



Camp Amanda 2024 Camper Application

Friday, July 26th - Sunday, July 28th

Camp Amanda is a special weekend experience for grieving children ages 8 to 14 that helps children begin to talk about their feelings related to a death of someone special, and teaches them coping skills for dealing with those feelings. Camp Amanda a program of Walla Walla Community Hospice and held at Camp Kiwanis outside of Walla Walla, WA. Thanks to our generous community, it is offered at no cost.

OFFICE USE ONLY

Date rec'd: _____

Contact date: _____

Rx form: Yes N/A

J&T Copies: ___ Letter ___

**QUESTIONS? Call
509.525.5561**

Please complete application entirely. Incomplete applications will not be accepted.

Application Deadline: June 14, 2024

Camper Information

** please fill out a separate registration form for each camper **

Name (first/last): _____ Gender: _____ Date of Birth: _____

Preferred Name for Nametag (Nickname): _____ Grade: _____ Age at camp: _____

Home Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ Zip: _____

T-shirt Size: Youth size: XS S M L XL OR Adult size: XS S M L XL

Parent/Guardian Information

Are you the legal guardian of this camper? Yes No ** form must be signed by a legal guardian **

Your relationship to this camper Parent Grandparent Foster Parent Other: _____

Parent/Guardian Name(s) (first/last): _____

Parent/Guardian Phone(s) Primary: _____ Secondary: _____ No 2nd

Best phone # to reach you during Camp Amanda weekend: _____

Parent/Guardian e-mail address(es): _____

Best time of day to reach you: 9am - 12pm 12pm - 3pm 3pm - 6pm Other: _____

Who currently lives in the home with child (names & ages)?: _____

Language(s) spoken in the camper's home?: Primary: _____ Secondary: _____ No 2nd

How did you hear about Camp Amanda? _____

Alternate Emergency Contacts

** please provide information for 1-2 other adults you consent to act on your behalf in the event of an emergency**

Contact #1 Name (first/last): _____ Their relationship to this camper: _____

Phone(s): Primary: _____ Secondary: _____ Other: _____

Contact #2 Name (first/last): _____ Their relationship to this camper: _____

Phone(s) Primary: _____ Secondary: _____ Other: _____

Camper Health Information

Insurance Provider:

Policy #:

Name of Primary Insured Person:

Name of Camper's Physician:

City/State:

Non-Food Related Allergies:

None

Allergic reaction:

Food Allergies:

No food allergies

Allergic reaction:

Food intolerances:

No food intolerances

May the camper receive Tylenol for pain or fever as needed?

Yes No

May the camper receive Benadryl for allergies as needed?

Yes No

May the camper receive topical ointment for insect bites as needed?

Yes No

May the camper use sunscreen as needed?

Yes No

May the camper use insect repellent as needed?

Yes No

May the camper receive basic medical treatment as needed?

Yes No

May Camp Amanda Staff transport the camper in the event of an emergency?

Yes No

**** Please list all (even non-prescription) medications this camper will be bringing to camp & information. ALL medications must be in the original packaging with camper's name**

Check here if camper will NOT be bringing any medications

Name of Medication #1:

Time(s) of day to take:

Dosage:

Used for/comments:

Name of Medication #2:

Time(s) of day to take:

Dosage:

Used for/comments:

Name of Medication #3:

Time(s) of day to take:

Dosage:

Used for/comments:

Name of Medication #4:

Time(s) of day to take:

Dosage:

Used for/comments:

Camper Health Information (cont'd)

Date of last Tetanus shot: _____

Is the camper currently experiencing any of the following: No

- Sleepwalking Bed-wetting Constipation Fainting Asthma Convulsions

Has the camper been under a physician's care for any chronic or long-term illness? *If yes, please explain & Physician release form to be completed on page 7.* Yes No

Does the camper have any physical, mental, or social difficulties for which special consideration should be given at Camp? *If yes, please explain.* Yes No

Behavioral Checklist

Below you will find behaviors that may/may not be true for the camper/camper's environment.

Check 'yes' for those that are true and 'no' for those that are not true (circle any that resonate more than others).

	Before Death	Currently
Disturbs other children by teasing, provoking, fighting, interrupting, etc.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a discipline problem at home or school and/or needs frequent discipline reminders.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Causes complaints from teachers.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voices an intense dislike of school.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often has trouble making friends.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is in a special program at school/May have a learning disability.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does not get along with my spouse/partner and/or his/her siblings.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experiences problems at home with family (fighting/arguing).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often expresses strong dislike for home or family.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seems to welcome punishment.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is often a poor sport/poor loser.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often tends to be very selfish and self-centered.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is often angry and/or moody.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continually seeks attention.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explodes under stress.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manipulates situations to his/her own benefit.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complains that he/she never gets a fair share.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has attempted to seriously harm a person or animal.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often says "I wish I were dead or away from it all," or other similar things.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often says or does strange things.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often throws temper tantrums.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tells tall tales or lies.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Becomes hysterical, upset, or angry when things do not go his/her way.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gets confused easily/Has trouble remembering things.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has difficulty concentrating for any length of time.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Camper Health Information (cont'd)

Behavioral Checklist (cont'd)

Check 'yes' for those that are true and 'no' for those that are not true (circle any that resonate more than others).

	Before Death	Currently
Has sleeping problems: bad dreams/walks or talks in his/her sleep.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wets the bed.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowels do not move regularly/has accidental bowel movements.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an eating problem.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complains of nausea, stomach pain, headaches.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is shy/sensitive and/or has his/her feelings hurt easily.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seems to have little self-confidence.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seems sad and/or cries easily.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a worrier.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Says that people do not like him/her.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expresses concern about something terrible happening to family or self.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has many or unusual fears.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often has small accidents and/or injuries.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has nervous habits (pulling at clothing, clearing throat, sniffing nose).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequently stares blankly into space/is unaware of surroundings.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Often rocks back and forth and/or shakes/trembles.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is hyperactive and restless and/or becomes overexcited easily.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Others not listed/Notes/Comments:

Camper's Grief History

- Make copies of this page if camper has experienced more than one significant death. -

Name of deceased:

Relationship to camper/child:

Date of death:

Age of deceased at time of death:

Was the death anticipated? Yes No *Comments:*

Cause of death:

Was child present at time of death? Yes No *Comments:*

Did child see deceased after the death? Yes No *Comments:*

Did child attend funeral/memorial service if there was one? Yes No N/A

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

Camper's Grief History (cont'd)

Use this space to continue any answers from the page before (or leave blank).

General Camp Information

Has this camper spent a night away from home without caregiver? Yes No *Comments:*

Has this camper attended an overnight camp? Yes No *Comments:*

Has this camper gone to any other grief camps? Yes No *If so, which and when?*

Have you and the camper talked about them coming to Camp Amanda? Yes No

How does the camper feel about coming to Camp Amanda? Excited Unsure Doesn't want to come

Does the camper have any concerns about coming to Camp Amanda? Yes No

If so, explain:

Do you have any concerns about the camper coming to Camp Amanda? Yes No

If so, explain:

Camper's Swimming Ability Excellent Good Fair Poor Cannot swim

Comments on swimming:



Physician Authorization

To be completed by the camper's physician **if any physical or significant health conditions are indicated on page 3** of the application.

Child Name: _____

Date of Birth: _____

The child named above is applying to attend Camp Amanda. Camp Amanda is an overnight, Friday to Sunday summer camp for children ages 8 -14 who have experienced the death of a significant person in their life. Camp Amanda is a program of Walla Walla Community Hospice, and is held at Camp Kiwanis near Walla Walla, Washington. Activities will include archery, swimming, games and crafts.

The above-named child is able to attend Camp Amanda with the following restrictions:

Please list medications the camper will require during the camp weekend (Friday 5 pm – Sunday 3 pm):
(medication/dosage/frequency)

Physician Signature

Physician Name

Physician Phone

Date

Physician can also **fax** back to hospice office: (509) 525-3517

Please return form to:
Walla Walla Community Hospice
1067 Isaacs Avenue
Walla Walla, WA 99362

(509) 525-5561
campamanda@wwhospice.org



Assumption of Risk and Liability Release Agreement

The novel coronavirus, which causes the disease COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person- to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Walla Walla Community Hospice (“Local Camp”) has put in place measures designed to reduce the spread of COVID-19. However, Local Camp **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Amanda activities could increase** your risk and your child(ren)’s risk of contracting COVID-19.

.....

By signing this Liability Release Agreement, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Amanda activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Amanda activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Local Camp and their respective directors, officers, employees, agents, volunteers, or program participants and their families.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)’s attendance at or participation in Camp Amanda activities (“Claims”). On behalf of myself and my children, heirs, representatives and assigns, I hereby release, hold harmless and discharge Local Camp, and their respective directors, officers, employees, agents, and volunteers (“Released Parties”) from, and covenant not to sue the Released Parties for, any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto that I, or my children and I, may have or acquire. I understand and agree that this Liability Release Agreement includes but is not limited to any Claims based on the actions, omissions, or negligence of the Released Parties. If any provision of this Liability Release Agreement is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

Print Name of Participant: _____

By signing below, I acknowledge that I have read, understood, and do hereby accept the conditions of this Assumption of Risk and Liability Release Agreement.

Printed Name of Parent/Guardian of Youth Participant (Camper)

Date

Signature of Parent/Guardian of Youth Participant (Camper)

Date

PARENT/GUARDIAN AUTHORIZATION, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT (Please initial each section)

I believe all of the answers to the questions above are true, and I believe the camper _____ (camper name) is able to attend Camp Amanda with the following restrictions (if any):

The camper has not previously attended Camp Amanda.

I understand registration does not include travel expenses to and from Camp Amanda near Walla Walla, Washington.

Walla Walla Community Hospice has permission to use photographs of the camper in the promotion and publicity of Camp Amanda.

In case of a medical or surgical emergency, I authorize Walla Walla Community Hospice and Camp Amanda staff to provide immediate first aid when necessary to stabilize the camper or prevent further harm. After a reasonable but unsuccessful effort has been made to contact the parent, guardian, physician or one of the alternative contacts named above, I also hereby give my permission to the Camp Amanda Coordinator to secure appropriate and proper medical treatment, including hospitalization if necessary, for the child, named above.

I will assist in observing the rules of the camp, and will encourage the camper to observe the rules of camp as well.

Camp Amanda will provide the camper an opportunity to participate in a number of activities including, but not limited to: archery, fishing, and swimming. I understand that there are special dangers and risks inherent in the potential activities at Camp Amanda, including but not limited to the risk of physical injury, death, or other harmful consequences which may arise directly from participation in these activities. Being aware of said risks, and as the camper's parent or legal guardian, I **knowingly and voluntarily give my consent for** _____ (camper name) to participate in the supervised camping program and all of the activities offered at Camp Amanda, (except that my consent is limited by the restrictions, if any, noted above).

Being fully informed as to the risks, and in consideration of Walla Walla Community Hospice allowing the camper to participate in supervised camping program and other activities, I, on my own behalf, and on behalf of the camper, assume all risk of injury, damage, and harm to me or to the participant, which may arise from my or the camper's participation in the activities or use of facilities at Camp Amanda.

I further agree to **release and hold harmless** Walla Walla Community Hospice, its officials, employees, and agents from any harm caused to me or the participant and which arises or is caused by the negligence of Walla Walla Community Hospice, its officials, employees, and agents. I hereby waive any right I may have to bring a claim or lawsuit for damages against Walla Walla Community Hospice for any personal injury, death, or other harmful consequence occurring to me or the participant, or our personal property, arising out of the camper's voluntary participation in the activities at Camp Amanda.

By signing below, I acknowledge that I have read, understood, and do hereby accept the conditions of this AUTHORIZATION, LIABILITY RELEASE, & HOLD HARMLESS AGREEMENT, as printed above.

Parent/Guardian Signature

Date

After you submit the completed application:

You should expect to be contacted by the Camp Amanda Coordinator within two weeks of submitting your application. Approximately four weeks prior to camp you will receive a packet with details of what to bring to camp, etc.

If you have a change of phone number or address please contact us with your updated information.

Questions? Contact Walla Walla Community Hospice at 509.525.5561 or email at campamanda@wwhospice.org

PLEASE MARK YOUR CALENDARS!

February 24, 2024 - Camp Amanda Reunion

July 26-28, 2024- Camp Amanda Weekend

Return application to:

Walla Walla Community Hospice

1067 E. Isaacs Avenue

Walla Walla, WA 99362

509-525-5561