

Camp Erin 2017 Application Packet Checklist

Application Deadline August 1, 2017

- ☐ 2017 Camp Erin Camper Application
- ☐ Photo of Deceased
- ☐ Custody Release Form
- ☐ Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form
- ☐ Health History/Medication Consent and Instructions Form
- ☐ Challenge Course Release Form
- ☐ Copies of Insurance Cards
- ☐ 2017 Moyer Release

STAFF USE ONLY:

_____ *Yes, attending camp*

_____ *Not attending camp at this time*

_____ *Notified of camp acceptance*

_____ *Salt Dogs Number*

_____ *T-Shirt Size*

_____ *Family Meeting Date/Time*



2017 CAMP ERIN® LINCOLN Camper Application



CAMPER INFORMATION

FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER
PLEASE PRINT OR WRITE LEGIBLY

_____ **New Camper** _____ **Returning Camper**

Camper's name: _____

Camper prefers to be called: _____ **Gender:** _____

Age: _____ **Date of birth (MM/DD/YYYY):** _____ **Grade this Fall:** _____

Race/Ethnicity (We only use this information to gather demographic statistics and for grant applications. Check all that apply.):

☐ African-American ☐ Native American ☐ Asian ☐ Caucasian ☐ Native Hawaiian/Other Pacific Islander
☐ Hispanic/Latino ☐ Multi-Racial ☐ Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ **Relationship to camper:** _____

Mailing address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

E-mail address: _____

EMERGENCY CONTACTS: Please list two people other than you to contact in case of emergency at camp:

Emergency contact #1 Name: _____ **Relationship to camper:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Emergency contact #2 Name: _____ **Relationship to camper:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

If child is a ward of the state, is taking and displaying/sharing photos of camper approved by caseworker?

____ **Yes** ____ **No**

How did you hear about Camp Erin (check all that apply)?

☐ School ☐ Web ☐ Advertisement ☐ New York Life Agent ☐ Hospice
☐ Mourning Hope ☐ Past Camp Erin Participant ☐ Other (please specify below): _____

BEREAVEMENT HISTORY (ON THIS PAGE, PLEASE IDENTIFY THE MOST SIGNIFICANT DEATH IN THE CHILD'S LIFE – A FOLLOW-UP PAGE IS PROVIDED FOR ANY ADDITIONAL DEATHS)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Did the child attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? ☐ Yes ☐ No

Does the child have memories of the deceased? ☐ Yes ☐ No

Describe the majority of the child's memory of the deceased:

☐ All positive memories

☐ Mostly positive memories

☐ Mostly negative memories

☐ All negative memories

What has the child been told about the cause of the death?

Did the child receive grief support services &/or counseling before or after the death? ☐ Yes ☐ No

If yes, please specify services received and length of service:

Was the deceased an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Is either guardian an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving: _____

BEREAVEMENT HISTORY (ON THIS PAGE, PLEASE IDENTIFY ANY ADDITIONAL DEATHS THAT THE CHILD HAS EXPERIENCED)

Name of person who died: _____

Relationship to child: _____

Date of death: _____ Age of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Did the child attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were your child's reactions to/comments about the service? _____

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Was the deceased an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Is either guardian an active, reserve or National Guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving: _____

BEHAVIORS

Has the child exhibited any of the following behaviors in the last two months? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Ran away from home | <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Lying | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Regression | <input type="checkbox"/> Ongoing sleep disturbances |
| <input type="checkbox"/> Special fears | <input type="checkbox"/> Behavior problems (home) | |
| <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Behavior problems (school) | |

Has the child experienced any other deaths?

☐ Yes ☐ No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child's life (e.g., divorce, illness, moving, change of school):

Has the child's behavior, things they have said or done concerned you lately?

☐ Yes ☐ No

If yes, please specify:

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child talked about him/her coming to Camp Erin?

☐ Yes ☐ No

What concern, if any, do you have about the child coming to camp?

What concerns, if any, does the child express about attending camp?

Does your child have a current IEP/504 at school:

☐ Yes ☐ No

If "Yes," what areas of concern does it address:

What strategies have you found to be helpful when your child has overwhelming emotions?

Does your child take medication due to specific behaviors?

☐ Yes ☐ No

If "Yes," what behaviors/medications:

Has the child ever:

Spent a night away from home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attended day camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attended overnight camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List any special interests or hobbies the child has:

Is there anything we should know about the child's religious beliefs or faith practice?

Is there anything else we should know to better serve the child?

T-shirt size (check one):

<input type="checkbox"/> Child S	<input type="checkbox"/> Child M	<input type="checkbox"/> Child L
<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult L
<input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult 2X	<input type="checkbox"/> Adult 3X

Yearly family income: ____less than \$10,000 ____\$10,000 - \$24,300 ____\$24,301 - \$36,450
____\$36,451 - \$49,999 ____\$50,000 - \$99,999 ____ \$100,000 or more

Number of people living in this household: ____

Does your child qualify for free reduced lunches in their school system? ____YES ____NO

Pre-Camp Meet & Greet is required to attend camp. Please indicate days that work best for you and your camper to attend a Meet & Greet with Camp Staff. Please note that camp staff will call or email you to set up a pre-camp meeting.

- ☐ Weekdays in summer
- ☐ Weekday evening
- ☐ Saturday morning
- ☐ Sunday afternoon.

Pre-Camp Gathering and Salt Dogs Baseball

We will be having a **required** pre-camp gathering with camp staff, volunteers, campers and caregivers on the afternoon (time TBD) of **Saturday, August 26th**. Campers will participate in breakout groups with their cabins to get acquainted while caregivers and staff have an informational meeting. All participants will receive tickets to the Salt Dog Stadium that evening to enjoy some time together to relax! ***Please note that the pre-camp gathering and information session is for campers and caregivers only, but Saltdogs tickets are available for all members of the immediate family.***

____**YES!** We will attend pre-camp event on August 26th in Lincoln, NE (Location TBD, you will be notified upon camp acceptance).

____**YES!** We would like tickets to the Salt Dogs game for **Saturday, August 26th**.

Please reserve ____ tickets for our family.

NAME (Printed): _____

SIGNATURE: _____ **DATE:** _____

RELATIONSHIP TO CAMPER: _____

PLEASE RETURN TO:

Mourning Hope Grief Center

Attn: Camp Erin

4919 Baldwin Avenue

Lincoln, NE 68504

cmason@mourninghope.org

(402) 488-8989



Custody Release Form

Name of Child Camper: _____

Birth Date of Child Camper: _____

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, and/or its volunteers to release the child to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper.

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understand this entire form, and I agree to be bound by conditions of the agreement.

Signature of Parent/Guardian

Date



Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: _____

First

Middle

Last

Mother _____ Father _____ Legal Guardian _____

(check one)

Name of Child Camper: _____

First

Middle

Last

Son__ Daughter__ Other__ Birth Date of Child: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/problems:

My child takes the following prescription and/or non-prescription medications:

(Please make sure to add medications to "Medication Log" on page 12 of this application! This includes over the counter meds.)

Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form Continued

Name of Health Insurance Carrier: _____

Address: _____

Telephone Number: _____

Policy Holder's Name: _____

Policy Holder's Group Number: _____

Signature of Policy Holder: _____

(Please make a copy of insurance cards and send them in with camp application paperwork)

Signature of Policy Holder: _____

***Please make a copy of your insurance cards and attach to them to the application.**



Camp Erin Lincoln

Health History/Medication Consent and Instructions

Form 2017

Name of Camper: _____

First

Middle

Last

Gender: _____

Birth Date of Child: _____

Name of Parent/ Guardian: _____

First

Middle

Last

Mother _____ Father _____ Legal Guardian _____ (check one) Emergency Contact # _____

Does your child have any of the following:	Yes	No
Limitations that require special accommodations (please list at bottom of form)		
Asthma		
Dietary Restrictions (i.e. physician recommended, religious, etc.)		
Convulsions		
Seizures/Seizure disorder		
Diabetes		
Ear Infections		
Hearing Impairment		
Motion Sickness		
Nosebleeds		
Wears Glasses/Contacts		
Recurring headaches or stomach aches		
Other: (Please specify)		
Is your child currently under the care of a physician?		
If yes, Physician's Name: _____ Phone #: _____		
Does your child have any allergies?(i.e. food, medicine, or other)		
If yes, please explain		
Any history of operations or serious illnesses?		
Will your child be taking medications at camp?		
If yes, please see fill out chart on the next page.		
The Camp Erin Nurse has my permission to give my child :		
• Acetaminophen (Tylenol) for minor aches or pains?		
• Ibuprofen (Advil) for minor aches or pains?		
• Benadryl for troublesome itching due to bug bites?		
• Tums or Pepto-Bismol for tummy upsets?		
• Neosporin for minor cuts or scrapes?		

Special Accommodations needed:

Parent/Guardian Signature

Date

Please list all the medications that your child will be taking to camp, including over the counter medications (such as allergy medications). All medications will be collected at camp check in and distributed by the Camp Erin Nurse.

Medication:	Dosage:	Reason for Meds:	Side effects observed:	Time meds are given:

CHALLENGE COURSE RELEASE FORM

This will be given to Nebraska Lutheran Outdoor Ministries for their records.

Name: _____ Over 19 yrs old?

Address: _____

City/State: _____ Zip: _____

Phone Number:(____) _____

In case of emergency notify:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

All participants will follow all safety procedures and guidelines as instructed by the NLOM staff. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. **I realize that the Challenge Course/Climbing program might jeopardize my health if I have a history of heart problems or high blood pressure, am pregnant, recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries, have an enlarged organ, am a transplant recipient, or have Down Syndrome.** Participants with any of these or other physical concerns should talk with the NLOM staff prior to the start of the Co-Op event.

In the event of illness or injury, I do hereby consent to whatever medical treatment and hospital care may be considered necessary in the best judgment of the attending physician, surgeon, or dentist performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation in this activity, I agree to waive all claims against Nebraska Lutheran Outdoor Ministries and to hold its employees harmless from any and all liability or claims because of any death, bodily injury, personal injury, or illness that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrence that may arise solely out of the negligence of NLOM, its employees or agents.

I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by NLOM in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or videotapes.

By signing below I am agreeing that I have carefully read and agree to all of the sections above.

Participant Signature (Minors must sign) _____

Date _____

Parent/Guardian/Legal Representative Signature Relationship _____

Date _____

(Required if Participant is 19 years of Age or Younger)



2017 CONSENT AND RELEASE AGREEMENT

I, _____, understand that The Moyer Foundation desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to The Moyer Foundation and release The Moyer Foundation from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my child's and my grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to The Moyer Foundation, its employees, agents, representatives, contractors, successors, and assigns (the "Foundation") the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable, right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform, and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); and, (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks, and to create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin and for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of The Moyer Foundation using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites, or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant The Moyer Foundation all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against The Moyer Foundation therefor.

2. Contact. I agree to receive information/news/updates and other communications, in hard copy, electronic, via telephone and other means, from The Moyer Foundation. I hereby consent to collection and disclosure of my mailing address, email address, and phone number to the Foundation for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless The Moyer Foundation and its directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty, tort (including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may now or in the future have based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived there from, including but not limited to claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of or relating to any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child or me or any third party as a result of or in connection with my or my child's participation in, volunteering for, or employment by, Camp Erin. IF I AM THE PARENT OR LEGAL GUARDIAN OF A CAMPER, EMPLOYEE, OR VOLUNTEER, I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY RELEASED CLAIMS.

(over
please)

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by, Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by, Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to The Moyer Foundation herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms, and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between The Moyer Foundation, my child, and me, and supersedes any prior agreements and discussions between us with respect to my child's or my Publicity Rights. In granting the rights herein, my child and I have not been coerced or induced to do so by any representations or assurances by The Moyer Foundation, its agents or representatives. This Consent and Release may be amended only by written instrument signed by The Moyer Foundation and me. The provisions hereof shall be binding upon my child, me and my heirs, representatives, executors, administrators, and successors. Foundation may, in its sole discretion, assign or transfer all or portions of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby waive any objection to and submit to the venue and jurisdiction of such court (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH FOUNDATION IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: ☐ Camper ☐ Volunteer ☐ Staff Member
Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____ / _____ / _____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____ City, State and Zip: _____

Phone Number: ☐ Mobile ☐ Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)