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PAGE**



2023 Camper Application
(one application per child)
July 14th -16th, Camp Cedaredge
Cedaredge, CO 81413

Dear Camper and Parent/Guardian:

Enclosed you will find the complete application for Camp Good Grief. We realize that there is a lot to complete, especially if there is more than one child attending in a family. Thank you for your cooperation. We use all the information to make the weekend an enjoyable and safe experience. **Be careful to complete all forms as your child is not guaranteed a place until all the paperwork is completed and the picture submitted. Acceptance is on a first come, first served basis.** Include a check for \$50 unless you have already paid or have received a scholarship. If you are in need of a scholarship, please call for more information.

A member of the camp staff will meet with your child prior to camp. This meeting is to ensure that the grief camp experience will be beneficial for your child. It will also relieve anxiety for your child to meet someone from the staff and to learn more about the activities planned. Please call the office nearest you to schedule a time for this assessment.

Where to mail or hand-deliver your applications:

Grand Junction
HopeWest Kids
3030 North 13th Street
Grand Junction, CO 81506
(970)245-5377

Delta
HopeWest Kids
195 Stafford Lane
Delta, CO 81416
Claire: (970)874-0628

Montrose
HopeWest Kids
725 S. 4th Street
Montrose, CO 81401
Teri: (970)497-5205



Transportation to camp will be provided on First Student school buses. Departure points for camp on **July 14, 2023** are as follows:

Grand Junction Area:

Meet at 1st Christian Church
1326 N. 1st Street
Grand Junction, CO
No earlier than 3:30 and
no later than 4:00 p.m.
Pick-up here at 4:45 on Sunday

Delta Area:

Meet at HopeWest Delta Office
195 Stafford Lane
Delta, CO
No earlier than 4:00 and no later
than 4:30
Pick-up here at 3:30 on Sunday

Montrose Area:

Meet at HopeWest Montrose Office
725 S. 4th Street
Montrose, CO
No earlier than 3:30 and no later than
4:00 p.m.
Pick-up here at 4:30 on Sunday

A barbeque dinner will be provided on Friday after arriving at Camp Cedaredge at 6 p.m. You may need to feed your child a snack before departure. There is no food allowed on the bus.

If you have any further questions please contact one of the above offices.

Sincerely,

Camp Good Grief Staff



Clothing & Equipment List

Campers, here's what you need to bring with you to camp!

- ____ Sun hat or baseball cap
- ____ Raincoat or Poncho
- ____ Light Jacket/Sweatshirt/Wind Breaker
- ____ Long sleeve shirt
- ____ 2- T-shirts
- ____ 1 Pair of comfortable long pants that can get dirty
- ____ 2 pair of shorts
- ____ 4 pairs of cotton socks
- ____ 3 sets of underwear
- ____ Swimsuit
- ____ Appropriate sleepwear
- ____ Sunscreen/ Insect Repellent
- ____ Plastic trash bag for dirty or wet clothing
- ____ Sleeping bag
- ____ Pillow
- ____ 2 Towels and washcloths
- ____ Toiletries (soap, shampoo, toothpaste, toothbrush, hair brush/comb)
- ____ Flip flops or shower sandals
- ____ Tennis shoes and/ or hiking shoes/ boots needed to avoid injury

Remember it is best to be prepared for a variety of conditions should the need arise. Please label all of your belongings; you are responsible for your own things.

What to leave at home:

- iPods, MP3 players & electronics
- Cell phones
- Cameras
- Cigarettes
- Illegal drugs
- Alcoholic beverages



Camp Photo Project

IMPORTANT!

MEMORIAL PROJECT

We are asking each camper to **PROVIDE ONE PHOTO** of the person who died. It is important that each child have input into which picture he/she would like to choose. This can be a special time with your child as you look through photographs together. **We will use this photo for a craft and memorial activity at camp.** A 5x7 photo works the best but smaller sizes can be used as well. A sharp photo printed on photo paper works best. ***If the photo is one-of-a-kind and precious to you, we suggest that you send a reproduction.***

This will be an important part of the camp activities so please do not forget to send a photo with the camp registration. Please contact me at 970-245-5377 with any questions.

Please do not send more than one photo for this project. If more than one photo is sent, we reserve the right to choose one photo to be laminated for the project.

Thank you,

Courtney Flores Rodriguez
Director of Bereavement
HopeWest Kids
970-245-5377

**PHOTOS ARE ESSENTIAL FOR A
MEMORIAL ACTIVITY AS WELL AS OTHER
ACTIVITIES AT CAMP. PLEASE MAKE SURE
TO SUBMIT THE PHOTO WITH THE
APPLICATION PACKET.**

THANK YOU!



Camper Application Checklist

In an effort to decrease the amount of staff time spent contacting parents for necessary paperwork, the following checklist is included to assist you in the registration process. **Your child is not registered and insured a spot at camp until all the paperwork and required interview are complete.**

- ☐ I have read the introductory letter. (Keep this letter for reference regarding address and times for departure to /return from camp)
- ☐ Two page application
- ☐ Discipline policy. I have read this with my child and both of us have signed
- ☐ Health history
- ☐ Medical release form
- ☐ Medication release form
- ☐ Over the counter Medication authorization
- ☐ Photo release
- ☐ Waiver and release
- ☐ All the above are signed by the legally responsible party
- ☐ I have read about the photo project and included the required photo
- ☐ My payment is included. If you wish to apply for a scholarship call Courtney at 970-245-5377
- ☐ If required I have made an interview appointment for my child/children
- ☐ I have kept the suggested clothing and equipment list for my reference when packing my child for camp

Thank you for your attention and cooperation. All of the forms are necessary and assist us in preparing a safe and healing environment for your child. To make an interview appointment and for any questions you may have, contact the HopeWest Kids office at 970-245-5377 if you reside in the Grand Junction area, contact Claire at 970-874-0628 if you reside in the Delta area, and contact Teri at 970-497-5205 if you reside in the Montrose area.



2023 Camper Application
July 14-16, 2023

Camper Name: _____

Name as it should appear on camp nametag: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Age: _____ Date of Birth: _____ Male ☐ Female ☐

Ethnic Group (optional): Asian ☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐

School Entering in the Fall: _____ Grade Entering in the Fall: _____

Parent/Legal Guardian: _____

Mailing Address (if different from camper): _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Alternate Emergency Contact Person: _____

Emergency Phone: _____ Relationship to Child: _____

_____	_____	_____	_____	_____
Name of Person who died	Age at Death	Date of Death	Cause of Death	Relationship to Child

Is this the child's first experience of significant loss? Yes ☐ No ☐

Describe the circumstances of the death—how, when, where (use a separate sheet of paper if necessary.)



Please mark your child's T-SHIRT SIZE for their official camp shirt:

____ Child Small 6-8 ____ Child Medium 10-12 ____ Child Large 14-16
____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL

1. Other emotionally significant changes:

Change of home ☐ Change of school ☐ School difficulties/problems ☐ Loss of pet ☐

Death of any other family member or friend ☐ Change in family structure/divorce ☐

Comments: _____

2. Did the child:

View the body of the deceased ☐ Attend the death ☐ Attend the viewing or rosary ☐

Attend the funeral/memorial service ☐

Comments: _____

3. Signs of the following feelings:

Sadness ☐ Anger ☐ Confusion ☐ Guilt ☐ Other ☐

Comments: _____

4. Has the child experienced any of the following as new behaviors since the death?

Changes in health/energy levels ☐ Changes in sleeping patterns ☐ Experiencing nightmares ☐

New fears or phobias ☐ Bedwetting ☐ Temper tantrums ☐ Changes in appetite ☐ More withdrawn ☐

Comments: _____

5. To what extent is the child included in family discussions related to the death?

6. Does the child refuse to:

Talk about the deceased ☐ Hear about the deceased ☐

7. Share with us anything you would like us to know about your child, such as talents, fears or phobias, activities & hobbies, physical or mental limitations, methods of coping, and dreams & ambitions for the future.

8. Please list names and ages of any siblings or other relatives attending this camp.

PERMISSION / AUTHORIZATION:

I, _____, give permission for _____
Custodial Parent or Guardian (please print) Child/Teen (please print)

to participate in Camp Good Grief! offered by HopeWest.

Parent or guardian signature

Date



Discipline Policy

To insure the safety and enjoyment of all campers, camp staff will address disruptive, inappropriate, and/or unsafe behavior by utilizing time outs, loss of privileges and removal from group activities. If such behaviors continue, then parents/guardians will be contacted to pick up their children. Therefore, a name and number must be provided where a parent and/or representative can be contacted at all times during the camp weekend.

Use or possession of alcohol, cigarettes, or other drugs will result in immediate dismissal from camp.

Name of camper: _____

Name of parent or guardian: _____

Weekend phone contact number(s): _____

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

Signature of parent/guardian

Signature of camper



Camper Health History

Camper Name: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Emergency Contact Person: _____

Phone Number: _____

Relationship to Child: _____

Age: _____ Date of Birth: _____ Male ☐ Female ☐

Height: _____ Weight: _____

Does your child have emotional or physical concerns we should be aware of at camp? If so, how have you dealt with these at home?

Headaches: _____

Allergies: _____ Hayfever: _____ Beestings: _____

Severe Food Allergies: _____

Other: _____

Asthma: _____

Stomach Issues: _____

Sleep Issues: _____

Bowel or Bladder Issues: _____

If your child has a medical diagnosis please note here and check with nurse: _____

Are there any activities your child cannot participate in? _____



Medical Release Form

Name of Camper: _____ Age: _____

As the parent/legal guardian of _____, I request that in my absence the above-named camper be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named camper.

Camper's Date of Birth ____/____/____ Date of last Tetanus Booster ____/____/____

Known allergies of this camper, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone H (____) _____ W (____) _____ C (____) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone H (____) _____ W (____) _____ C (____) _____

Person to notify if parent/guardian is unavailable

Phone H (____) _____ W (____) _____ C (____) _____

Insurance Carrier _____

Policy Number _____ Group Number _____

Signature of Parent/Legal Guardian

Date



Camper's Name (please print): _____

Prescription Medications

Prescription Medication Policy for Camp Good Grief!

HopeWest will provide a registered nurse to administer prescription medication to campers during camp.

If your child will require prescribed medications, please complete the Medication Release and Medication Instruction Sheet sections below. The medications must be turned over to the nurse when your child arrives at the designated pick up point for camp. Medications must be in a prescription bottle with correct child's name, the name of medication, and instructions for dosage on the label. The information on the medication sheet must match the instructions on the bottle. It is advisable to only send amount of medication required for the weekend.

Medication Release

I, _____, hereby authorize the Camp Good Grief! registered nurse to administer medications during the time of camp to the child named above, as instructed below.

Medication Instruction

Name of medication	Dosage	Frequency	Purpose

Homeopathic/Herbal Remedies

Name and dosage	For what symptoms

Over-The-Counter Medication Authorization



Name of camper: _____

Please check all over-the-counter medications that may be administered to the camper if the site nurse deems it necessary for;

Headache:

___ Tylenol (Acetaminophen) ___ Aleve (Naproxen Sodium) ___ Advil (Ibuprofen)

Upset Stomach:

___ Pepto Bismol (___ tablet ___ liquid) ___ Mylanta ___ Tums/Roloids ___ Maalox ___ Other:

Menstrual Cramps:

___ Tylenol ___ Aleve ___ Midol ___ Pamprin ___ other:

Minor Scrapes:

___ Antibiotic Ointment ___ Bactine ___ Peroxide ___ Alcohol ___ Other:

Sunburn:

___ Aloe Vera ___ Solarcaine ___ Other:

Insect Bites:

___ Tylenol ___ Benadryl Ointment/Benadryl Stick ___ Sting-Eze ___ Other:

Cold Symptoms:

___ Decongestant/Cough Suppressant (Robitussin DM) ___ Throat/cough lozenges
___ Expectorant (Mucinex or guaifenesin) ___ Tylenol, Advil, or Aleve ___ Theraflu
___ Antihistamine (Benadryl tablets or liquid) ___ Chloraseptic ___ Other:

Seasonal Allergies:

___ Claritin ___ Benadryl ___ Other:

Poison Ivy:

___ Benadryl (ointment/stick/oral) ___ Caladryl ___ Aveno bath ___ Ivarest Ointment ___ Other:

Comments: _____

Signature of parent or guardian

Date



Authorization for Use of Quotes/Photos/Video/Audio

Name _____

I authorize HopeWest to use **interviews, quotes, photographs, video, or audio** of me for marketing materials, media stories, social media content, or photographic displays/contests. I also authorize HopeWest to disclose demographic information about family members and myself. I understand that my information is being disclosed for use in educational, marketing and/or outreach activities and that these activities may involve the creation of materials to be distributed, displayed, or sold to the general public.

I understand that the information disclosed under this authorization may be subject to re-disclosure and no longer protected by the federal privacy regulations. Finally, I understand that I may revoke this authorization in writing at any time by sending a letter to HopeWest stating my revocation, except to the extent that action has been taken in reliance on this authorization. Unless revoked by me, this authorization expires 10 years from the date I sign below.

Signature

Date

Name of Personal Representative (if applicable)

Relationship

IF CONSENT IS FOR A MINOR (under age 18):

We hereby represent that we are the parents and/or guardian or next-of-kin of _____, a minor, and that we voluntarily give our consent to photography as noted above. We have read the consent form in its entirety and agree to be bound by it.

Signature _____ Date _____

Signature _____ Date _____

Event Name: _____ Date of Event _____

Location of Event: _____



Waiver and Release of Liability

Camper Name: _____

In consideration of being allowed to participate in any way in the Camp Good Grief! Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, HopeWest, Camp Cedaredge, their officers, officials, agents and/or employees, other participants, sponsoring agents, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to personal property, WHETHER ARISING FROM NEGLIGENCE OF RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARTICIPANT'S SIGNATURE)

If over 18 years of age

(DATE SIGNED)

FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

(PARENT/GUARDIAN SIGNATURE)

(DATE SIGNED)

(EMERGENCY PHONE #)