

## Camp Journey 2018 Registration Materials

Thank you for your interest in attending this year's Camp Journey Weekend Camp. This Camp is being held on Saturday, April 28, 2018 (9:00 AM) through Sunday, April 29, 2018 (1:00 PM) at Camp Twin Lakes in Rutledge, Georgia. Abbey Hospice strongly encourages children to attend for the duration of the camp.

Please complete the attached registration form and return it as soon as possible to ensure your space. All applications are due no later than April 18, 2018. Once your application has been reviewed, acceptance into the camp will be followed by an acceptance letter; including a list of what to bring, camp directions, and a map of the camp.

Please make a note of this important information:

- The registration forms must be completed and signed in order for your child to attend camp.
- Please complete all parts of the application as accurately as possible. The more accurate your answers are the better care we can provide your child.
- If there are any special dietary requirements or restrictions, please notify Abbey Hospice immediately. We make every effort to accommodate each child.
- Saturday, April 28: Campers need to plan on arriving at Camp Twin Lakes at 9:00 am.

We look forward to you joining us on this very special day! We encourage you to talk with your child about this experience and share with them how much you want them to attend.

Please return registration forms to:

Whitney Walton  
Camp Journey, Camper  
Application  
Abbey Hospice  
215 Azalea Court  
Social Circle, GA 30025

Please feel free to contact us:

Phone: 770-464-5858

Fax: 770-464-5875

[bereavement@abbeyhospice.com](mailto:bereavement@abbeyhospice.com)

# Camp Journey 2018

## Child/ Youth Registration Form

In order to attend Camp Journey, your child must be pre-registered. Registrations are made on a first-come, first-served basis and may include an interview. PLEASE COMPLETE A REGISTRATION FORM FOR EACH CHILD. A confirmation letter will be sent to you to secure your child's registration with more information about the camp.

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

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

Relationship to the Child: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

School the child is attending: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

Please list other family members. Please also note if they are applying for Camp Journey as well.

Names: \_\_\_\_\_ Attending camp? (circle) Yes No

\_\_\_\_\_ Attending camp? (circle) Yes No

\_\_\_\_\_ Attending camp? (circle) Yes No

T-shirt size: *Child:* S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ *Adult:* S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

## Information about the person who died

Name of Loved One: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Was your family a patient of Abbey Hospice?  Yes  No

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at death: \_\_\_\_

Cause of death: \_\_\_\_\_

What was this person's quality of life during the dying process (if applicable):

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### Questions

*Please complete the following questions as accurately as possible. This information is very helpful to the overall care of your child while at Camp Journey.*

Please share with us the nature of your loved one's death (include length of illness, if any).

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Please describe what the relationship was like between your child and your loved one.

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What was the reaction of the child?

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What was your reaction? Was speaking with your child difficult?

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How have the behavior or emotions of your child changed or not changed since the death?

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Did your child attend the funeral or memorial service? What was their experience?

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What support does your child have? (family, friends, sports, school)

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Has your child experienced any other losses? (What loss and when did they occur? These losses can include family, friends, moving, divorce, and pets)

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Describe any significant information that would help us care for your child:

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Is there anything else that would help us in the care of your child?

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# Camp Journey

## Medical Information and Release Form

Please complete this form in its entirety for each child that you are registering. Without completed information and signed permission, your child cannot attend Camp Journey.

First Name of Child: \_\_\_\_\_ Last Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Parent or Guardian Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*\*

In case of emergency, please list an alternative person or family who we may contact. We recommend sharing with this person that your child is attending Camp Journey.

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Child's Medical Information

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies (including medications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous or Significant Medical Conditions: \_\_\_\_\_

Medications: We will distribute medications that are necessary for your child. All medications must be brought in an original prescription bottle with the child's name, accurate dosage, and physician information. A medical professional will administer all medications. In addition, please include any over-the-counter medication along with prescribed medications to be taken on an as needed basis (example: Claritin for allergies at camp). These medications will be held by Abbey Hospice and given to the child per their request.

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ Needed for? \_\_\_\_\_  
Name of Medication How many/ time

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ Needed for? \_\_\_\_\_  
Name of Medication How many/ time

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ Needed for? \_\_\_\_\_  
Name of Medication How many/ time

May we dispense Tylenol or Ibuprofen as needed?  Yes  No

## Parental Consent

As the parent or guardian of \_\_\_\_\_ (name of child), I give Abbey Hospice and Camp Journey permission to administer medications as prescribed by this child's physician. By signing this statement, I release the camp, its agents, employees or representatives of any responsibility for ill effects which may result from administering said prescribed medication.

I understand that in the case of emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection anesthesia, or surgery for my child, as named herein.

I give permission for the use of photography, video and/or digital, including my child in camp publicity and promotion, for my child to participate in scheduled and supervised camp activities, and for the release of medical records in case of injury or illness.

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

## EXHIBIT 1

### Rules and Regulations for Camp Twin Lakes

The rules and regulations of Camp Twin Lakes are necessary to ensure a smooth functioning camp. They have been established for all staff and campers. From time to time, it may be necessary to amend these rules as the situation warrants.

1. The following are not permitted in any part of the Camp Twin Lakes Facility during the Term:

- a. Alcoholic Beverages.
- b. Knives, Fireworks, Firearms or other weapons (except as they relate to the Camp Curriculum).
- c. Pets (except trained service animals). PLEASE LEAVE DOGS AND CATS AT HOME.
- d. Drugs (except for prescription drugs and other legal drugs provided by the Partner Organization and necessary for members of such Partner Organization. These drugs must be controlled and dispensed by identified, responsible members of the Partner Organization). All other drugs of any nature are strictly prohibited on any portion of the Camp Twin Lakes Facility.

2. Possession of Cell Phones by Campers is strictly prohibited. Staff and Volunteers should only access cell phones or other devices on breaks outside the presence of campers.

3. Smoking (including e-cigarettes) is not permitted inside any building of the Camp Facility or within the main camping area. A smoking area has been designated in the Parking Area with sand urns. Cigarette butts should not be deposited on the ground, but in proper receptacles.

4. In order to provide security to our campers and staff, we must know who is in Camp at all times. Visitors are not permitted unless approved by the "Partner Camp Director" and/or the Camp Twin Lakes Camp Director. All visitors must check-in at the main office upon arrival, and be escorted at all times. Visitors are not allowed to participate in any CTL activities or use any CTL equipment. Visitors will not be left alone with any camper.

5. Valuables should be checked in with your Camp Director. Camp Twin Lakes is not responsible for loss or damage to personal property.

6. Camp Twin Lakes may conduct fire and emergency drills on first day of camp session.

7. Access to specialized program activity areas, including the Horseback Riding, Archery, Bikes, Pool, Lake and Challenge Course, are allowed only when accompanied by a properly trained Camp Twin Lakes Staff member.

8. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 7 mph must be observed on camp property.

9. Only authorized Staff as assigned by the "Partner Camp Director" and/or the Camp Twin Lakes Camp Director may use the golf carts. All drivers must be at least 18 years old and understand the written rules of the road.

10. Meals are served according to the schedule established by the CTL. The kitchen will be closed after supper clean-up until breakfast the next day. No one is permitted in the kitchen at any time. No food, glasses, dishes or utensils should be taken out of the dining hall facility. Food is not allowed in cabins as it attracts rodents and bugs. Special dietary needs should be arranged through the CTL's Food Service Manager in advance. Cereals, fruit, and peanut butter and jelly will be available through-out the day in the dining hall.

11. The use of personal sports equipment such as personal bikes, skate boards and roller blades is permitted ONLY under the supervision of the "Partner Camp Director" and is the direct liability of the Partner Organization. All persons must wear helmets while riding bikes on the camp facilities.

12. All Camp Facilities must be left clean and free from debris at the end of the Partner Organization's Term. Graffiti is strictly prohibited, and the responsibility of the Partner Organization.

13. Laundry use of for camper emergencies and infirmed children only.

14. Thermostats are preset and locked. Any tampering with the thermostats is prohibited!



EXHIBIT 2

CAMP TWIN LAKES -- CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend Camp Journey at Camp Twin Lakes.

Your/Your Child's Name:

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Abbey Hospice Foundation and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Abbey Hospice Foundation program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Abbey Hospice Foundation and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Abbey Hospice Foundation and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Journey at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in the Camp Journey activities at Camp Twin Lakes. I also agree to inform Abbey Hospice Foundation of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Abbey Hospice Foundation and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Abbey Hospice Foundation at Camp Twin Lakes.

III. MEDIA RELEASE

I do \_\_\_ I do not \_\_\_ give Abbey Hospice Foundation and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Abbey Hospice Foundation and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Abbey Hospice Foundation or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Abbey Hospice Foundation and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Abbey Hospice Foundation and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION

I do \_\_\_ I do not \_\_\_ give Abbey Hospice Foundation and Camp Twin Lakes to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X  
Parent/Guardian/Self Signature

Date