



9245 Twin Trails Drive #720734  
San Diego, CA 92172  
[www.camphopeCA.com](http://www.camphopeCA.com)  
[camphopeCA@gmail.com](mailto:camphopeCA@gmail.com)

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Dear Parent/Guardian,

Thank you for your interest in Camp Hope California (CHC). Enclosed please find the registration form and all release forms necessary to apply for our CHC retreat. Please email forms to [CampHopeCA@gmail.com](mailto:CampHopeCA@gmail.com). If you do not have access to submit forms electronically they may be mailed to::

Camp Hope California  
9245 Twin Trails Drive (#720734)  
San Diego, CA 92172

Once we receive all completed forms, a CHC representative will call you to talk about your child's journey through grief. The representative will also provide you with information about what to expect during the CHC 2 day weekend (no overnight). If, after the conversation, both parties feel that CHC would meet the needs of the child, then a spot will be reserved, and you will receive a confirmation email.

About the CHC weekend:

The 2 day experience begins with registration at 9:00 am on Saturday. Parents/guardians are expected to provide their own transportation. Please arrive on-time so your child can join with the other campers over morning refreshments. Return on Sunday is at 9:30 am. A full schedule will be provided once you are admitted. All parents/guardians are expected to attend our parent session on Sunday afternoon. Attendance on both days is mandatory.

Attendance at Camp Hope California is not intended to constitute mental health or medical treatment of any kind nor create a psychotherapist-patient relationship. Camp has limited spaces, so we encourage you to apply as soon as possible. We look forward to creating a memorable and healing weekend for your camper(s).



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## Camp Hope California Camper Application

Date Form Completed: \_\_\_\_\_

Legal guardian name: \_\_\_\_\_

Camper's name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female Non-binary

Preferred pronouns: He/Him She/Her They/them

Ethnicity: \_\_\_\_\_

Grade at time of camp: \_\_\_\_\_ Your relationship to camper: \_\_\_\_\_

Names and ages of child's living immediate family members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who referred you to Camp Hope California? \_\_\_\_\_

Name of the person who died: \_\_\_\_\_ Age of Person: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Date of death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Did the child live with the person who died?	Yes	No	
Was the child present at the time of death?	Yes	No	
Did the child witness the death?	Yes	No	If "yes", please explain: _____

Was the death anticipated? YES NO If "yes", please explain: \_\_\_\_\_

Did the child attend the funeral/memorial service? YES NO If "yes", what were your child's reactions to/comments about the service? \_\_\_\_\_

Describe in detail the child's relationship with the deceased and how his/her life has been affected by the death (use a separate sheet of paper if necessary). \_\_\_\_\_

Has your child been in any support groups or sought counseling? YES NO  
If "yes", please explain: \_\_\_\_\_

Has the family received counseling? YES NO When and for how long? \_\_\_\_\_

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Has your child ever received mental health counseling? YES NO

If "yes", please explain: \_\_\_\_\_

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If your child is currently in counseling/therapy, please provide name and contact information of mental health professional: \_\_\_\_\_

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Has the child exhibited any of the following behaviors or mental health challenges **since the death** (check all that apply)?

- Depression
- Run away from home
- Harmed self (for example, self-mutilation)
- Harmed others
- Drug/alcohol use or abuse
- Specific fears or worries
- Discussed suicide
- Attempted suicide
- Unusual/inappropriate sexual behavior
- Lying
- Behavior problems at home (describe: \_\_\_\_\_)
- Behavior problems at school (describe: \_\_\_\_\_)
- Stealing
- Nightmares
- Destruction of property
- Ongoing sleep problems
- Getting into fights
- Bed wetting
- Exhibiting behaviors younger than their age
- Increased physical illness
- Isolates self or spends excessive time alone
- Intense guilt
- Intense anger or angry outbursts
- Intense clinging or longing
- Changes in grades
- Changes in friends
- Involvement with the police/law enforcement
- Other mental health concerns

If "yes" to any of the above, please explain: \_\_\_\_\_

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What, if any, concerns do **you** have about the child coming to camp? \_\_\_\_\_  
\_\_\_\_\_

What, if any, concerns does the **child** express? \_\_\_\_\_  
\_\_\_\_\_

Is there anything we should know about the child's/family's religious beliefs or faith practices? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else should we know about the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider your child's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if anything, has helped your child cope with his or her grief/loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper's T-shirt size:

- Youth Medium       Youth Large  
 Adult Small       Adult Medium       Adult Large       Adult X-Large

Dietary needs or restrictions at camp (e.g., allergies, vegetarian, gluten free, dairy free): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for dietary restriction (e.g., dietary, religious, medical, preference): \_\_\_\_\_  
\_\_\_\_\_

Guardian's Signature: \_\_\_\_\_  
Date \_\_\_\_\_



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## Camp Hope California Camper Health History Form

This form is to be filled in by legal guardian (please complete all pages in full)

Camper's legal name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Camper's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Legal guardian: \_\_\_\_\_

Person(s) who died: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Emergency Contact's Number: \_\_\_\_\_

### Health Conditions (Check all that apply)

Asthma                       Diabetes                       Colds (frequent)  
 Ear infections (frequent)     Epilepsy                       Heart Defect/Disease  
 Headaches (frequent)        Hepatitis                       HIV  
 Physical Handicap        Other conditions \_\_\_\_\_

### Allergies (Check all that apply)

Medications (please be specific): \_\_\_\_\_  
 Food (please be specific): \_\_\_\_\_  
 Insect stings/bites (please be specific): \_\_\_\_\_  
 Hay fever/sinus  
 Poison oak  
 Other: \_\_\_\_\_

Are camper's immunizations current?    YES    NO  
Date of last tetanus: \_\_\_\_\_       Date of last TB Test: \_\_\_\_\_

Any *medically* prescribed meal plan or dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

Behavior or emotional problems/treatment? \_\_\_\_\_

\_\_\_\_\_

Additional information/treatment regarding any of the above or other chronic/recurrent conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's/Teen's Physician/Pediatrician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you have family medical/hospital insurance? YES NO

If so, which carrier: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

**Please notify Camp Hope California if camper is/has been exposed to any communicable disease/illness during the three (3) weeks prior to attendance. Please advise if camper is taking medication for any communicable disease/illness.**

\_\_\_\_\_

IMPORTANT: This form MUST be filled out IN FULL and camper's guardian MUST sign below before camper may attend camp.

This health history is correct and up to date. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine diagnostic tests, treatment, and necessary transportation for Camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician or qualified health care professional selected by the camp director to secure and administer treatment, including hospitalization for camper.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Attempts will be made to contact guardian for any major medical concern that occurs at camp. Be sure to provide a phone number to be able to reach you, if necessary.

BEST PHONE NUMBER TO REACH GUARDIAN AT DURING THE 2 Days: \_\_\_\_\_



**MEDICATION INFORMATION:**

May the licensed and designated health staff at Camp Hope California administer over-the-counter (OTC) medications that may include, but are not limited to the following:

Tylenol (children’s dose; minor pain/headache)	YES	NO
Advil (ibuprofen) (children’s dose; minor pain)	YES	NO
Benadryl (children’s dose; allergies/insect bites)	YES	NO
Benadryl Gel or Calamine Lotion (topically)	YES	NO

Designated health Staff will administer Epipen (>66 pounds) or Epipen JR (<66 pounds) for a major allergic reaction immediately upon diagnosis.

Is the camper currently taking any medication? YES NO

Does the camper need medications at camp this weekend? YES NO

If “yes”, please explain: \_\_\_\_\_

*IF THE ANSWER TO THESE QUESTIONS IS YES OR AS NEEDED, PLEASE COMPLETE THE REMAINDER OF THIS FORM.*

PLEASE NOTE: If the camper is currently taking prescription medications, all prescription medications MUST be brought to camp in their original, properly labeled, container. This container should have the correct number of pills for the camp weekend ONLY. DO NOT bring the camper’s medications in a plastic bag. Any changes from those instructions prescribed on the container must be verified in writing by a physician and provided to the Health Staff. If the camper uses an Epipen and/or Benadryl for allergic reactions, please bring these to camp. Be sure the expiration date is current.

**FOR YOUR INFORMATION:**

1. All medications must be turned over to the health care staff as you register your camper on Saturday. Please have the prescription bottles/containers ready to turn over to the health care staff. If a camper is driving him or herself to camp, he or she must turn over all medications at the time of their arrival and upon registering/checking in.
2. All medications will be given by the health care staff. Asthma inhalers may be self-administered (by the camper) with guardian’s permission. All medications will be retained by the health care staff for the duration of each day and be returned to the parent/guardian at the conclusion of each day’s activities..

**List ALL of camper’s medications:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

The following medication(s) (from the original container) shall be administered to camper during their stay at Camp Hope California, as indicated below:

Medication Name(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason for prescription: \_\_\_\_\_

\_\_\_ To be given as needed.

\_\_\_ To be given as follows: Time(s): \_\_\_\_\_ a.m. / p.m.

Days: \_\_\_\_\_

Prescribing Doctor's Name (Please Print): \_\_\_\_\_

\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_

Signature of Physician or Parent/Legal Guardian: \_\_\_\_\_

\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER AND PLACED IN A ZIPLOC BAG WITH THIS FORM COMPLETED IF THEY ARE TO BE ADMINISTERED AT CAMP



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Consent to Medical Diagnosis and Treatment  
Release of Authorized Medical Information  
Child Abuse Reporting Requirements

**Consent to Medical Diagnosis and Treatment**

The undersigned guardian of \_\_\_\_\_ (“Camper”), a minor, by consenting to allow Camper to attend Camp Hope California (“CHC”) and to participate in CHC activities, hereby permits CHC’s medical and nursing staff to render necessary first aid to Camper in the event of an accident, illness, or injury, and to control the administration of prescribed medication brought to CHC by Camper, the undersigned, or other parent(s)/legal guardian(s) of Camper as designated by the undersigned.

If Camper requires medical attention for any serious illness or injury, the undersigned hereby authorizes CHC, its agents and employees, under special instruction of a licensed physician or health care provider, to provide medical care, including, without limitation, taking x-rays, administering anesthesia, making medical or surgical diagnoses and administering necessary treatment to Camper, including, if necessary, hospital services, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital or at CHC.

By signing this consent, the undersigned acknowledges that his/her consent to treatment of Camper is being given in advance of any specific diagnosis or treatment that may be necessary, and such consent authorizes CHC, any licensed physician or health care provider chosen by CHC to provide medical assistance to Camper and to exercise his/her best judgment as to Camper’s medical treatment.

In the event of a medical emergency or need for medical aid, Camper will be taken to the nearest health care provider, whether it be an emergency room or otherwise. Should the need for medical care arise, the undersigned will be held financially responsible for all costs incurred in rendering or providing medical attention to Camper. CHC is not obligated to provide insurance for Camper’s care nor will CHC assume financial responsibility for medical assistance provided to Camper.

The undersigned hereby acknowledges that in the event of a major accident or serious illness of Camper, all reasonable effort will be made to reach the undersigned or any such person undersigned designates for such purpose prior to rendering treatment to Camper, but that treatment will not be withheld if the undersigned cannot be reached. The undersigned hereby acknowledges that his/her consent to the

actions discussed above is immediately effective upon signing this consent, and such consent shall remain in continuous effect until explicitly revoked in writing by undersigned or until Camper is removed by the undersigned or another parent/legal guardian designated by undersigned from the care of CHC.

The undersigned hereby agrees to release CHC from any and all liability arising out of any medical care rendered to Camper by any physician or health care provider while Camper is participating at CHC in any capacity or under the care of CHC, including but not limited to transportation to and from CHC, to the fullest extent permitted by law.

\_\_\_\_\_  
Undersigned's Initials

### **Release of Medical Information**

The undersigned hereby authorizes any hospital, licensed physician or health care provider who attends to or examines Camper to furnish CHC's insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records of Camper, as needed, to the fullest extent permitted under federal law. A copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Undersigned's Initials

### **Information on Reporting Child Abuse**

The California Child Abuse and Neglect Reporting Act establishes procedures to report and investigate child abuse (including, without limitation, sexual abuse, neglect, statutory rape, lewd or lascivious acts, and corporal punishment), and imposes an obligation to report child abuse on certain individuals, including most health care providers. If any member of the CHC staff has knowledge of or observes a child whom a staff member knows or reasonably suspects has been the victim of child abuse or neglect, CHC will file a report with the proper authorities, and such will include (i) the child's name, address, location, school, grade and class, (ii) his or her guardians' names, addresses and phone numbers, and (iii) the names, addresses, phone numbers and other relevant information about the potential abuser(s).

If any part of this Agreement is held invalid or unenforceable by any competent jurisdiction, the other provisions of this Agreement shall remain in full force and effect.

This consent and any disputes or claims arising out of or in connection with it shall be governed by and construed in accordance with the law of the State of California.

By signing below, the undersigned attests that (i) he/she has carefully read and fully understands the content of this consent, and (ii) signs the consent of his/her free will on his/her behalf and on behalf of Camper.

CAMPER:  
Signature: \_\_\_\_\_  
Camper's Name: \_\_\_\_\_  
Relationship to undersigned: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

GUARDIAN:  
Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Additional emergency contact/phone: \_\_\_\_\_



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## **LIABILITY RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT**

In consideration for permission to attend Camp Hope California (“CHC”) and participate in CHC activities (“Camp Activities”), the undersigned agrees to the following:

### **1. ASSUMPTION OF RISK**

The undersigned guardian of \_\_\_\_\_ (“Camper”), a minor, represents that Camper is physically sound, and has medical approval to attend CHC and participate in Camp Activities, which include, without limitation, sports, games, ropes course, and other activities, which are hazardous and can result in physical or emotional injury, paralysis or death of Camper, as well as property damage or injury to third parties. The undersigned represents that Camper has had a medical evaluation prior to attending CHC. If Camper has not had a medical evaluation and obtained medical approval to attend CHC and participate in Camp Activities, the undersigned assumes the risk of Camper’s medical condition not being adequate to participate at CHC or in Camp Activities.

BY SIGNING THIS AGREEMENT, THE UNDERSIGNED VOLUNTARILY AND FREELY CHOOSES TO ASSUME ALL RISKS AND DANGERS OF CAMPER’S PARTICIPATION AT CHC AND IN CAMP ACTIVITIES ON BEHALF OF CAMPER.

\_\_\_\_\_  
Undersigned’s Initials

### **2. ACKNOWLEDGMENT**

The undersigned acknowledges that Camper’s attendance at CHC and in Camp Activities is voluntary, and involves known and unknown risks which could result in physical or emotional injury, paralysis or death of Camper, as well as property damage or injury to third parties. The

undersigned understands that such risks cannot be eliminated without removing the essential character of CHC and the Camp Activities. Some of these risks include, without limitation, physical injury, exposure to harsh weather and temperature, the presence of insects and wildlife, heat or sun related injuries including sunburn, sunstroke and dehydration, broken bones, and other risks and hazards. The undersigned expressly agrees and promises to accept and assume all of the risks of attending CHC and participating in Camp Activities on behalf of Camper, and that the undersigned is willing to assume and bear the costs of all risks that may be created by any known or unknown medical or physical condition of Camper. The undersigned expressly agrees and voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by Camper or to any property arising out of or in connection with CHC or the Camp Activities.

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Undersigned's Initials

### **3. RELEASE FROM LIABILITY**

The undersigned hereby agrees for him/herself, his/her heirs, executors, administrators, successors and assigns to release, waive, discharge, relinquish and release CHC from any and all liabilities, claims, demands, actions and causes of action for ordinary negligence, personal injury, property damage or wrongful death occurring to Camper that may arise as a result of Camper attending CHC and/or engaging in Camp Activities.

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Undersigned's Initials

### **4. PROMISE NOT TO SUE**

THE UNDERSIGNED, BY SIGNING THIS AGREEMENT, AGREES NOT TO SUE CHC FOR ANY ACTIONS, CLAIMS OR DAMAGES, DAMAGES IN LAW OR REMEDIES IN EQUITY OF WHATEVER KIND, AND TO EXEMPT AND RELIEVE CHC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CLAIMS CAUSED BY THE NEGLIGENCE OF CHC OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

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Undersigned's Initials

**5. INDEMNITY AGREEMENT**

The undersigned agrees for his/herself and his/her heirs, not to sue CHC and to indemnify and hold CHC harmless from any loss, claim, action, or proceeding initiated by me or another person or entity, including demands, judgments, costs, loss of services, expenses, or attorneys’ fees and costs from activities discussed in this agreement.

\_\_\_\_\_  
Undersigned’s Initials

**6. CONTINUATION OF OBLIGATIONS**

The undersigned agrees for his/herself and his/her heirs, that all of the provisions of this agreement shall continue in full force and effect now and at all future times when Camper is attending CHC or involved in Camp Activities. In the event of any dispute or controversy over this agreement, its interpretation, application or expiration, the dispute and/or controversy will be resolved by binding arbitration proceedings conducted by the American Arbitration Association (“AAA”) in San Diego, California, pursuant to the commercial arbitration AAA rules then in effect.

\_\_\_\_\_  
Undersigned’s Initials

**7. DISCLAIMER**

Camp Hope is a grief camp providing organized indoor and outdoor activities to minors experiencing grief under the direction and supervision of volunteer camp counselors. Camp Hope is intended to provide recreational and art activities and opportunities to be with others who have also experienced the death of a loved one. It is not intended to constitute mental health or medical treatment of any kind. Although many of the volunteer counselors are licensed mental health professionals, attending Camp Hope does not create a psychotherapist-patient relationship, or any other confidential relationship, between the campers and the volunteer counselors. The information and content provided by Camp Hope counselors does not constitute medical or mental health diagnosis, therapy, treatment, consultation or advice of any kind. All prospective campers are required to meet eligibility requirements prior to acceptance as a camper.

\_\_\_\_\_  
Undersigned’s Initials



By signing this agreement, the undersigned acknowledges that "CHC" includes all agents, employees and volunteers of CHC.

This agreement shall be governed by and construed in accordance with the law of the State of California.

The undersigned hereby understands and agrees that all of the undersigned's and all of Camper's rights under Section 1542 of the California Civil Code are expressly waived by this agreement and this agreement releases all injuries, damages or losses to the person and property, real or personal, whether known or unknown, foreseeable, unforeseeable, which he/she may have against another party or party also hereby released.

BY SIGNING BELOW, the undersigned attests that (i) he/she has **carefully read and fully understands** the entire contents of this agreement, (ii) understands that this agreement is a **Release of Liability, Assumption of Risk, Promise Not to Sue and Indemnity agreement** and (iii) signs this agreement of his/her own free will on behalf of Camper.

*The undersigned must complete ALL fields below:*

**GUARDIAN:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_