



PLEASE read the accompanying cover letter from the Camp Director before *completely* filling out all 5 pages of this Camper Registration Form. Thank you!



P.O Box 1361 Lewiston, ID 83501
(509) 780-1156 or campdirector@willow-center.org

CAMPER REGISTRATION FORM

Camp Dates: July 17-19, 2020

Has your child attended Camp Erin before? Yes ☐ No ☐ If so what year/years. _____

Camper's Name:

First

Middle

Last

Nickname (if any): _____

Child's T-shirt size:

Child's: S ☐ M ☐ L ☐

Adult's: S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X ☐ 4X ☐

Home address: _____

City / State / Zip: _____

Age: _____ Date of Birth: _____ Current Grade: _____ M ☐ F ☐

Weight: _____ Height: _____

Parent / Legal Guardian's Name: _____

Daytime phone: _____

Evening phone: _____

Email address: _____

Siblings:

Name

Age

Religious affiliation / preference: _____

Has your child ever spent the night away from home? Yes ☐ No ☐

Who should we notify in an emergency?

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____

Camper Registration Forms must be received by June 22, 2020, but campers are accepted based on date of application, so register as soon as possible!

BEREAVEMENT HISTORY

Camper's Name: _____

Name of the person(s) who died: _____

Relationship to camper: _____

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

Was the deceased a significant caregiver of the camper/s? Yes _____ No _____

Was the death anticipated? Yes _____ No _____

How did this person(s) die? _____

Was your child present at the time of death? Yes _____ No _____

Comments: _____

Did your child see the deceased after the death? Yes ☐ No ☐

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

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

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

Did your child and/or family receive counseling? Yes _____ No ☐

Was the school counselor notified that the child experienced a death? Yes ☐ No ☐

Please describe how your child indicates that s/he is grieving? _____

Has your child experienced any other deaths? Yes _____ No _____

Comments: _____

Have there been any other changes/stresses in your child's life (i.e., divorce, illness, relocation, etc.)?

Please explain: _____

Has your child said or done anything recently that concerns you? Yes _____ No _____

If so, what? _____

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Camper's name: _____

Has your child exhibited any of the following behaviors since the death of the loved one?

Ongoing sleep disturbance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stealing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bed wetting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Destruction of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Regression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Run away from home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nightmares?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Caused harm to self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Discussed suicide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavior problems at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Special fears?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavior problems at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Depression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unusual or inappropriate sexual behavior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Are you concerned about any of the following in relation to your child? Is yes, please comment.

Physical illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Isolation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Intense guilt or self-blame?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Intense anger or depression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Ambivalent relationship with deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Strong denial prior to death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Intense clinging or fretfulness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Multiple deaths/crises in last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
History of mental health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
History of drug alcohol abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
History of attempted suicides?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Lack of financial resources?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Have you and your child talked about him/her going to Camp Erin? Yes ☐ No ☐

What concerns, if any, do you have about your child going to camp? _____

What concerns, if any, does your child have about going to camp? _____

Other comments you wish to make: _____

As a partner with Eluna, the Willow Center is actively working to increase awareness that Camp Erin is a resource to families in the military community. Please answer the following questions for your family:

Was the person who died an active, reserve or National Guard military member or a military veteran?

If so, what branch? _____

Is either parent or guardian an active, reserve or National Guard military member or military veteran?

If so, what branch? _____

Ethnicity (OPTIONAL):

<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native American <input type="checkbox"/> Other

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ALL CAMPERS must bring a picture of the person who has died to camp

CAMP INFORMATION

Camper's name: _____

Has your child ever:

Attended day camp?

Yes ☐

No ☐

Attended overnight camp?

Yes ☐

No ☐

Been in a canoe/kayak?

Yes ☐

No ☐

Been hiking?

Yes ☐

No ☐

Participated in a challenge course/initiative games?

Yes ☐

No ☐

Please indicate your child's comfort level with swimming:

Beginner ☐

Intermediate ☐

Advanced ☐

☐

Does your child play an instrument?

Does your child enjoy:

Music

?

Yes ☐

No ☐

Outdoor activities?

Yes ☐

No ☐

Creative writing?

Yes ☐

No ☐

Arts and

Crafts?

Yes ☐

No ☐

Drama/story telling?

Yes ☐

No ☐

Dance

?

Yes ☐

No ☐

Sports/physical activities?

Yes ☐

No ☐

Reading?

Yes ☐

No ☐

Please list any special interests/hobbies your child has. _____

Is there anything we should know to better serve your child? _____

How did you hear about Camp Erin?

School ☐

Willow Center ☐

Physician ☐

Counselor ☐

Friend ☐

Newspaper ☐

Radio ☐

Church ☐

Relative ☐

Internet ☐

TV ☐

Other ☐

Please specify: _____

Family Income Data (This information is requested by our major grant provider. The data for all campers is confidential. Your response does not determine attendance at Camp Erin): Does your camper/s qualify for free or reduce lunch at school?

Yes _____ No _____

(Print) Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Date _____

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My child has the following allergies (including food, medication, and all other allergies):

Does your child have any of the following:

If yes, comment below as needed:

Physical limitations? Yes ☐ No ☐

Asthma? Yes ☐ No ☐

Dietary restrictions? Yes ☐ No ☐

Convulsions / Seizures? Yes ☐ No ☐

Diabetes? Yes ☐ No ☐

Ear infections? Yes ☐ No ☐

Hearing impairment? Yes ☐ No ☐

Motion sickness? Yes ☐ No ☐

Nose bleeds? Yes ☐ No ☐

Wears glasses / contacts? Yes ☐ No ☐

Please specify.

Other?

Please specify.

Child's Medical Insurance Information – Have Insurance/Medicaid? Yes ☐ No ☐
Please include copy of medical card.

Name of Health Insurance Carrier:

Primary Care Physician:

Address:

Doctors's Telephone Number:

Policy Holder's Name:

Preferred Hospital:

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



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

Name of Parent/Guardian: _____
First Middle Last

Mother ☐ Father ☐ Other Legal Guardian _____ (check one)

Name of Child Camper: _____
First Middle Last

Male ☐ Female _____ 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, hospital, 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 such 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/or problems:

When was your child's last tetnus shot? _____

Will your child be taking any medication at camp? ☐ Yes ☐ No If yes, please list below:

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

Name of Medication	Dose	Purpose	Prescribed by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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 camper 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 the child to health care providers or other appropriate personnel.

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

Signature of Parent/Guardian

Date



2020 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna and Willow Center, Inc. desire 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® as a camper, employee or volunteer. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement ("**Consent and Release**") do hereby grant certain rights to Eluna and Willow Center, Inc. and release Eluna and Willow Center, Inc. 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 confirms my child's and my grant of rights and our agreement is 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 Eluna, Willow Center, Inc., and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, 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) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose ("**Promotional Materials**").

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 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 Eluna and Willow Center, Inc. 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 Eluna or Willow Center, Inc. therefor.

2. Contact. Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Willow Center, Inc. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Willow Center, Inc. for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Willow Center, Inc., and each of their respective directors, officers, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom 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 use 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, 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. 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 HARM OR RELEASED CLAIMS.

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

(over please)

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 Eluna and Willow Center, Inc. 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 Eluna, Willow Center, Inc., me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Willow Center, Inc. and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Willow Center, Inc., and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Willow Center, Inc. may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (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, 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 ELUNA AND WILLOW CENTER, INC. ARE 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: _____

☐ I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

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)