

# Camp Hope 2024

Wednesday, July 17, 2024  
Round Hill Pines Beach Resort  
300 Hwy 50, Zephyr Cove, NV 89448



Dear Parent/Guardian,

We are honored you are interested in having your child or teen attend Camp Hope 2024. Our program is available free of cost to children ages 7-12 and teens ages 13-17 (18 if still in High School), who have experienced the death of a loved one. This camp application includes the information necessary to register your child for camp.

We are thrilled to again be hosting camp at the beautiful beaches of Lake Tahoe at the Round Hill Pines Beach Resort. Kids and Teens will work separately on activities, coping skills, crafts and grief activities, then come together for some beach time and lunch.

Parents/Guardians are expected to provide their own transportation to drop off and pick up their child(ren)/teens at camp. Camp space is limited, so we encourage you to complete and return this application as soon as possible.

We look forward to receiving your application. If you have any questions, please call 775.450.0329 or email us at [info@douglascenterforhopeandhealing.org](mailto:info@douglascenterforhopeandhealing.org)

Sincerely,

Amanda Johnson, Executive Director  
Telsche Hipple, Camp Director  
and the CHH Board of Directors

**Camp Hope 2024**  
**Grief Day Camp**  
**Program Application**  
(Thanks for printing legibly or typing!)

**1. CAMPER AND PRIMARY CONTACT INFORMATION**

Name of Camper: _____ Date of Birth: _____ Age(at the time of Camp): _____			
Name you prefer to be called (if different): _____			
Name of School: _____		Grade: _____	
T-Shirt Size (circle one): <b>Youth:</b> XS SM MED LG <i>or</i> <b>Adult:</b> SM MED LG XL XXL XXXL <b>Select One</b>			
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		Cell Phone: _____	Work Phone _____ Email address you check frequently: _____
Best way to contact you? <b>(circle one)</b> <b>Home Phone</b> <b>Cell Phone</b> <b>Email</b>			
☐ Please send my paperwork via US mail		or                      ☐ Please send my paperwork via email	
What is the race/ethnicity of you/your camper?*		☐ Prefer not to say	
*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.			

**2. EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Work/Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_

**3. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, food allergies or special needs the staff should know about?

\_\_\_\_\_

\_\_\_\_\_

**4. MEDICAL INSURANCE INFORMATION**

Primary Care Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Holders Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

In a medical emergency I, \_\_\_\_\_ give the Douglas Center for Hope and Healings board, staff, and/or volunteers permission to call emergency services in the event my camper, \_\_\_\_\_ becomes injured during Camp

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

### 5. BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions.

Name of the Deceased, age, and relationship to camper.

\_\_\_\_\_  
\_\_\_\_\_

When did the death occur? (date) \_\_\_\_\_

Age of camper when death occurred: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the child present at the time of death? YES / NO

Explain the circumstances and child's reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the child attend the funeral/memorial service? YES / NO

If yes, what was your child's reaction to / or comments about the service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received any professional support? (i.e. school counselor, peer support group, psychologist, psychiatrist, pastoral counselor? YES / NO

If yes, is support currently being provided? \_\_\_\_\_

If counseling is no longer in progress, how long was the period of support provided? \_\_\_\_\_

Does your child have any special needs or circumstances that require extra attention (i.e. physical or mental challenges,

learning disabilities, ADD/ADHD, family situations, etc?

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Have there been any recent problems in your child's school environment?

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\_ Are there any behaviors staff should be aware of (shyness, aggressiveness, eating habits, etc.); or has your child ever been treated for emotional or behavioral difficulties?

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Is there anything else we should know to help ensure a positive camp experience?

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**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**2024 CAMP HOPE RELEASE AND WAIVER OF LIABILITY**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For the date of July 17, 2024

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releas or, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the DOUGLAS CENTER FOR HOPE AND HEALING (DCHH), THE BOARD OF DIRECTORS, VOLUNTEERS AND GRANTORS. The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of DCHH allowing the undersigned to participate in the above named activity for which or in connection with which the university has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge DCHH and the BOARD OF DIRECTORS, its members individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant’s immediate care. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge DCHH, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class. I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Parent Initials: \_\_\_\_ Release and waiver of Liability I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

\_\_\_\_ Photography Permission We give permission to use this participant’s likeness in either photographic or video-taped promotional materials.

\_\_\_\_\_  
Participant’s Signature Date Participant’s Name Age  
(Please print legibly.)

\_\_\_\_\_  
Parent/Guardian Signature Date  
(If under 18 years old, Parent or Guardian must also sign.)