



Open our doors to **HOPE, COMMUNITY, & FUN**

## **Camp Good Mourning 2010 Registration Materials and Guidelines for Children/Teens**

Thank you for your interest in attending this year's Camp Good Mourning. The camp will be held Friday, August 6<sup>th</sup> through Sunday, August 8<sup>th</sup> at Camp Twin Lakes in Rutledge, Georgia.

Please complete the attached registration form and return it as soon as possible to ensure a space is reserved at camp for your child(ren). Once your registration has been reviewed and accepted, a confirmation letter will be sent to you, along with directions, a map of the camp and a list of what your child needs to bring to camp.

### **Please note this important information:**

- ❖ **Space is limited:** The registration forms must be completed and signed in order for your child/teen to attend camp. Incomplete information will cause a delay in processing your child/teen's registration and may result in being unable to attend camp.
- ❖ **You MUST attend one Camp Information Session:** A parent or guardian of the child/teen must attend a **MANDATORY** Camp Information session at the Clubhouse in order to complete the registration process.
- ❖ Your child must be a member of Kate's Club and we encourage attending as many programs as possible leading up to camp. All campers must have attended at least two Kate's Club programs since August 2009.

Please choose the Camp Information Session you plan on attending:

- Saturday, July 10<sup>th</sup> from 10:00 am to 11:00 am (Park Bench)
- Tuesday, July 13<sup>th</sup> from 6:30pm to 7:30pm
- Saturday, July 24<sup>th</sup>, from 10:00 am to 11:00 am (Park Bench)
- ❖ If your child/teen requires special accommodations (i.e. dietary restrictions/ physical limitations), please let us know immediately. We will make every effort to accommodate special needs.
- ❖ **Application Deadline: Monday July 19<sup>th</sup> 2010**



***Please return registration forms to:***  
Kate's Club Programs  
1330 West Peachtree St NW Ste. 520  
Atlanta, GA 30309  
**OR**  
Fax: 404-347-7621



# Camp Good Mourning 2010

## Child/Teen Registration Form

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Gender:  Female  Male

T-shirt Size:  X-Small  Small  Medium  Large

School Child is attending this Fall: \_\_\_\_\_ Grade in August: \_\_\_\_\_

What Kate's Club Programs has your child/teen attended? (please mark all that apply)

Support Services  Holiday H.U.G.S.  Camp Good Mourning

Club Outings

Has your child/teen and/or family received any grief counseling?  Yes  No

If so please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any attention, behavior, or learning difficulties?

Please Specify: \_\_\_\_\_

\_\_\_\_\_

**Please describe any challenges your child/teen has with the following:**

**Getting along with friends:** \_\_\_\_\_

**Getting along with family:** \_\_\_\_\_

**Physical limitations:** \_\_\_\_\_

**Sleep problems:** \_\_\_\_\_

**Other challenges not listed:** \_\_\_\_\_

\_\_\_\_\_

**Has your child ever spent the night away from home? What was the experience(s) like for him or her?**

\_\_\_\_\_

**Describe your child's swimming abilities. (i.e. loves to swim, experienced or non experienced swimmer, fear of water, does not like to swim, needs assistance of a swim aid).** \_\_\_\_\_

\_\_\_\_\_

**Describe any fears of which staff should be aware (ex: loud noises, thunder, bugs, heights, etc.).** \_\_\_\_\_

\_\_\_\_\_

**What would you like the Cabin Leader to know about your child?**

\_\_\_\_\_

**Who provides the child's primary emotional support? (Check all that apply)**

Parent    Sibling    Friend    Relative (specify) \_\_\_\_\_

Mental health practitioner (specify) \_\_\_\_\_

Religious representative (e.g. pastor, rabbi, priest) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Goals you would like to see your child/teen achieve while at Camp Good Mourning:**

\_\_\_\_\_

**Additional comments/suggestions:** \_\_\_\_\_

\_\_\_\_\_



## Camp Good Mourning 2010 Child/Teen Medical Emergency Form

Please fill out this form completely. Each child/teen must have a Medical Emergency Form on file in order to participate in Camp Good Mourning.

*Please include a photocopy of your child's insurance card with application.*

**Child's Full Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

*In case of emergency, the camp should notify:*

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

**Phone number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

*Additional name and telephone number in case we cannot reach the person listed above:*

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

**Phone Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_

**Physician's Ph. Number:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Allergies we should be aware of:** \_\_\_\_\_

**Medical problems we should be aware of:** \_\_\_\_\_

**May we dispense Tylenol if needed?**  Yes  No

**Activities that should be restricted or physical limitations:**

\_\_\_\_\_

**Please include any other information we need to care for your child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Camp Good Mourning 2010 Waiver for Dispensing of Medication

This form is for any/all medications that will need to be administered during your child's stay at camp. **All medications must be contained in original prescription bottle and must have child's name and prescribed dosage listed.**

It is required by Kate's Club, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that any prescription medication is administered solely at the request of and as accommodation to the undersigned parent/guardian.

1. I/We request that (child's name) \_\_\_\_\_  
Receive (name and dosage of medication) \_\_\_\_\_  
For the period from (date/time(s)) \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_.  
Physician's description of any anticipated reaction of child to medications:  
\_\_\_\_\_

2. I/We request that (child's name) \_\_\_\_\_  
Receive (name and dosage of medication) \_\_\_\_\_  
For the period from (date/time(s)) \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_.  
Physician's description of any anticipated reaction of child to medications:  
\_\_\_\_\_

3. I/We request that (child's name) \_\_\_\_\_  
Receive (name and dosage of medication) \_\_\_\_\_  
For the period from (date/time(s)) \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_.  
Physician's description of any anticipated reaction of child to medications:  
\_\_\_\_\_

4. I/We request that (child's name) \_\_\_\_\_  
Receive (name and dosage of medication) \_\_\_\_\_  
For the period from (date/time(s)) \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_.  
Physician's description of any anticipated reaction of child to medications:  
\_\_\_\_\_



**Camp Good Mourning 2010**  
**Camp Twin Lakes/Kate's Club Medical Authorization 2010**

**WAIVER FOR DISPENSING MEDICATION:**

I/We give permission for the above named child to be dispensed medication at camp for which an appropriate Authorization to Give Medication at Camp form has been approved. I/We understand that Kate's Club does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the Program Coordinator or Volunteer Nurse. I/we understand that Kate's Club will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I/we understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release Kate's Club and each of its employees, agents, Directors, and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above child may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

Approved Medications:

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Physician's Signature/Parent Signature: \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR APPLYING SUNSCREEN:**

If the camp's staff recognizes the need to apply sunscreen to my child, I authorize them to do so. Child must bring own sunscreen labeled with their name. Please list any special instructions for administering sunscreen:

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Parent Signature: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:**

If my child is injured in an accident or becomes seriously ill, and I or my designee cannot be reached, I authorize the Program Director and/or Program Coordinator to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold Kate's Club, its Officers, Board of Directors, Employees and Agents from any liability, damages, claims or causes of action, arising out of or in any way connected to the administration of emergency medical services. **I have read and hereby accept the conditions described above as the legal guardian of a minor applicant.**

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Ph. \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Camp Good Mourning 2010**  
**Camp Twin Lakes, Inc.**  
**Release, Waiver, Indemnification, and Health Affirmation**

By signing this Release, Waiver, Indemnification, And Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all kind, personal or property, to me/my child/my ward during or related to me/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that me/my child's/my ward's attendance at Camp Good Mourning, Kate's Club ("Partner Organization") and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with Partner Organization's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Partner's Organization's activities and programs, and I or my ward, to the extent my child or ward will be attending and participating in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Partner Organization's camp at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any damages, cost, claims, demands, actions or causes of action sustained by any other person as a result of me/my child's/my ward's participation at CTL, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees, or agents; provided, however that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I have received approval from a doctor authorizing me/my child/my ward to participate in at least some of the activities at Camp Twin Lakes. I further agree to inform Partner Organization of any activities in which I/my child/my ward is not participate.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.**

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name of Minor Child or Ward (if applicable):** \_\_\_\_\_

**Camp Twin Lakes, Inc.**

**Release and Waiver of Copyright and Other Usage Rights**

By signing this Release and Waiver of Copyright and Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, my executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph and/or videotape me/my child's/my ward's participation in activities of CTL's facility and that CTL has the right to use photographs or other images of me/my child/my ward in public relations activities and promotional materials including, but not limited to, videotapes, pamphlets, and brochures. I further acknowledge that CTL shall have all rights of copyright in and to such photographs and videotapes and may exploit such copyright fully. I release and waive all rights and interests in and to such materials.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).**

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name of Minor Child or Ward (if applicable):** \_\_\_\_\_



## Camp Good Mourning 2010

### RULES AND REGULATIONS FOR CAMPERS

1. Camp is a place to make friends, have fun, share, and learn, so it is mandatory to have a good time.
2. So campers can be identified by Camp Twin Lake staff, all campers **MUST** wear their nametags at all times.
3. Campers must stay with a Buddy or Kate's Club Staff at all times.
4. Please leave cell phones, video games, and all other valuable items at home, Kate's Club is not responsible for these items that may be lost, stolen, or broken.
5. Drugs, Alcohol, weapons, or other potentially dangerous items may not be brought onto the camp-site, under any circumstances and would result in the youth's parent needing to pick him or her up immediately from camp.
6. Wear age appropriate clothing that is loose fitting, comfortable, and able to get dirty during activities. Do not wear clothing with obscene messages, foul language, alcohol or cigarette advertisements. This includes wearing one piece swim suits for activities and the pool.
7. Respect the Camp-Site, Camp Twin Lakes Staff, Kate's Club staff, Buddies, and other campers. This means you should keep your hands to yourself, calmly work out your problems with others, focus on the good rather than complaining about what you may not like, keep your voice at a low tone, use clean language, pick up all your garbage and put it in garbage cans, respect property at all times, etc. includes, but is not limited to: No hitting, No arguing, No whining, No shouting, No foul language, No littering, No destruction of property, etc.
8. During the "Quiet Time" portion of the schedule, all campers must rest quietly in their cabin to help recharge for the next great activity.
9. Most importantly, a camper should relax, and have a great time!

*I have read and fully understand the rules for Camp Good Mourning and understand my child(ren) are expected to follow these rules.*

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date