

CAMPER APPLICATION

AUGUST 12-15, 2023

COMPASS

..<CAMP NEW DAWN>..

·A HEALING RETREAT·

GENERAL INFORMATION

Camper Name: _____ Preferred Name/Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Gender: M F 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: _____

EXTRA NOTES: _____

COVID-19 INFORMATION: For our in-person, day camp programs, we will adhere to the CDC and WHO standard event safety protocols. These include but are not limited to, face masks to be worn when it is required, and social distancing guidelines will be in place. We look forward to being together and encourage anyone who is unable to adhere to the in-person safety protocols, apply in 2023. Consistent and layered use of multiple prevention strategies will enable us to operate in-person activities in a safe manner. Our goal is to protect children, families, and staff, and slow the spread of the virus that causes COVID-19. Any camper who comes in contact with someone who has tested positive for COVID-19, or tested positive themselves, or is experiencing any COVID like symptoms will not be permitted to attend our day camp program. Our camp nurses will be conducting COVID screenings at registration each morning and we reserve the right to turn away any camper, who does not meet our guidelines.

FOR YOUR INFORMATION

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

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

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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? : _____

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 : _____

EXTRA NOTES : _____

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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 12-15. 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.

- Tuesday, June 27th: 5:30 p.m.-7:30 p.m. at the Barnette Center**
- Wednesday, July 12th: 5:30 p.m.-7:30 p.m. on Zoom**
- Thursday, July 27th: 5:30 p.m.-7:30 p.m. at the Barnette Center**

There is a \$60 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 I have. 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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