2011 Camp SOUL Camper Application

(Supporting others, Understanding loss)

Camper Information

Last Name:_____ First Name:_____ Date of Birth: _____

Address:_____ City/Zip: _____ Gender: M F

Please note any Special Needs/Medications/Allergies: _____

_____

Parent/Guardian Information

Last Name:_____ First Name:_____ Occupation: _____

Email: _____ Cell Phone: _____ Home:_____

Emergency Contact Name: _____ Number: _____

How did you hear about Camp SOUL?_____

Name and age of person who died and relation to camper: _____

_____

Date and Cause of death:_____

Was the death anticipated or unanticipated_____

Please describe their relationship: _____

_____

Has the child made any expression of goodbye to the deceased? Y N If yes, please describe:

_____

Challenges your child or family are experiencing

- ☐ Alcohol or Drug Usage
- ☐ Inappropriate Behaviors
- ☐ Depression
- ☐ Aggression
- ☐ Change in sleeping habits
- ☐ Change in eating habits
- ☐ Suicidal thoughts
- ☐ Physical complaints
- ☐ Lack of energy
- ☐ Increased irritability
- ☐ Change in academic status
- ☐ Isolation from family/friends
- ☐ Bedwetting
- ☐ Change in family status (divorce/remarriage)

Please explain further any items above or other areas of concern we may not have asked about: _____

_____

_____

_____

_____

Has your child been in any support groups or sought counseling? Y N If yes, please explain below:

_____

Camper's hobbies and interests: _____

_____

Names and Ages of child's living brothers and sisters:_____

_____

Please describe your child and what you hope they will gain from a weekend spent with us at Camp SOUL:_____

_____

_____

_____

Camp SOUL is being held at beautiful YMCA Camp Matawa located less than hour north of Milwaukee at N885 Youth Camp Road, Campbellsport, WI. Are you able to provide transportation *to* camp for your child the morning of Saturday, October 22 and *from* camp on Sunday, October 23? Y N

On Sunday, October 22, prior to the campers' departure from camp, we will have a special session for parents beginning at 10 a.m. How many adults will be in attendance at this session? _____

Camper T-shirt Size	**Youth**	Small	Medium	Large
	or			
	Adult	Small	Medium	Large

By signing below, I, the parent/guardian certify approval of good health of the camper, and in the event that I cannot be reached in an emergency, authorize the YMCA health care staff/volunteers to render first aid; give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named in this application. I give permission to camp health officer/doctor to dispense over-the-counter products (Tylenol, cough syrup, etc.) and prescriptions as needed. Prudent attempts will be made to contact parents immediately. I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury. I grant permission for the applicant to participate in all planned camp activities including high adventure elements, biking, canoeing, hiking, horseback riding and skateboarding as available. The YMCA is not responsible for lost, stolen or damaged articles. I also authorize the YMCA and its partners to have and use photographs and video of the person named in this application as may be needed for its public relations programs and social media sites. I give permission for the child named to be transported by van or hired bus company. I agree to waive claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

In addition, myself and the camper named in this application understand that the Camp SOUL program is not intended to be used as a substitute for physician or psychiatric care. Participants understand that by enrolling they are agreeing to take part in the weekend voluntarily and remain responsible for their own physical and emotional choices.

Parent Signature:_____ Date: _____

Please return application to YMCA Camp Matawa at N885 Youth Camp Road, Campbellsport, Wi 53010 or fax to 262-628-4051. For questions please contact us at 262-626-2149.