

# CAMPER APPLICATION

AUGUST 9-11, 2025



## GENERAL INFORMATION

Camper Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Age/Grade \_\_\_\_\_ : School \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Youth Adult ☒ Years Attended Camp New Dawn: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*In the case of an emergency, I give permission for the individual below to be notified or pick up my child if I cannot be reached*

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

Names & ages of siblings that will also be attending: \_\_\_\_\_

**All About the Camper:** Please share what you like to do. Ex...games/activities \_\_\_\_\_

Are you able to swim? YES or NO. If yes, what is your swimming ability? \_\_\_\_\_

Have you spent the night away from home before? Yes or No

If not how do you feel about being away from home? \_\_\_\_\_

**DID YOU KNOW.....**Our Grief Team recognizes that parents/guardians are grieving also, therefore we have developed a 24 hour adult retreat the afternoon of August 10th that transitions into a family camp immediately following the closing ceremony of the children's portion of Camp New Dawn on August 11th. Family camp will conclude Tuesday afternoon, August 12th. There is a separate application for the Adult Retreat/Family Camp registration. The application can be found on Compass website or mailed per request.

## FOR MORE INFORMATION

Rhonda Knotts ★ 443-262-4109 ★ Fax: 410-758-2185

rknotts@compassregionalhospice.org ★ 160 Coursevall Dr. Centreville, MD 21617

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COMPASS

..<CAMP NEW DAWN>..

•A HEALING RETREAT•

## BEREAVEMENT HISTORY

Name of person who died : \_\_\_\_\_ Relationship to Camper : \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_ Age of person who died : \_\_\_\_\_

How has the Camper responded to the death? : \_\_\_\_\_

What did your child call their loved one? \_\_\_\_\_

Describe the relationship between the Camper and person who died : \_\_\_\_\_

Where did the person die? What were the circumstances? : \_\_\_\_\_

Was the Camper present for the death? Y N Did the Camper attend Funeral? Memorial Services? Y N

If yes, how did they respond? : \_\_\_\_\_

Has the Camper received any type of professional counseling or support? \_\_\_\_\_

Have there been other deaths that your Camper has experienced? : \_\_\_\_\_

Any other changes/stress in the Campers life? : \_\_\_\_\_

In your opinion, what are the greatest concerns in each of the following areas :

Emotional : \_\_\_\_\_

Physical : \_\_\_\_\_

Social : \_\_\_\_\_

Spiritual : \_\_\_\_\_

Any problems with sleeping, eating, grades, getting along with friends/other family members, school attendance, illness, etc.... \_\_\_\_\_

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## INFORMED CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

### Please review and initial each line in agreement:

\_\_\_\_\_ I, hereby give permission for my child to attend Camp New Dawn on August 10th-12th. I understand that the camps goal is to help facilitate the bereavement process of my child and to provide support for him/her in understanding and expressing feelings of grief.

\_\_\_\_\_ I give permission for my child to be photographed. I, irrevocably give, grant and convey to Compass Regional Hospice the absolute right and unrestricted permission to copyright and/or use and/or publish my child's name, image or likeness on video and photographs taken of him/her while participating with Camp New Dawn. I understand that these photographs will remain the property of Compass Regional Hospice and they may be used for promotional and/or educational purposes.

\_\_\_\_\_ The information that I give about my family and my child/children will be honored by Camp New Dawn staff/volunteers and is strictly confidential except in the following circumstances: threats to harm self or others, physical, mental, sexual abuse, and neglect, or if there are concerns about drug or alcohol abuse, Camp New Dawn reserves the right to inform parents.

\_\_\_\_\_ I give permission to Camp New Dawn staff to share the information in this application with the volunteers and group facilitators who will be involved with my child.

\_\_\_\_\_ The health and bereavement histories in this application are correct, and the child herein described has my permission to participate in all camp activities except as noted. If he/she appears to be ill and contagious, I will not send him/her to camp.

\_\_\_\_\_ I agree to release, indemnify and hold harmless Compass Regional Hospice, its employees and volunteers for any and all claims, demands, actions, and judgments whatsoever of every name and nature, both in law and equity, which my child now has or may have against Compass Regional Hospice, for all personal injuries, either physical or emotional, known or unknown, and injury to person or property during his/her attendance at Camp New Dawn, including, but not limited to, injury caused by or arising from Compass Regional Hospice.

**PARENT MEETING DATES:** Parents/guardians need to select one. They are mandatory. Thank you.

- ☐ **June 19th: 6p.m.- Barnette Center -255 Comet Dr. Centreville MD 21617**
- ☐ **July 8th: 6p.m -Barnette Center -255 Comet Dr. Centreville MD 21617**
- ☐ **July 28th: 6p.m. - Barnette Center -255 Comet Dr. Centreville MD 21617**

There is a \$75 registration fee for my camper to attend Camp New Dawn. I understand that no family will be turned away due to inability to pay, and I will speak with the Camp Director about any financial concerns. Scholarships are available. I, the undersigned, have read and understand the agreement and its terms:

Signature of Parent/ Guardian: \_\_\_\_\_ Date : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Printed Name of Camper : \_\_\_\_\_

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