

## CAMP JAMIE DAY CAMP

Dear Parent/Guardian,

Thank you for your interest in Camp Jamie, Day Grief Camp 2018. Enclosed you will find an application packet for camp, which will be held on **Saturday September 29<sup>th</sup>, 2018.**

Please complete and return the entire packet by **September 21<sup>st</sup>, 2018.** We will be conducting phone interviews to help with the referral process.

Camp Jamie Day Grief Camp will be held at Thorpewood Retreat Center at 12805 Mink Farm Rd, Thurmont, MD 21788. We will be asking that all camp participants be dropped off at 9:45AM on Saturday, September 29<sup>th</sup>, 2018 at the main lodge. We are requesting that all parents then return to Thorpewood at 5:00PM to have dinner and join your child in our memorial closing ceremony.


This one-day camp is designed to gently teach coping skills and help build self-esteem and trust. It also offers a safe, comfortable environment for children to express their grief. Through interactions with other children, adults, nature, and animals, the children experience the universality of loss and learn that they are not alone in their grief.

Licensed and trained counselors, as well as trained staff and volunteers, are part of the day camp experience, leading both large and small groups on issues such as sharing feelings, building trust, and memorializing loved ones through creative expression.

All of the participants will also experience the Equine Learning Program designed to build self-confidence, teamwork, and trust. Many other recreational activities are built into this weekend, making it a real camp experience. The children will enjoy hiking, arts and crafts specifically designed to help them in their grieving process, and making s'mores!

A day camp is just a small time frame, but we know we can truly make a difference in the life of a child in this short time period. The intention is to lay the foundation of communication, knowledge, and coping skills, upon which families can continue to build.

Please feel free to contact us if you have questions.



Linda Beckman, LCPC  
Bereavement Counselor  
240-566-3037



Kaili Van Waveren  
Bereavement Counselor  
240-566-3046

**Camp Jamie Camper Application**

Today's Date: \_\_\_\_\_

Referral Source \_\_\_\_\_

Camper's Name \_\_\_\_\_  
Last First Middle

Nickname (if any) \_\_\_\_\_ **Child's t-shirt size**  
Children's S \_ M \_ L \_ XL \_  
Adult's S \_ M \_ L \_ XL \_ 2XL \_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Siblings: Name Age  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child attended Camp Jamie in the past? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

Has your child attended any bereavement camp in the past? If so, when and where?  
\_\_\_\_\_

**PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY**

**NAME** \_\_\_\_\_ **RELATIONSHIP TO CHILD** \_\_\_\_\_

**DAYTIME PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

## Bereavement History

1. Name of person(s) who died \_\_\_\_\_
2. Relationship to your child \_\_\_\_\_
3. Date of death \_\_\_\_\_ Age of deceased at time of death \_\_\_\_\_
4. How did this person(s) die? \_\_\_\_\_
5. Was your child present at the time of death? \_\_\_\_\_

Explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did your child attend the funeral/memorial service? If no, why not?  
\_\_\_\_\_

7. Please explain how your child indicates that he/she is still grieving  
\_\_\_\_\_

8. Has your child received any professional support (i.e. psychologist, psychiatrist, school counselor, support group)? How long was the professional support provided?  
\_\_\_\_\_

9. Has your child experienced any other deaths? Please explain  
\_\_\_\_\_

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

**Behavior/Physical/Medical**

Does your child have any of the following:  
If yes, please explain

	<u>YES</u>	<u>NO</u>
1. Sleep disorders (i.e. sleeping walking, bed wetting)	_____	_____
2. Eating disorders	_____	_____
3. Poor school attendance	_____	_____
4. Poor grades	_____	_____
5. Lack of social skills	_____	_____
6. Difficulty getting along with peers	_____	_____
7. Difficulty getting along with adults	_____	_____
8. Difficulty getting along with family	_____	_____
9. Behavior problems	_____	_____
10. Physical limitations	_____	_____
11. Allergies	_____	_____
12. Asthma	_____	_____
13. Dietary restrictions	_____	_____
14. Convulsions/seizures	_____	_____
15. Diabetes	_____	_____
16. Ear infections	_____	_____
17. Hearing impairment	_____	_____
18. Motion sickness	_____	_____
19. Nosebleeds	_____	_____

20. Wears glasses/contacts

\_\_\_\_\_  
YES                      NO

21. Medications taken on a regular basis

\_\_\_\_\_

22. Other

\_\_\_\_\_

Explain:

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*\*\* We ask that all children attending camp take their required medication prior to drop off at camp. If there are any issues regarding medication please explain above.*

The information included in this application is correct so far as I know and the person described herein has my permission to attend Camp Jamie and participate in all camp activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Camper Release of Liability

I understand and agree that Hospice of Frederick County, Frederick Memorial Hospital and its Board of Directors, Officers, Employees, and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the child listed below attends Camp Jamie.

Name of child \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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## Camper Publicity Permission

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Hospice of Frederick County, Frederick Memorial Hospital and its Board of directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph videotape and/or interview some of the children attending camp. Please sign below if you have no objections to photographs, videotapes and/or interviews of your child.

**Name of child:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**ThorpeWood, LLC.  
Property Use  
Waiver & Release**

I, the undersigned, as part of my, or my minor child's or children's, participation in any programs or classes offered by ThorpeWood, LLC. (hereinafter "ThorpeWood"), and use of the property and facilities owned by the Merle Thorpe, Jr. Charitable Trust and operated by ThorpeWood, LLC including but not limited to any ThorpeWood overnight programs or classes, do hereby acknowledge my understanding and agreement to the following:

I do hereby understand, acknowledge, consent and agree, as part of the \_\_\_\_\_ program to be held at the ThorpeWood property located in Thurmont, Maryland on \_\_\_\_\_, 20\_\_ (hereinafter the "Program"), which Program I or my minor child or children, as indicated below, has/have applied to attend and participate, that the Program includes activities which may include hiking, fishing, experiences on the ground (ie. not in the saddle or riding) with horses at the ThorpeWood property and facilities, along with other children enrolled in the Program. By signing below I hereby acknowledge, represent and warrant that I am the parent or legal guardian of the minor child/children noted below, and I do hereby authorize my minor child/children to attend and participate in the Program.

I do hereby further waive, release, discharge and agree to indemnify and hold harmless ThorpeWood, LLC and the Merle Thorpe, Jr. Charitable Trust and its officers, directors, employees, contractors, volunteers, agents and representatives, from and against any and all liability arising out of or incident to me or my minor child's or children's attendance and participation in the Program.

IN WITNESS WHEREOF, I have executed this Waiver and Release as of the date noted below.

WITNESS:

PARTICIPANT

X \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Print witness name

\_\_\_\_\_  
Print participant name & date

PARENT/LEGAL GUARDIAN

X \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Print witness name

\_\_\_\_\_  
Print name Parent/Legal Guardian  
Date: \_\_\_\_\_

\_\_\_\_\_  
Print name(s) of minor child(ren)



**ThorpeWood, LLC.  
Horse Program  
Waiver & Release**

I am aware that being in the presence of horses poses potentially serious risks of injury or death to its participants and that my horse or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of mine or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well-trained and sure-footed, can become unpredictable and difficult to control, and no one can foresee an equine's reaction to bee stings, excitement, weather conditions, sound, movements, objects, persons, animals, and the group dynamics of such situations.

By signing this release and waiver, I understand that I am giving up (waiving and releasing) any right I may have to sue or to make any subsequent claim against ThorpeWood, LLC., the owner of the horses, any ride leaders, helpers, their families or any private property owners.

\_\_\_\_\_ Signature of horse program participant

\_\_\_\_\_ Printed name

\_\_\_\_\_ Signature of parent (if rider is under the age of 18)

\_\_\_\_\_ Printed name of parent

\_\_\_\_\_ Emergency contact information

\_\_\_\_\_ Date