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 29th, 2018**.

Please complete and return the entire packet by **September 21st, 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 29th, 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

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

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<table>
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<tbody>
<tr>
<td>1. Sleep disorders (i.e. sleeping walking, bed wetting)</td>
<td>YES</td>
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<tr>
<td>2. Eating disorders</td>
<td>YES</td>
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<td>3. Poor school attendance</td>
<td>YES</td>
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<td>4. Poor grades</td>
<td>YES</td>
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<td>5. Lack of social skills</td>
<td>YES</td>
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<td>6. Difficulty getting along with peers</td>
<td>YES</td>
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<td>7. Difficulty getting along with adults</td>
<td>YES</td>
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<td>8. Difficulty getting along with family</td>
<td>YES</td>
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<td>9. Behavior problems</td>
<td>YES</td>
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<td>10. Physical limitations</td>
<td>YES</td>
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<td>11. Allergies</td>
<td>YES</td>
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<td>12. Asthma</td>
<td>YES</td>
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<td>13. Dietary restrictions</td>
<td>YES</td>
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<td>14. Convulsions/seizures</td>
<td>YES</td>
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<td>15. Diabetes</td>
<td>YES</td>
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<tr>
<td>16. Ear infections</td>
<td>YES</td>
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<td>17. Hearing impairment</td>
<td>YES</td>
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<td>18. Motion sickness</td>
<td>YES</td>
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<td>19. Nosebleeds</td>
<td>YES</td>
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20. Wears glasses/contacts  

YES     NO

21. Medications taken on a regular basis

22. Other

Explain:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

** 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


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: ____________________________________________

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Parent/Guardian Signature                              Date
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, have/have applied to attend and participate, that the Program includes activities which may include hiking, fishing, experiences on the ground (i.e. 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

X____________________________________________________

Print witness name

PARENT/LEGAL GUARDIAN

X____________________________________________________

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