

CAMPER APPLICATION

AUGUST 8-10 2026

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 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 10th. Family camp will conclude Tuesday afternoon, August 11th. 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

CAMPER APPLICATION

AUGUST 8-10, 2026



..<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.... _____

FOR MORE INFORMATION

Rhonda Knotts ✪ 443-262-4109 ✪ Fax: 410-758-2185
rknotts@compassregionalhospice.org ✪ 160 Coursevall Dr. Centreville, MD 21617

CAMPER APPLICATION

AUGUST 8-10, 2026

COMPASS

..<<CAMP NEW DAWN>>..

•A HEALING RETREAT•

INFORMED CONSENT, RELEASE, AND INDENIFICATION 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

_____ I give Compass staff the permission to search my child/teen's overnight bag if there is suspicion of an illegal substance or a weapon of any kind.

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

- June 30th: 6p.m.- Barnette Center -255 Comet Dr. Centreville MD 21617**
- July 15th: 6p.m -Barnette Center -255 Comet Dr. Centreville MD 21617**
- July 27th: 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 : _____

FOR MORE INFORMATION

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

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