



PLEASE read the accompanying cover letter from the Camp Director before *completely* filling out all 6 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 9-10, 2021

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 XL 2X 3X 4X
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 (optional): _____

Has your child had symptoms of Covid 19 or has been tested positive for the virus? Yes _____ No _____

Has anyone in the immediate family had the virus or tested positive in the last month? Yes _____ No _____

If so when? _____

Who should we notify in an emergency?

Name: _____ Relationship: _____

Telephone: _____

Name: _____ Relationship: _____

Telephone: _____

*** ALL CAMPERS must bring a picture of the person who has died to camp* 4X6 preferred *Camper Registration Forms must be received by June 25,2021***

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 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 _____

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 _____	No _____	Lying?	Yes _____	No _____
Stealing?	Yes _____	No _____	Bed wetting?	Yes _____	No _____
Destruction of property?	Yes _____	No _____	Regression?	Yes _____	No _____
Run away from home/school?	Yes _____	No _____	Nightmares?	Yes _____	No _____
Caused harm to self?	Yes _____	No _____	Discussed suicide?	Yes _____	No _____
Behavior problems at home?	Yes _____	No _____	Special fears?	Yes _____	No _____
Behavior problems at school?	Yes _____	No _____	Depression?	Yes _____	No _____
Unusual or inappropriate sexual behavior?	Yes _____	No _____			

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

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

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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Camper's name: _____

Please indicate your child's comfort level with swimming: Beginner Intermediate Advanced

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. Income level does NOT determine attendance at Camp Erin): Does your camper/s qualify for free or reduced lunch at school? Yes ___ No ___

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 _____	_____
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 _____

Have Insurance: Yes ___ No ___

Medicaid: Yes ___ No ___

Name of Health Care Insurance Carrier: _____

Address: _____

Doctors Phone Number: _____

Policy Holder's Name: _____

Preferred Hospital: _____

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

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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 tetanus 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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date
2021



2021 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, volunteer or visitor. 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 visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). 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: Participant or Parent/Guardian of Participant

Participant is a: Youth Camper Family Member Volunteer Visitor Camp Erin Leadership/Staff

Is Participant an employee of the organization hosting Camp Erin? Yes No

Please initial if individual signing is the parent or legal guardian of the Participant: _____

Participant Name: _____ Date of Birth: _____ / _____ / _____

Parent or Guardian Name (if applicable): _____

Address: _____

City, State and Zip: _____

Phone Number: Mobile Home _____

Participant Email (optional for Youth Campers*): _____

Parent or Guardian Email (if applicable): _____

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

Signature: _____ Date: _____

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

*Eluna will only use Youth Camper email address to send Youth Camper the Camper Newsletter.



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



Assumption of Risk and Liability Release Agreement

The novel coronavirus, which causes the disease COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Willow Center, Inc. ("Local Camp") has put in place measures designed to reduce the spread of COVID-19. However, Local Camp and Eluna **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this Liability Release Agreement, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Local Camp and their respective directors, officers, employees, agents, volunteers, or program participants and their families.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities ("Claims"). On behalf of myself and my children, heirs, representatives and assigns, I hereby release, hold harmless and discharge Local Camp and Eluna, and their respective directors, officers, employees, agents, and volunteers ("Released Parties") from, and covenant not to sue the Released Parties for, any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto that I, or my children and I, may have or acquire. I understand and agree that this Liability Release Agreement includes but is not limited to any Claims based on the actions, omissions, or negligence of the Released Parties. If any provision of this Liability Release Agreement is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

Print Name of Participant: _____

Check the appropriate box: Youth Participant Family Member Volunteer Staff

Signature of Parent/Guardian of Youth Participant

Date

Printed Name of Parent/Guardian of Youth Participant

Date

Signature (Volunteer/Staff/Family Member)

Date



Camp Erin of the Lewis Clark Valley
Willow Center, Inc.
P.O Box 1361 Lewiston, ID 83501
(509) 780-1156 ~ campdirector@willow-center.org
Or (208) 791-7192 ~ ed@willow-center.org

Dear Prospective Camper and Family:

Thank you for your interest in Camp Erin®. Accompanying this letter is a multi-part application form that includes registration information, as well as bereavement history, medical information, and other camp related questions.

Camp Erin will be held July 10, 2021, (With an early check in on Friday July 9th from 5-8 at the Nez Perce County Fair Grounds located at 1229 Burrell Ave in Lewiston, ID. There are no fees charged for children attending Camp Erin. However, please note that parents/guardians will be responsible to make their own arrangements for transportation of their camper to and from the fair grounds.

While at camp your child will stay with other campers of the same gender and similar age. Willow Center staff with expertise in the grief process and specially trained volunteers, many of whom have experienced the death of a loved one, will lead the grief activities and supervise recreation and the overall camp experience. Those designated as “Cabin Big Buddies” will guide each group through the day’s activities. Two registered nurses will be always available on site to dispense medications and to respond to any medical problems that may arise. Our goal is to provide the absolute best day camp experience for your child(ren)!

Acceptance to the camp will be based on several criteria. Because we want to ensure the best possible experience for every Camp Erin participant, each registration will be reviewed in detail and include an interview before the application process is complete. Campers’ applications will be screened to determine their appropriateness for this specialized camp prior to final acceptance to camp. Applications will be accepted on a rolling basis; however, space is limited so *apply early*. Military families are encouraged to apply.

Returning campers will be put on a waiting list. They will be processed on a first come first serve basis along with considering how many years’ potential returnees have attended camp, what changes have occurred in their life within the last year, if a sibling is attending for the first time and other factors decided by the Clinical Team and Camp Director. You will be notified after all new campers have been processed first. **Notification no later than July 1, 2021.**

Please understand there are many children who are waiting for the opportunity to attend Camp Erin. **Camp Erin registration forms must be received by June 24, 2021, but we urge you to submit them as soon as possible to Camp Erin, P.O. Box 1361. Lewiston, ID 83501.**

This year we will have camping available for families at the site, but you will not be allowed to attend any of the all-day functions with your child(ren) until the love light ceremony Saturday night. You can contact me or call the fair grounds the fee with hook up is \$22, without hook up \$16. If you need help with the camp fee, please let us know. This will be a long day starting at 7 am July 10, 2021. You are welcome to come in on Friday night and stay as well.

Thank you again for your interest. We look forward to serving your family at Camp Erin Day. If you have questions about the status of your application, please contact us at (509) 780-1156 or via email at campdirector@willow-center.org

Sincerely,

Shay Wood Camp Director
Willow Center, Inc. /Camp Erin of Lewis-Clark Valley

