\_ or a HeartsWay  
Hospice Location: \_\_\_\_\_

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## Bereavement History:

Please Print Campers Name: \_\_\_\_\_

1. Campers Special person who passed: \_\_\_\_\_
2. Full Name & Relationship to Camper: \_\_\_\_\_
3. Date of person's passing: \_\_\_\_\_
4. Did the child attend the funeral or memorial service? \_\_\_\_\_

If so please describe their reaction/experience:

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5. What current emotions are you seeing in the child?

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6. Please list any other concerns you feel we should be advised of:

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## Camper Health History:

Please describe any health conditions/problems/allergies that your child may have:

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**Does your child take any physician-prescribed medication on a regular basis? Please explain:**

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**In case of an emergency and parent/guardian cannot be reached, contact:**

**Name:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Authorization for Emergency Medical Treatment:**

**Should a medical emergency arise during my child's participation in Kid's Camp Activity, I consent to:**

- 1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility deemed most fitting the type of illness or injury, and**
- 2. The immediate administration of life-sustaining measures deemed necessary under the circumstances**
- 3. In the event of a minor injury, I authorize the camp nurse to administer standard first aid and/or over-the-counter pain reliever, if necessary.**

\_\_\_\_\_ **Parent/Guardian Initials**

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## Camper Release of Liability

I, as parent/guardian and on behalf of \_\_\_\_\_ (my child) and for *name of camper myself*, release and discharge HeartsWay Hospice and the New Beginnings Baptist Church, their agents, employees, directors, volunteers and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by my child, either physical or emotional, or injury to property, real or personal, whether injury is due to negligence or any other cause, which may occur while my child attends Kid's Camp, or which may arise in the future and/or may be related to my child's attendance at Kid's Camp.

## Photo Consent:

HeartsWay Hospice would like to use photos of our campers and volunteers for future publicity of Kid's camp

\_\_\_ YES, HeartsWay Hospice may use, Release and Consent and agree to all of its terms.

\_\_\_ NO, I would prefer that my photo or photos of my child not be used.

\_\_\_\_\_ Parent/Guardian Initials

I have read this authorization, Release and Consent and agree to all of its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cell Phones:** Please have your child leave their cell phone at home during camp. If a cell phone must be brought to camp, cell phones will be checked in at the beginning of camp each day and return to camper upon leaving camp each day. If you have any questions or concerns about this process, please don't hesitate to ask.

**Waiver and Permission to Transport Child/Charge  
HeartsWay Hospice Kids Camp**

**Camper's full name:** \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Driver[s]:** \_\_\_\_\_

I give permission for my child to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the day/dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- 2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- 3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns further agree to release and forever discharge HeartsWay Hospice Kid's Camp, HeartsWay Hospice, its Board of Directors, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

**Parent/Guardian [please print]:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_