



Hospice of Ashland County
 Hospice of Knox County
 Hospice of Richland County
 Life's Seasons Palliative Care
 What Goes 'Round Thrift Shoppe

Camp Hope 2020 Registration Form

Questions Call: 740-397-5188 or 419-281-7107

Ages 6-11: Monday, June 15 at 9 am to Wednesday, June 17 at 9 am (Overnight two nights)

Ages 12-17: Wednesday, June 17 at 11 am to Friday, June 20 at 11 am (Overnight two nights)

Camp location: (DO NOT MAIL APPLICATION TO CAMP ADDRESS-see below for mailing address)

Pleasant Hill Outdoor Camp, 4654 Pleasant Hill Road, Perrysville, Ohio 44864

Please **mail** this completed form, signed by parent/guardian, along with \$35 registration fee made payable to:

Hospice of North Central Ohio/Hospice of Knox County: 17700 Coshocton Road, Mount Vernon, OH 43050

Or go on line to register at www.hospiceofnorthcentral.com

Registration fee waivers are available as needed.

Camper's Name _____ Age _____ Birth date _____ F M

Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name _____

Parent/Guardian's Home Phone _____ Cell _____ Work _____

Parent/Guardian's Email _____

Name of person camper is grieving _____ Relationship _____

How long ago? _____ Cause or circumstances of death _____

Did camper live with this person? Please circle: Yes No

Did child witness death? Please circle: Yes No

Are there any specific concerns or other pertinent information that we should know? (For example, inappropriate or aggressive behaviors, mood disturbances, etc.)

Your expectations of Camp Hope for your child:

Circle camper's T-shirt size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Family Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please list all pertinent medical information including allergies, medications, restrictions, etc.*

*Please note: A nurse will meet with each child and parent to review medications and any special conditions.

Please check one:

_____ **Do** apply sunscreen and bug repellent as appropriate.

_____ **Do not** apply sunscreen and bug repellent as appropriate.

MEDICAL RELEASE

My child _____ has permission to participate in all activities of Camp Hope, with the exception of restriction listed above. I understand that the participants will be supervised. I understand that employees and volunteers of Hospice of North Central Ohio are not responsible in the event of accidental injury or illness, nor for compounded injury or illness due to the camper's medical conditions listed. I further understand that in case of serious injury or illness, I will be notified. I give my permission for my child to be transported to the nearest hospital facility. If I cannot be contacted, I give permission to the family physician or to the emergency room physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery for the participant as named above.

Parent/Guardian Signature

Date

RELEASE OF LIABILITY

_____ I understand and agree that Hospice of North Central Ohio and its Board of Directors, officers, employees, volunteers and camp sponsors, are released from any legal responsibility and/or liability for negligence arising out of any accident or illnesses that may occur while my child (name of camper on form) or I attend Camp Hope.

RELEASE OF PUBLICITY

_____ I give permission to Hospice of North Central Ohio to use photographed, voice and video images of the camper named above, and of any activities in which the camper is involved, in print, social media, online and other publicity.

_____ I **DO NOT** give permission to Hospice of North Central Ohio to use photographed, voice and video images of the camper named above, and of any activities in which the camper is involved, in print, social media, online and other publicity.

Parent/Guardian Signature

Date

Send completed form to: Camp Hope Registration, 17700 Coshocton Road, Mount Vernon, OH 43050

Hospice of North Central Ohio, Inc. does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, national origin, disability, sex, sexual orientation, gender identity, religion, creed, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by Hospice of North Central Ohio, Inc. directly or through a contractor or any other entity with which Hospice of North Central Ohio, Inc. arranges to carry out its programs and activities.

For Office Use Only

Type of payment: _____ Amount Paid _____ If Cash Receipt #: _____ Scholarship _____

Date _____ Initials _____ **Registration received letter mailed** _____