

CAMP CAROUSEL 2010 REGISTRATION FORM

(Please use a separate sheet for each participant. Required for children, teens, and adults.)

Camper Name _____

Date of Birth _____ Age at time of camp _____ Sex _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip code _____

Phone # (Home) _____ (Work) _____ (Cell) _____

E-mail (legal guardian's email for children) _____

Name of person who died & relationship to camper _____

What did camper call this person (ie Grampy, Nana)? _____

Date of death _____ Cause of death _____

Is camper aware of cause of death? Yes No If no, what was camper told? _____

Was the person who died a patient of Hospice & Palliative CareCenter? Yes No

List other losses, behaviors, or current stressors that you feel would be helpful for us to know about:

Has camper previously attended Camp Carousel? Yes No If so, when? _____

Has camper received counseling related to the loss? Yes No If so, when? _____

Camper has my permission to participate in supervised outdoor recreational activities.

I grant permission for photographs/videos, written evaluation comments, and/or interviews with me and/or camper to be used for educational purposes and/or to promote future camps. Yes No

How did you hear about Camp Carousel? _____

Please complete the medical form on reverse side

The cost for Camp Carousel is \$25 per participant and is due with registration form. Partial scholarships to Camp Carousel are available. All registrations and fees are due by Monday, July 12, 2010. A counselor may contact you for a pre-camp meeting. Please call 336.768.3972 for additional information.

Signature (if minor, Parent/Guardian)

Date

ALCOHOL, ILLEGAL SUBSTANCES, AND WEAPONS ARE NOT PERMITTED

Please make copies as needed. An application form for each camper is required.

Please mail to Camp Carousel, Hospice & Palliative CareCenter, Attention: Finance Dept.

101 Hospice Lane, Winston-Salem, NC 27103 or fax to 336.331.1361

(over)

Camp Carousel 2010 Medical Information Form

Camper Name: _____
(Please print)

Are there any activities that should be restricted? _____ yes _____ no

If yes, please list: _____

Snacks will be provided throughout the week and a cookout will be provided on Friday evening.
Are there any special dietary needs? _____ yes _____ no

If yes, please list (diabetic, vegetarian, etc.): _____

Does the camper have any allergies? _____ yes _____ no

If yes, please list: _____

Please administer medications prior to attending camp each day. If it is necessary to have allergy medication(s) on hand, it must be labeled with the camper's name and dosing instructions. All medication must be accompanied by the signature of parent or legal guardian and checked in with the group's leader (see group leader for Medication Form).

In Case of Emergency, Camp Carousel Should Notify:

Primary Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone Number(s)*, Home: _____ Cell: _____ Work: _____

*Please indicate preferred number

Secondary Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone Number(s)*, Home: _____ Cell: _____ Work: _____

*Please indicate preferred number

Authorization

In case of an emergency, I give permission to Camp Carousel Staff to provide first aid and/or to call 911 to transport me/camper to (check one)

_____ Wake Forest University Baptist Medical Center or

_____ Forsyth Medical Center

I agree to be financially responsible for any care received by camper or me.

Signature: _____ Date: _____

Camp Carousel is designed to meet the unique needs of grieving children and teens (ages 6-17). In this caring environment, a specially trained staff of counselors and volunteers help children and teens learn how to express their grief and develop new coping skills for facing their life changes. Campers have an opportunity to meet others their own age who know what it's like to lose a loved one.

Camp Carousel provides services for grieving adults. This therapeutic experience offers adult sessions geared toward learning how to cope with personal loss and life change. They, too, have the opportunity to interact with others grieving similar losses.

Camp Carousel promotes learning through creativity and fun. Groups involve the use of the creative arts — art therapy, music therapy, creative play, and animal assisted therapy — to provide campers a natural outlet for the expression and understanding of feelings.



20th Annual Camp Carousel Schedule of Activities

Place: Hospice & Palliative CareCenter Campus (HPCC) • 101 Hospice Lane • Winston-Salem

Type of Camp: day camp (see below) culminating in Friday activities for all campers and their families

Dates: Monday, July 26 – Friday, July 30

Monday - Thursday July 26 - 29 9am-12 noon
6-8 year old grief groups & 9-12 year-old grief groups

Monday & Wednesday July 26 & 28 6-9pm
Teen grief group

Tuesday & Thursday July 27 & 29 6-9pm
Adult grief group

Friday evening July 30 *

Activities for all campers and their families.

*Details (time, location) to be announced.



When the registration and fees are received, we will send you a packet that includes:

- A list of what to bring to camp
- Directions to Hospice & Palliative CareCenter
- Camp Carousel 2010 Schedule of Activities

A program of:



Sponsored by:



Camp Carousel
Hospice & Palliative CareCenter
101 Hospice Lane
Winston-Salem, NC 27103

Sponsored by:



Brenner Children's Hospital
Wake Forest University Baptist Medical Center

A program of:



Hospice & Palliative
CARECENTER

20th Annual Camp Carousel

Camp Carousel promotes healthy mourning through creativity and fun.
Learn how to cope with a death-related loss.



Pet Therapy

Grief Support

Creative Play



Art Therapy

Expressive Movement

Music Therapy



Camp Carousel is designed to meet the unique needs of grieving children (ages 6-12), teens, and adults.