



Thank you for your interest in Camp Life Touch a program of Life Touch Hospice (a Service of SHARE Foundation). The date of the camp is Saturday, September 15, 2018. Life Touch is excited about this opportunity to help youth in their grief journey. Please complete the entire application to the best of your knowledge. Page four must be completed and signed for youth to take part in the camp. Page five is required for anyone taking part in the water activities or horseback riding. Since water activities will be part of the day; we ask that your child come wearing their swim suit under their clothes and pack them a change of clothes and a towel. Lunch will be provided. There will be snacks offered throughout the day. Please be sure we are aware of any food allergies your child has. If you have questions or concerns about any part of the application process, please call *Life Touch* Hospice at 866-378-0388.

The camp begins promptly at 8:30 am at Pleasant Grove Baptist Church. However, a van will leave from the John R. Williamson Hospice House at 7:45 am for children who need transportation. Activities include water slide baseball and blow up water obstacle course in which participants can work with other youth to accomplish fun/challenging tasks together. Horseback riding will be during the afternoon sessions and parents/guardians are welcome to come and watch. Both the water activities and horseback riding will be directed by Life Touch Hospice staff and individuals trained in horseback riding. There will be group sessions focused on healthy grieving as well as crafts. The day's activities will end at 4:45 pm; children needing transportation back to the John R. Williamson Hospice House will need to be picked up by 5:00pm.

The application is to be mailed to Life Touch Attn: Camp Life Touch, 2301 Champagnolle Rd., El Dorado, AR 71730. The deadline for applications is Monday, September 10, 2018.

Child/Teen Responsibilities:

- Participate as comfortable in all group sessions and activities
- Treat other participants and leaders with respect and courtesy
- Follow directions from group leaders and stay in assigned areas with groups

Parent/guardian Responsibilities:

- Arrive and pick up child on time
- Complete application materials accurately and inform camp leaders/staff of pertinent factors about youth and their families



APPLICATION DEADLINE – September 10, 2018

For office use only - Date Received:

Child Information:

First Name _____ Last Name _____

Name to appear on your child's name badge _____

Gender: Male Female Date of Birth: _____ Age _____

Home Address _____ Unit/Apt _____

City _____ State _____ ZIP _____

School Attended _____ Current School Grade _____

How did you find out about Camp Life Touch: _____

Parent/Legal Guardian:

First Name _____ Last Name _____

Relationship to Child _____ Email Address _____

Address _____ Unit/Apt _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Mobile Phone (____) _____

Emergency Contact (other than Parent/Legal Guardian):

First Name _____ Last Name _____

Relationship to Child _____ Phone Number _____

Child Health Information:

Please list any dietary restrictions (physician recommended, religious, food allergies, etc.):

Please list any additional information (disabilities, problems with eating, getting along with friend/peers or family members, physical limitations, environmental allergies, etc.)

Bereavement History:

Please include as many details as possible when answering the following questions.

Name of person who died: _____

Relationship to child _____

When did the death occur? (Date) _____ **Age of Child at time of death** _____

What was the cause of death?

Was the child present at the time of death? YES NO

Did the child attend the funeral/memorial service? YES NO

Please explain the circumstances of the death and child's reaction:

(You may use extra space on the back of this page if needed.)

Has your child received any professional support? (i.e. school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)? YES NO

Have there been multiple deaths of loved ones experienced by this child? YES NO

How well do you think your child is handling the death?

Poorly Fairly Well Very Well

Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?

Permissions and Consent to Take Part in Camp Life Touch

Parent/Caregiver Permission Statement

(Initial)

I certify that I am the parent/legal guardian of the above named child (sometimes referred to herein as "my child"). The information provided in this application form is complete and accurate to the best of my knowledge. I give permission for this child to participate in Camp Life Touch activities. I understand Camp Life Touch staff will share information contained in this document with other staff and camp volunteer(s) working with the child. Camp Life Touch will not release any information about youth to any other entities outside of Camp Life Touch without expressed written permission.

Liability Release

(Initial)

In consideration of my child being permitted to participate in the Camp Life Touch, I, for myself, my child, and my spouse (if applicable), and our legal representatives, heirs and assigns, release, waive and discharge SHARE Foundation and Life Touch Hospice, and their officers, directors, agents, and employees (Collectively referred to as "Releasees"), from any and all liability to myself, my child, and my spouse (if applicable), and our legal representatives, heirs and assigns, for any and all loss or damage, and any claims or damages resulting from the same, on account of injury to my child's person or property, whether caused by the negligence of Releasees or otherwise while my child is participating in activities, classes, programs, and/or instruction of the Camp Life Touch.

I agree to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due to my child participating in the Camp Life Touch, whether caused by the negligence of the Releasees or otherwise.

I assume full responsibility for my child's risk of bodily injury or property damage due to the negligence of Releasees or otherwise while my child is participating in activities, classes, programs, and/or instruction of the Camp Life Touch.

I agree that this release, waiver, and indemnity applies regardless of the location of such activities, classes, programs, and/or instruction.

I further agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion of this agreement and release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further give my permission for my child to receive emergency medical treatment and confirm that I have provided all vital information in consideration of such treatment.

Publicity Permission

(Initial)

I consent to my child being photographed or being recorded by video or audio means by Life Touch Hospice or a designated representative of the organization. These photographs and/or recordings can be used without compensation to me or my child, in public display publication or media, website, or in any manner or form, and at any time by Life Touch Hospice in promotion of the mission to increase awareness about the services of the organization. I hereby release SHARE Foundation and Life Touch Hospice, and their officers, directors, agents, and employees from any liability in connection with the aforesaid materials.

Signature of Parent/Legal Guardian:

Date: _____

Signature of Camp Life Touch Representative:

Date: _____

Title of Camp Life Touch Representative: _____

AGREE/DECLINE/PERMISSION TO PARTICIPATE Waterslide Baseball/Inflatable Waterslide

Waterslide Baseball and Inflatable Waterslide is an exciting and awesome adventure for any age! Participation in these games is supervised at all times by staff. This form must be signed in order to participate in these games. It does not commit or force you or your child to participate; it simply gives us permission to offer these activities. Our philosophy participation has always been that each individual may participate at a level that is comfortable to him or her. There is NEVER any pressure to exceed this comfort level and we always applaud each and every effort. No one is compared to anyone else. We simply ask that they do *their* individual best.

Due to the physical activity involved, it is quite natural for adrenaline levels to increase thus causing the natural response of elevated heart rates and blood pressure. For this reason, *we require a doctor's written permission for individuals with a history of heart-related problems.* These individuals are not automatically prohibited from participation but are required to include their doctor's written permission along with this form.

Participant (please print) _____

Please sign/indicate below as appropriate:

1. I **do not** wish to participate in waterslide baseball and/or inflatable waterslide.
Adult (18 years or older) signature _____ Date _____
2. My minor child **does not wish** to participate in waterslide baseball and/or inflatable waterslide.
Parent/guardian signature _____ Date _____
3. I have read and understand the information above and I am willing to participate in waterslide baseball/ inflatable waterslide.
Adult (18 years or older) _____ Date _____
In cooperation with the guideline in paragraph 3, my doctor's written permission is attached.
4. My minor child wishes to participate in waterslide baseball/inflatable waterslide and has my/our permission to do so.
Parent/guardian signature _____ Date _____
Parent/guardian signature _____ Date _____

HORSE MINISTRY AGREE/DECLINE/PERMISSION TO PARTICIPATE Chris & Shonta May

This form must be signed for your child to participate [ride] in the horse ministry provided by Chris & Shonta May. It does not commit or force you or your child to participate; it simply gives us permission to offer this activity, and want to offer your child an opportunity to experience new and exciting adventures. We feel horses are a great way to reach kids. Each individual may participate at a level comfortable to him or her. There is NEVER any pressure; we always applaud each and every effort. Your child's safety and wellbeing is our number one priority.

Participant's name (please print) _____ **Date** _____

Please sign/indicate below as appropriate:

5. My minor child **does not wish** to participate in the horse ministry.
Parent/guardian signature _____ Date _____
6. My minor child wishes to participate in the horse ministry and has my/our permission to do so.
Parent/guardian signature _____ Date _____
Parent/guardian signature _____ Date _____

RELEASE AND INDEMNITY AGREEMENT

In consideration of Pleasant Grove Baptist Church and/or Beulah Grove Baptist Church, both of El Dorado, Arkansas transporting my/our minor child(ren), _____ to attend church services or other church-related outings, the undersigned parent(s) and/or guardian(s) of said minor child(ren) forever release, discharge and covenant to hold harmless the said Pleasant Grove Baptist Church and/or Beulah Grove Baptist Church, both of El Dorado, Arkansas, or any person/member charged or chargeable with the responsibility or liability and their heirs, administrators, executors, successors and assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to said minor or to the undersigned arising out of any act or occurrence while on any church-related activity with said church, and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained by the said minor child(ren) or by the undersigned parent or guardian.

The undersigned further agree, as a consideration and inducement for this Release and Indemnity Agreement, that it shall apply to all unknown and unanticipated injuries and damages directly and indirectly resulting from any accident or incident while said minor child(ren) is being transported to and from and while attending any church service or church-related activity.

Dated: _____

Witnesses:

Parent/Guardian

Parent Guardian



2301 Champagnolle Road – El Dorado, AR 71730
870-862-0337 – FAX 870-862-0727

RELEASE

I/We agree to allow *Life Touch* Hospice to use my/our photo or endorsement in any advertising, marketing, website, publications, speaking engagements, social media, or for any other purpose.

Date

Signature

Witness