

CAMP GREY DOVE FOR SIBLINGS 2009



Peaceable Kingdom Retreat for Children
Killeen, TX

CAMPER Registration Packet

CAMP DATES

Monday, June 15 - Friday, June 19

SPACE IS LIMITED, AND PRIORITY WILL BE GIVEN TO FIRST-TIME CAMPERS WHOSE APPLICATIONS ARE RECEIVED BEFORE THE DEADLINE.

These forms are to be filled out by a Parent/Guardian/Responsible Party. It is **EXTREMELY IMPORTANT** that **EACH SPACE ON ALL FORMS** be filled out **COMPLETELY** (write N/A in fields that don't apply to you). Your **CHILD(REN) WILL NOT BE ADDED TO THE CAMPER LIST** unless **ALL** forms are filled out **COMPLETELY** and sent to the following address/fax/Email address **BY THE DEADLINE**:



Any Baby Can / Candlelighters
ATTN: Traci Marie Canales
Camp Grey Dove
1121 E. 7th Street
Austin, TX 78702

OR
FAX#: 512-334-4465 (Attn: Traci C.) | Email: TraciC@abcaus.org



Candlelighters

Application deadline is **Friday, May 15, 2009**

Applications must be **RECEIVED BY** this date, not simply postmarked by

Please read very carefully!

REGISTRATION: VERY IMPORTANT!

Parents, **please note that space is limited, and priority will be given to first-time campers whose applications are RECEIVED BEFORE the deadline.** **The deadline for applications is Friday, May 15.** However, we expect to reach capacity within the first week of mailing applications, so please **Do Not Wait for the Deadline!** Once we reach capacity, we will start a waiting list. We will notify you of acceptance by mail and will provide additional information such as what to bring, other forms to fill out/sign, etc. If you are on the waiting list, we will notify you by telephone or email (if provided on app).

The Mission:

Camp Grey Dove is a residential summer camp for siblings of children who have been diagnosed with cancer. The purpose of the camp is for siblings to explore the great outdoors, make new friends, enjoy creative and challenging activities, learn something new, reach a goal, share experiences and just simply get away from it all! When cancer touches a child, it touches the entire family. We believe siblings are well deserving of special attention; which is the mission of *Camp Grey Dove for Siblings*.

Staff and Camp Site Information:

Any Baby Can/Candlelighters Staff will coordinate camp for the summer. There is a **limit of 45 camper slots available**, so please send in applications early! Camp will be hosted for the 7th time at Peaceable Kingdom Retreat in Killeen, TX, for more info: www.peaceablekingdomretreat.com

Eligibility Criteria / Who can attend?

If your family has been involved in Candlelighters, your brother/sister has/had cancer, and you are between the ages of 7-14 (**as of June 1, 2009**) then sign up today as a **2009 CAMPER**.

**If you received this Camper Application, are between the ages of 15 and 17, have attended Camp Grey Dove in the past, and would like to be considered as a Counselor-in-Training (CIT) for next year (Camp Grey Dove 2010), please call or email me, and I will put you on our CIT mailing list. Our CIT slots for this year have already been filled.*

***We will adhere strictly to the age limits set forth in this application.
Absolutely NO exceptions.***

If you have any questions, please contact **Traci Canales at
(512) 439-3252 or TraciC@abcaus.org**

Did I forget to include enough applications for all your eligible campers?

For additional copies of the Camp Grey Dove Application Packet, please visit our website:

<http://www.abcaus.org/Candlelighters>

to download, print, fill out, and mail in your application.

If you would like additional copies mailed, emailed, or faxed to you, please contact me.

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A. CAMPER INFORMATION

Camper _____ Age (as of June 1, 2009) ____ Sex (M/F) ____

Date of Birth ____ / ____ / ____

T-Shirt Size: (Please circle one) Youth Size: S M L or Adult Size: S M L XL XXL

TELL US ABOUT YOURSELF

Sibling Questionnaire

As a camper coming to Camp Grey Dove, we want to know as much about you as we can, and asking you some questions is a good way to start! Please take a few minutes to answer the following questions, being **TOTALLY AND COMPLETELY YOURSELF!!!**

1. What is your absolute, most favorite thing to do in the summer?
2. Describe your best friend...
3. What music really makes you get up and dance?
4. What is the coolest animal that you would just love to have as a pet if your house were as big as a zoo?
5. Do you have any pets at home... what kind and what name do they answer to?
6. How would your friends describe you?
7. Describe yourself in one word...
8. Out of all the colors, which one is your favorite?
9. What makes you a little nervous about coming to camp?
10. What makes you most excited about coming to camp?
11. Please share anything else you would like us to know...

B. MEDICAL INFORMATION

ALLERGIES/RESTRICTIONS

Food	Reaction	Medicine	Reaction	Other	Reaction

CURRENT MEDICINES Prescription and Non-prescription (you must send a one-week supply to camp with your child): Please clearly label each medication with child's name and any special instructions.

Name of Medicine	Amount	Times Given	Other Info (i.e. with food)

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C. PARENT INFORMATION

Parent or Guardian Name _____ Relation to Camper _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () - _____ Work Phone () - _____ Cell Phone () - _____

Please indicate your preferred/best contact (circle a phone number above)

Email Address _____

*Emergency Contact Person _____ Relation to Camper _____

Home Phone () - _____ Work Phone () - _____ Cell Phone () - _____

PARENT QUESTIONNAIRE

We are pleased that you have decided to send your child to Camp Grey Dove. Our staff and cabin counselors want to make the time together with your child the most memorable experience possible. Please assist us by completing the following questionnaire.

- Does your child have any security objects (blanket, dolls, teddy bear)?
Yes _____ No _____
If Yes, please explain: _____
- What time does your child get up each day? _____ : _____
What time does your child go to bed at night? _____ : _____
- Does your child take a nap everyday?
Yes _____ No _____
If Yes, how long? _____
What time(s)? _____
- What is your child's swimming ability?
Beginner _____ Intermediate _____ Advanced _____
- Please check specific fears your child might have:
Fire _____ Thunderstorms _____ Dark _____ Horses _____
Showers _____ Other (Please be specific): _____
(retreat does not have bathtubs)
- Please check any behaviors your child might have during separation or stressful experiences:
Bed Wetting _____ Crying _____ Thumb sucking _____ Hair twirling _____ Nail biting _____
Sleepwalking/Sleeptalking _____ Other (Please be specific): _____
- Have there been any recent changes/stress in your child's life that would be helpful for us to know about?
Yes _____ No _____
If Yes, please explain: _____

SPECIAL EQUIPMENT (Wheel chair, contact lenses, crutches, etc.) _____

HEALTH PLAN/INSURANCE _____ **ID NUMBER** _____

NAME OF PHYSICIAN _____ **PHONE:** () - _____

Attendance Information:
If your child has attended Camp Grey Dove in prior years, please list years: _____

This is my child's first year to attend Camp Grey Dove

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Camper's Sibling Information

Child's name diagnosed with cancer: _____

Diagnosis: _____

Date of Diagnosis: ____ / ____ / ____

Sibling is currently: On-treatment _____ Off-treatment and date ____ / ____ / ____

If the camper's sibling has passed away, what is the anniversary date? ____ / ____ / ____

D. IMMUNIZATION RECORDS

A copy of your child's current immunization record is required for camp attendance. No child will be allowed to stay at camp without this record. Be sure to attach a copy to this application.

E. LEGAL INFORMATION

IMPORTANT: ALL THE FOLLOWING AGREEMENTS MUST BE SIGNED FOR ATTENDANCE

Activities Discouraged or Limited by Physician or Parent/Guardian

Please circle all that are discouraged or limited:

- | | | | |
|--|-------------------------|----------------------|-----------------|
| Gardening | Arts and Crafts | Dance | Frisbee Golf |
| Swimming | Fishing | Horseback Riding | Cooking |
| Campfires | Evening Activities | Science Activities | Scavenger Hunts |
| Ropes Course | Nature Hikes/Activities | Special Events | Movie Theater |
| Climbing Tower | Zip Line | Starbright Computers | Outdoor camping |
| Sports and Games: basketball, softball, kickball, volleyball, soccer | | | |

Signature of parent or guardian _____

Date _____

Health/Medical Agreement

This health history is correct so far as I know, and the person/people herein described has permission to engage in all prescribed camp activities except as noted above.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary related transportation for my child(ren). In the even I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child(ren) as named above. I understand that I am responsible for the cost of any medical treatment or care provided to my child(ren). The completed forms may be photocopied for trips out of camp.

I understand that my child(ren)'s medical information is confidential and protected health information (PHI) under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), protected under all other federal and state laws protecting PHI. Such medical information shall not be disclosed or released unless proper authorization is received from a parent/guardian.

Signature of parent or guardian _____

Date _____

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Counseling & Related Services Release

During Camp, your child(ren) will have the opportunity to break into small groups daily. The groups will be an excellent opportunity to meet other siblings that are in a similar situation to share and process experiences. The groups will be facilitated by Any Baby Can-Candlelighters Social Workers and may include group conversations, games, and/or activities to share thoughts, concerns and/or feelings. In addition, Any Baby Can/Candlelighters trained and licensed Social Workers will be on-site and available for the duration of this camp in the event that crisis counseling is requested.

I agree

I do not agree

To accept Counseling and Related Services offered to my child(ren) during Camp Grey Dove held at Peaceable Kingdom Children's Retreat by Any Baby Can/Candlelighters. I understand all counseling and related services provided are confidential. Certain limitations to confidentiality do exist such as suspicion of abuse, risk of suicide, and risk of harm to self or others.

I have read and understand the above statements and consent to services.

Signature of parent or guardian _____

Date _____

Media Release

I give

I do not give

Any Baby Can and Peaceable Kingdom Retreat for Children the right to interview and/or take photographs, audio or audio-visual internet recordings of my child(ren) to be used in promotion, educational, or fundraising materials including, but not limited to videotapes, pamphlets, brochures, and internet. I understand my child(ren)'s name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. Any Baby Can and Peaceable Kingdom Retreat for Children shall have the right to use photographs or other images of my child(ren) in promotional, educational, or fundraising materials. I acknowledge that Any Baby Can or Peaceable Kingdom Retreat for Children shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Any Baby Can and Peaceable Kingdom Retreat for Children and their officers, agents, and employees from all liability connected with taking and using these materials as is authorized by Any Baby Can and Peaceable Kingdom Retreat for Children. In addition, I waive all rights, interest, or claims for payment in connection with any information, education, the furtherance of the goals of these institutions, or other lawful purposes.

I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned below:

Signature of parent or guardian _____

Date _____

Print Name of Camper _____

Is there anything else you would like to share with us about your child?

Thank you for taking the time to fill out this camp application. Remember that every section must be filled out COMPLETELY in order for the application to be processed.

**Applications MUST be received by Friday, May 15, 2009, not postmarked by
REMEMBER to include a copy of your child(ren)'s immunization records**