



Dear Parent/Guardian,

Thank you for your interest in Nathan Adelson Hospice's **Camp Erin**. Camp will be held May 29th, May 30th, and May 31st. We are very excited and looking forward to another great camp experience! The volunteers of Camp Erin aim to provide a fun, safe and memorable camp experience for every camper.

It is **mandatory** that this registration packet be *returned* by **Monday, May 4th, 2020** so that we can process your child/children's enrollment process. Space is very limited and spots fill up quickly, so please be prompt in returning your application. Receipt of your child's application **does not** automatically reserve a space for them. Each application will be carefully reviewed prior to acceptance to camp.

If your child is accepted, you will be notified. You will then receive another packet of information explaining camp guidelines, regulations, busing information and details **about our "Save Your Spot" event that is mandatory on May 16th, 2020 from 10 AM till noon.**

Special Note: Please know in advance that Potosi Pines Campground is mountainous and there will be **significant physical activity** required of campers.

Thank you for your cooperation. If you have any questions or concerns regarding registration or camp, please do not hesitate to contact camp director Jennifer Mauceri at (702) 796-3185.

Sincerely,

Your Camp Erin Team



2020 CAMP ERIN® Las Vegas Camper Application



CAMPER INFORMATION (Fill out a separate application for each camper) PLEASE PRINT OR WRITE LEGIBLY

Camper's name: _____

Camper prefers to be called: _____ Sex: ☐ Male ☐ Female

Age: _____ Date of birth (MM/DD/YYYY): _____ Grade: _____

Race/Ethnicity (We use this information to gather demographic statistics. Check all that apply.): ☐ African-American
☐ Native American ☐ Asian ☐ Caucasian ☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic/Latino
☐ Multi-Racial ☐ Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ **Relationship to camper:** _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: Day: (____) _____ Eve: (____) _____ Cell: (____) _____

E-mail address (We use this to communicate important information with you): _____

What is the best time/way to reach you? (E.g., Afternoon/e-mail): _____

EMERGENCY CONTACTS: Please list two people other than you to contact in case of emergency at camp:

Emergency contact #1 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ Eve: (____) _____ Cell: (____) _____

Emergency contact #2 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ Eve: (____) _____ Cell: (____) _____

Has camper attended Camp Erin before? ☐ Yes (specify year/ location): _____ ☐ No

How did you hear about Camp Erin (check all that apply)?

School ☐ Web ☐ Advertisement ☐ Other(specify): _____

BEREAVEMENT HISTORY (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: _____

Relationship(s) to child: _____

Date(s) of death: _____ Age(s) of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Was the deceased a significant caregiver of the camper? ☐ Yes ☐ No

Did the child attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? ☐ Yes ☐ No

Did the child receive counseling before or after the death? ☐ Yes ☐ No

If yes, please specify services received and length of service: _____

Did the child receive grief support services before or after the death? ☐ Yes ☐ No

If yes, please specify services received and length of service: _____

Was the deceased an active, reserve or national guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Is either guardian an active, reserve or national guard military member or military veteran? ☐ Yes ☐ No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving. _____

Has the child exhibited any of the following behaviors? (check all that apply)

- | | | | | |
|---------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Special fears | <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Regression | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Unusual/inappropriate sexual behavior | | | |

School

- ☐ Difficulty getting homework done
- ☐ Day dreaming
- ☐ Cannot concentrate
- ☐ Disrupts the class
- ☐ Slipping grades
- ☐ Other _____

Home

- ☐ Fighting with siblings
- ☐ Fighting with parents
- ☐ Eating changes
- ☐ Sleeping changes
- ☐ Somatic complaints (pains, aches?)
- ☐ Withdrawal from activities
- ☐ Regressive behavior
- ☐ Clinging behavior
- ☐ Other _____

Problematic Dreams

- ☐ About death in general
- ☐ About deceased
- ☐ Nightmares
- ☐ Recurring dreams
- ☐ Other _____

Fears

- ☐ Fear of the dark
- ☐ Being left alone
- ☐ New experiences
- ☐ Loud noises
- ☐ Death
- ☐ Other _____

Anxiety

- ☐ Going to school
- ☐ Separation from parents
- ☐ General anxiety /phobia
- ☐ Other _____

Abuse

- ☐ Emotional/Psychological
- ☐ Physical
- ☐ Sexual
- ☐ Other _____
- ☐ If Yes to any of above, please explain:

Has the child experienced any other deaths?

☐ Yes ☐ No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child's life (e.g., divorce, illness, moving).

Has the child's behavior, things they have said or done concerned you lately?

☐ Yes ☐ No

If yes, please specify:

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child talked about him/her coming to Camp Erin?

☐ Yes

☐ No

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

What, if any, concerns does the child express?

Has the child ever:

Spent a night away from home?

☐ Yes

☐ No

Attended day camp?

☐ Yes

☐ No

Attended overnight camp?

☐ Yes

☐ No

List any special interests or hobbies the child has:

List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy):

List any special medical needs or physical challenges the child has (e.g., asthma, diabetes, mobility issues):

Is there anything we should know about the child's religious beliefs or faith practice?

Is there anything else we should know to better serve the child?

T-shirt size (check one):

☐ Child S

☐ Child M

☐ Child L

☐ Adult S

☐ Adult M

☐ Adult L

☐ Adult XL ☐ Adult 2X ☐ Adult 3X

Does the camper applicant qualify for or receive free or reduced lunch at school? Yes / No

Yearly family income: _____ less than \$10,000
_____ \$10,000 - \$24,999
_____ \$25,000 - \$36,450
_____ \$36,451 - \$49,999
_____ \$50,000 - \$99,999
_____ more than \$100,000
_____ prefer not to answer

Camp Erin Las Vegas provides transportation to campers from a park in Las Vegas to Potosi Pines via bus. Children will be supervised by Camp Erin team members during bus ride. Parents and guardians are required to drop off and pick up the camper from the park as scheduled.

NAME (Printed): _____

SIGNATURE: _____ **DATE:** _____

RELATIONSHIP TO CAMPER : _____

PLEASE RETURN TO:

Nathan Adelson Hospice

Attn: Jennifer Mauceri

4141 University Center Dr

Las Vegas, NV 89119

(University Center Drive is formerly Swenson St.)

Email: jmauceri@nah.org

Phone: 702-796-3185



Consent for Medical / Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: _____
First Middle Last

Mother ____ Father ____ Legal Guardian ____ (*check one*)

Name of Child Camper: _____
First Middle Last

Son ____ Daughter ____ Birth Date of Child: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/or problems: _____

My child takes the following prescription and/or non-prescription medications:

My child has the following allergies (including food, medication, and all other allergies):

Name of Health Insurance Carrier: _____

Address: _____

Telephone Number: _____

Policy Holder's Name: _____

Policy & Group Number: _____

Signature of Policy Holder: _____

(Make copy of insurance card and staple to form)

Authorization to Administer Medication
(Please Print)

Name of Camper: _____

All medications will be turned in to the Camp Nurse on registration day; medications will be dispensed by the Camp Nurse only. Please bring the medications in a container (e.g., Zip-Loc bag, plastic box) with the child's name on it. **Please make a special note if medications need to be refrigerated.**

Please complete the information requested:

List of Medication(s)

Name of medication	Dosage	Time of day	Additional instructions

Parent/Guardian Signature _____ Date _____

Date of last tetanus shot: _____

Over the Counter Medication Permission Form

I give the camp nurse permission to administer over the counter medications to my child while he or she is at camp. The nurse may give one or all of the following medications according to instructions and amounts recommended on the bottle:

Tylenol _____ Yes _____ No

Ibuprofen _____ Yes _____ No

Benadryl _____ Yes _____ No

Any additional comments and/or recommendations:

Parent/Guardian: _____

Signature: _____ Date: _____

Consent for Medical Treatment

Camper Name: _____

(Please print)

To Whom It May Concern:

In the event that I cannot be reached or be present, I hereby authorize the Camp Nurse of Camp Erin or his/her agent to execute any and all documents including any necessary releases in my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor child while attending Camp Erin.

I further agree that I, acting on behalf of myself or my minor child, do expressly and forever waive and release Camp Erin and Nathan Adelson Hospice, and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at Camp Erin.

Signature of parent or guardian _____

Relationship to Camper _____

PLEASE ATTACH RECENT PHOTO OF YOUR CHILD



2020 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna and Nathan Adelson Hospice desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to Eluna and Nathan Adelson Hospice and release Eluna and Nathan Adelson Hospice from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my and my child's grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Nathan Adelson Hospice, and each of their respective employees, agents, representatives, contractors, successors, and assigns Eluna and Nathan Adelson Hospice the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna or Nathan Adelson Hospice using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Nathan Adelson Hospice all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Nathan Adelson Hospice therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Nathan Adelson Hospice. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Nathan Adelson Hospice for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Nathan Adelson Hospice, and each of their respective directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

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4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Nathan Adelson Hospice herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, Nathan Adelson Hospice, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Nathan Adelson Hospice and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Nathan Adelson Hospice, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Nathan Adelson Hospice may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND NATHAN ADELSON HOSPICE ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: ☐ Camper ☐ Volunteer ☐ Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: / /

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____
City, State and Zip:

Phone Number: ☐ Mobile ☐ Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)