

For office use

Date received: \_\_\_\_\_  
Notified: \_\_\_\_\_ Initials: \_\_\_\_\_  
New: \_\_\_\_\_  
Return x 1: \_\_\_\_\_ Return x 2+: \_\_\_\_\_  
Part 1 / 2: \_\_\_\_\_ / \_\_\_\_\_  
Tetanus/ Med sheet: \_\_\_\_\_ / \_\_\_\_\_  
Photo/Transportation: \_\_\_\_\_ / \_\_\_\_\_  
Valuables/Substance: \_\_\_\_\_ / \_\_\_\_\_  
Confidentiality/Info release: \_\_\_\_\_  
Supply needs? Yes / No \_\_\_\_\_  
EC waiver/Behavior: \_\_\_\_\_ / \_\_\_\_\_  
BBQ guest/copy made: \_\_\_\_\_ / \_\_\_\_\_  
In SF/SF update: \_\_\_\_\_ / \_\_\_\_\_  
Grief behaviors Sf: \_\_\_\_\_  
In Excel/In Cabin: \_\_\_\_\_ / \_\_\_\_\_  
Interview/ app review date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Accepted/not accepted date: \_\_\_\_\_  
Accepted/not accepted initials: \_\_\_\_\_

# Camp Courage - Teens 2024

## VOYAGE TO SPACE

**Monday, June 3 – Friday, June 7, 2024**

**Teens ages 13 – 18 years old**

**Priority deadline: Friday, April 5, 2024**

**Late deadline: Friday, May 3, 2024**

To avoid delays, please complete this form accurately and completely.

**ATTACH  
CAMPER  
PHOTO HERE**

*We require a photo so that we can begin to learn everyone's name ahead of Camp.*

All applicants must complete a face-to-face interview with an Annie's Hope staff member.

**Interviews must be completed by Friday, May 17, 2024.**

*Annie's Hope believes in the dignity and the intrinsic worth of every human being. We welcome, affirm, and support children, teens, and adults of all abilities and disabilities, experiences, races, ethnicities, socio-economic backgrounds, sexual orientations, gender identities and expressions, religion and non-religion, citizenship and immigration status, and any other category people use to define themselves or others. Annie's Hope upholds the confidentiality of each individual and does not share this information with other participants. We strive to create safe and inclusive environments that celebrate diversity and foster positive relationships.*

### Application Part 1

To be completed by the applying teen. Please complete this application as thoroughly as possible.

**General Information:**

Date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: Female Male Non-binary \_\_\_\_\_ Choose to not respond

My pronouns are: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Do you want your pronouns listed on your camp name tag? Yes No

What name do you want on your name tag? \_\_\_\_\_

Current age: \_\_\_\_\_ Age at the time of significant person's death: \_\_\_\_\_ Age as of June 3, 2024: \_\_\_\_\_

School grade completed in May/June 2024: \_\_\_\_\_ School name: \_\_\_\_\_

School counselor and/or social worker's name: \_\_\_\_\_

Your street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Do you live within St. Louis CITY limits? Yes No

If not, in what COUNTY do you live? \_\_\_\_\_

Teen's phone: \_\_\_\_\_ Teen's email address: \_\_\_\_\_

Are you now a member of ROTC? Yes No

If yes, which military branch? \_\_\_\_\_

Please describe your personality, hobbies, talents, struggles, likes, dislikes, etc.:

Have you participated in any other Annie's Hope programs? Yes No

If yes, which programs? Camp Courage Camp Courage – Teens Hope & Healing  
Horizons Family Support Groups School Support Group Social Event Teen Retreat

<u>Parent/guardian name(s)</u>	<u>Relationship to the you</u>	<u>Relationship to the deceased</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary parent/guardian phone (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_  
 (Home): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Is your address the same as your primary parent/guardian? Yes No

If not, what is their home address? Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/guardian's place of employment: \_\_\_\_\_

Is your primary parent/guardian now (or previously) a member of the military/U.S. Uniformed Services? Yes No

If yes, how is your parent/guardian involved? Active Reserves Veteran National Guard

If yes, which branch of the military/U.S. Uniformed Service group is/was the parent/guardian a member?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

<u>Names of brothers &amp; sisters:</u>	<u>Birth Date</u>	<u>Age</u>	<u>Gender</u>	<u>Applying for Camp?</u>		
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither
_____	_____	_____	_____	Camp Courage	Camp Courage – Teens	Neither

**Background information on deceased person(s):**

Full name: \_\_\_\_\_

How is the deceased related to you? She/he/they/ze is my \_\_\_\_\_ .

What is your relationship to the deceased? I am her/his/their/hir \_\_\_\_\_ .

Deceased person's gender: Female Male Non-binary Choose to not respond

Deceased person's preferred pronouns: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Former place of employment (if applicable): \_\_\_\_\_

Nature of death (please check all that apply):

Accident Cancer Heart attack Long illness Murder  
 Short illness Substance use Suicide Other

Please describe the circumstances of the death:

**Please describe your relationship with the deceased person** (close, distant, ambivalent, warm, tense, loving, shared hobbies, angers, disappointments, etc.):

**Did the deceased identify with an organized religion?** Yes No

**If yes, please state the religion:** \_\_\_\_\_

**How did the deceased racially identify? Check all that apply.**

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): \_\_\_\_\_

**How did the deceased ethnically identify?**

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

**Was the deceased a member of the military/U.S. Uniformed Service?** Yes No Unknown

**If yes, at the time of death, was she/he/they/ze:** Active Reserves Veteran National Guard

**Which branch of the military/U.S. Uniformed Service group was she/he/they/ze a member?**

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

**Were any of the deceased person's organs and/or tissue (excluding bone marrow) donated for transplant after her/his/their/hir death?** Yes No Unknown

**Did the deceased ever receive an organ and/or tissue transplant prior to her/his/their/hir death?**

Yes No Unknown

**Did you plan/wish to donate the deceased's organs for transplant, yet they were not accepted?**

Yes No Unknown

**Have you ever received an organ and/or tissue transplant?** Yes No

**Was an accurate, honest explanation of the death provided for you?** Yes No

**If not, what explanation was given to you?**

**Who told you about the special person's death and how was it done? What was your reaction?**

**Is this the first experience with death for you?** Yes No

**If no, please explain briefly all significant losses by death:**

**Please briefly state your religious affiliation – if any – and describe what religious or spiritual beliefs were used to explain this death to you.**

**Did you get to say “goodbye?”**            Yes            No  
**If yes, in what way?**

**What rituals were held after the death (funeral/memorial service/Shiva/repass, burial, cremation, etc.)?**

**Did you attend the funeral/memorial service/Shiva/repass?**            Yes            No  
**Was it your choice?**            Yes            No

**Did you plan or participate in the funeral/memorial service/Shiva/repass?**            Yes            No  
**If yes, in what way?**

**Did you view the deceased’s body?**            Yes            No  
**Was it your choice?**            Yes            No

**If no, did you or an adult make the decision? If you did see the deceased’s body, what was your reaction, and how was the death handled by other family members?**

**Have you ever had a pet die?**            Yes            No  
**If yes, what was your reaction, and how was the death handled by other family members?**

**Grief Behaviors:**

Please select a number on a scale from 0 – 10 that represents how often you show each of these behaviors.

0	1	2	3	4	5	6	7	8	9	10	
Never		Rarely		Occasionally		Frequently		Very Frequently		Always	
1. _____	afraid of the dark			12. _____	Over eating			23. _____	Cruelty to animals		
2. _____	afraid to go to bed			13. _____	Loss of appetite			24. _____	Hurtful behavior to others (bullying, name calling, etc.)		
3. _____	nightmares			14. _____	Attachment to parent or guardian			25. _____	Hurtful behavior to self (cutting, hair pulling, etc.)		
4. _____	difficulty sleeping			15. _____	Overprotective behavior towards others			26. _____	Use of drugs		
5. _____	over sleeping			16. _____	Withdrawal from family			27. _____	Use of alcohol		
6. _____	bed wetting			17. _____	Withdrawal from friends			28. _____	Use of cigarettes		
7. _____	improved school grades			18. _____	Obsession with death			29. _____	Change in sexual activity		
8. _____	Lowered school grades			19. _____	Increased arguing			30. _____	Participation in risk-taking activities (not wearing a seatbelt or helmet, speeding, free climbing, etc.)		
9. _____	Difficulty concentrating			20. _____	Intense anger			31. _____	Thoughts of suicide		
10. _____	Afraid of hospitals, physicians or their offices			21. _____	Physical fighting			32. _____	Attempted suicide		
11. _____	Repeated illnesses			22. _____	Destruction of property						

Please add any details about any of the behaviors listed above, especially *hurtful to self or others, suicide, destruction of property, cruelty to animals, intense anger, use of drugs, alcohol or cigarettes, and fighting.*

Has you experienced any other of these types of losses or changes?

<b>A move</b>	Yes	No	<b>Separation/divorce/remarriages</b>	Yes	No
<b>New school</b>	Yes	No	<b>New responsibilities at home</b>	Yes	No
<b>New job</b>	Yes	No	<b>Abandonment</b>	Yes	No
<b>New caregivers</b>	Yes	No	<b>Other losses</b>	Yes	No

If yes to any, please explain:

**What do you hope to gain from attending?**

**Has you ever participated in individual therapy or attended a support group?** Yes No

**If yes, please provide the counselor/therapist/social worker's name(s) and time period of counseling.**

**What is important for Annie's Hope to know about your social, emotional, learning, physical, or psychological needs so we may help you be successful in our programs?**

**How can we best support you in light of these needs?**

**What additional information would you like to share?**

**The next pages are for your PARENT OR GUARDIAN to complete.**

Teen's name: \_\_\_\_\_

Name of person completing this form about the teen: \_\_\_\_\_

Please describe the teen's personality, hobbies, talents, struggles, likes, dislikes, etc.:

**Grief Behaviors:**

Please select a number on a scale from 0 – 10 that represents how often the teen shows each of these behaviors.

0	1	2	3	4	5	6	7	8	9	10	
Never		Rarely		Occasionally		Frequently		Very Frequently		Always	
1. _____	Afraid of the dark			12. _____	Over eating			23. _____	Cruelty to animals		
2. _____	Afraid to go to bed			13. _____	Loss of appetite			24. _____	Hurtful behavior to others (bullying, name calling, etc.)		
3. _____	Nightmares			14. _____	Attachment to parent or guardian			25. _____	Hurtful behavior to self (cutting, hair pulling, etc.)		
4. _____	Difficulty sleeping			15. _____	Overprotective behavior towards others			26. _____	Use of drugs		
5. _____	Over sleeping			16. _____	Withdrawal from family			27. _____	Use of alcohol		
6. _____	Bed wetting			17. _____	Withdrawal from friends			28. _____	Use of cigarettes		
7. _____	Improved school grades			18. _____	Obsession with death			29. _____	Change in sexual activity		
8. _____	Lowered school grades			19. _____	Increased arguing			30. _____	Participation in risk-taking activities (not wearing a seatbelt or helmet, speeding, free climbing, etc.)		
9. _____	Difficulty concentrating			20. _____	Intense anger			31. _____	Thoughts of suicide		
10. _____	Afraid of hospitals, physicians or their offices			21. _____	Physical fighting			32. _____	Attempted suicide		
11. _____	Repeated illnesses			22. _____	Destruction of property						

Please add any details about any of the behaviors listed above, especially *hurtful to self or others, suicide, destruction of property, cruelty to animals, intense anger, use of drugs, alcohol or cigarettes, and fighting.*

*To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations.  
To submit successful grant applications, we need answers to the following questions.  
Please remember your answers are strictly confidential and optional.*

Does this teen qualify for a free or reduced school lunch program? Yes No

Does your family receive assistance from the **TANF** (Temporary Assistance for Needy Families) **program?** (Formerly known as ADC – Aid to Families with Dependent Children). Yes No

Does your family receive **SSI** (Supplemental Security Income – NOT Social Security)? Yes No

Does your family receive **SNAP** (Supplemental Nutrition Assistance Program) **benefits?** (Formerly known as Food Stamps.)  
Yes No

Does this teen identify with an organized religion? Yes No

If yes, please state the religion: \_\_\_\_\_

With what race does the teen identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): \_\_\_\_\_

With what ethnicity does the teen identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Does this teen have health insurance coverage? Yes No Unknown

If yes, is it Medicaid? Yes No Unknown

If yes, does the plan include mental health coverage? Yes No Unknown

Signature of the **TEEN**: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of **PARENT/GUARDIAN**: \_\_\_\_\_ Date: \_\_\_\_\_

**Please continue to the next page for PART 2 (health information, waivers, behavior agreement).**

**Applications for Camp will not be considered until all application parts are received.**



## Application Part 2

To be completed by a parent or guardian.

Camper's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Is this the first time the camper has stayed overnight without your presence? Yes No

Has the camper previously attended an overnight camp? Yes No Where? \_\_\_\_\_

Has the camper previously attended Camp Courage or Camp Courage - Teens? Yes No

If yes, what years? 2016 or earlier '17 '18 '19 '20 '21 '22 '23

How did you learn about Camp Courage - Teens? \_\_\_\_\_

How does the teen feel about attending Camp Courage - Teens?

Excited OK with it Indifferent Scared Reluctant

Camper t-shirt size. Please select one.

<u>Youth size</u>	Small (6-8)	Medium (10-12)	Large (12-14)			
<u>Adult size</u>	Small	Medium	Large	XL	2XL	3XL

Parent or guardian employer information

Employer: \_\_\_\_\_

Employer street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does your employer have a matching gift program? Yes No I don't know

I approve this application and verify that the proposed camper is capable of such an experience.

I understand Camp Courage – Teens & the Camp Director reserve the right to dismiss any camper who is judged detrimental to the welfare of the group or whose conduct is not in accord with the standards of Camp Courage - Teens.

As the parent/guardian of a participant, I agree to assume the full risk and fully release and discharge members of Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers for any injuries, including death, damages, or losses, regardless of severity, which my child may sustain as a result of any Camp activity. I agree to waive and relinquish all claims my child may have as a result of participating in Camp against Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers, as well as to indemnify and hold harmless the aforementioned.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### CAMPER ASSISTANCE CHECKLIST

You should have already seen and reviewed the Camper Packing Checklist, located in the Parent/Guardian Camp Courage – Teens Packet of Information. The list suggested camper supplies. Camp Courage -Teens may be able to help obtain the items listed below ONLY if absolutely needed. All other items on the Camper Packing Checklist are the responsibility of the camper's parents and guardians. Please check all items you request.

<b>Toiletries:</b>	Toothbrush & toothpaste	Hair comb & brush	Deodorant
	2 bath towels & wash cloths	Shampoo & conditioner	Soap
	Preventative Poison Ivy lotion	Insect repellent	Sunblock/sunscreen
<b>Camp Necessities:</b>	Sleeping bag OR 2 sheets & blanket	1 pillow & pillowcase	Bag for belongings
	Water Bottle	Backpack	Messy Play clothes
	Sneakers		

## Health Examination Form

Camper's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Primary parent/guardian phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

(Work): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Primary parent/guardian street address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

In an emergency, Annie's Hope should notify (other than self):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health history (please check all that apply):

Diabetes	Asthma	Heart disease	Lung disease	Seizures
Fainting	Stomach aches	Constipation	Bedwetting	Athlete's foot
Sleepwalking	Sleep talking	Homesickness	Tubes in ears	Skin condition
Anxiety	Depression	Operations	Serious illness	Motion/car sickness
COVID-19	COVID-19 Diagnosis Date: _____			

If none apply, please check here:

If one or more apply, please add details:

Has the camper EVER needed an inhaler or nebulizer for wheezing or asthma?      Yes      No

(If yes, please pack it in the camper's baggage and give it to the nurse at check-in.)

Does the camper have any medical conditions requiring regular medication?      Yes      No

If yes, please complete the information below. Indicate with an "x" the time of day the medication is given.

<u>Medication</u>	<u>Dose</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Bedtime</u>	<u>Other</u>	<u>Reason</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Additional instructions:

Are there any over-the-counter medications the Camp Nurse may **NOT** give the camper: (Benadryl, Tylenol, Ibuprofen, Zyrtec, Claritin, Calamine lotion, Tums, ect.)

Does the camper have any of the following?

Drug allergies: Yes No

If yes, please describe: \_\_\_\_\_

Food Allergies: Yes No

If yes, please describe: \_\_\_\_\_

Dietary restrictions: Yes No

If yes, please describe: \_\_\_\_\_

Is the camper allergic to or fearful of dogs? Yes No

If yes, please describe: \_\_\_\_\_

Allergic reactions: Bee stings: Yes No Poison ivy/oak: Yes No Mosquito bites: Yes No

If yes, please describe the reaction:

Does the camper have any special diet needs? Yes No

If yes, please describe:

Are the camper's immunizations (*excluding the COVID-19 vaccines*) up to date? Yes No

Has the camper been vaccinated for COVID-19? Yes No

Has the camper received the COVID-19 booster? Yes No

Date of the camper's last Tetanus shot: \_\_\_\_\_ \*Date is required before we can consider this camper for acceptance.

Please notify Annie's Hope if this camper is exposed to any communicable disease in the three weeks before Camp Courage- Teens attendance (COVID-19, Chicken Pox, Mumps, Measles, etc.).

Are any specific activities to be restricted? Yes No

If yes, please explain:

Does the camper know how to swim? Yes No

If so, does the camper swim: Poor Average Very good

Does the camper use any specific equipment (braces, glasses, contacts, retainers, cast, etc.)? Yes No

Please add additional information about the specific equipment used:

Insurance provider: \_\_\_\_\_

Group ID/Policy ID/Medicaid #: \_\_\_\_\_

In the case of medical emergency, I understand every effort will be made to contact the parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper as named above.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Annie's Hope & Camp Courage - Teens

## PHOTOGRAPHIC RELEASE

I, \_\_\_\_\_, do not hereby authorize **Annie's Hope** to take photographs, films, audiotapes, and videotapes of \_\_\_\_\_ and their artwork to be used in newspapers, publications, and presentations. **Annie's Hope** may use these items and information in any way the organization considers proper and desirable.

After camp, a photo album is sent out with camp photos to the camper's parent/guardian. I, \_\_\_\_\_, do not hereby authorize **Annie's Hope** to share photographs of \_\_\_\_\_ with their fellow campers.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSPORTATION WAIVER

I, \_\_\_\_\_, hereby grant permission for **Annie's Hope** to transport \_\_\_\_\_, to and from **Camp Courage - Teens** on a bus leased by **Annie's Hope**. I release **Annie's Hope** and **Camp Courage - Teens** from responsibility and liability if any injuries are incurred in connection with being transported to and from **Camp Courage - Teens**.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF RESPONSIBILITIES FOR VALUABLES

I, \_\_\_\_\_, hereby release **Annie's Hope** and **Camp Courage - Teens** staff and volunteers of any responsibility for valuables that my camper, \_\_\_\_\_, chooses to bring to **Camp Courage - Teens**. I acknowledge that **Camp Courage - Teens** guidelines encourage all valuables to be left at home.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUBSTANCE USE AGREEMENT**

I, \_\_\_\_\_, understand that use of substances of any kind, including traditional cigarettes, e-  
Parent/Guardian  
cigarettes, tobacco, street drugs, marijuana, THC, and alcohol, during **Annie's Hope** programming is not allowed. I am aware that  
use of such substances during **Camp Courage - Teens** is grounds for \_\_\_\_\_'s immediate  
Camper's Name  
removal from the program.

**Camper signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Camper Conduct Agreement**

***This form must be reviewed with and signed by the camper.***

***A parent or guardian's signature on behalf of the child is not acceptable.***

The child and I (Parent/ Guardian) have read the Code of Conduct Behavior Policy. We understand and agree to follow the Code of Conduct while attending **Camp Courage - Teens**. We understand the consequences of not following the Code of Conduct.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camper signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **Camp Courage - Teens Code of Conduct Behavior Agreement**

**Please read with your camper and keep this page for your reference.**

At Annie's Hope, we believe that all children have the right to a safe, fun, and memorable camp experience. We expect campers to be respectful, responsible, and supportive. We want campers to make friends, learn and try new things, and to have fun. To create a positive camp environment, it is important that every camper commits to the following conduct and behavioral expectations. Every parent/guardian is required to read the following information with their camper, sign, and return the Camp Courage - Teens Code of Conduct Behavior Agreement to Annie's Hope.

Campers are encouraged to practice positive social skills, which allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When disciplinary situations occur, staff will work with campers to help them understand why their behavior is inappropriate. They will then help campers identify alternative behaviors that are appropriate for camp. We recognize that campers may have coping strategies and conflict management techniques that work for them at school or at home. Staff will attempt to utilize these strategies and techniques as much as possible, if appropriate for camp.

## **Annie's Hope commitment:**

Annie's Hope will provide comprehensive support services for children, teens, and their families who are grieving a death. Camp Courage - Teens, one of Annie's Hope programs:

- Will offer a space that is safe and comfortable;
- Will treat each person with respect and dignity;
- Will treat each camper fairly and consistently; and
- Will maintain confidentiality for all children and their families.

## **Parent and guardian commitment:**

Parents and guardians realize the importance of working cooperatively with Annie's Hope to provide the safest, most supportive environment possible. Parents and guardians:

- Will join Annie's Hope in enforcing the Code of Conduct;
- Will review the behavior expectations listed below with their camper before attending camp; and
- Will assist their camper in packing to ensure the dress code is followed, and electronic devices are left at home.

## **Camper commitment:**

Campers understand the importance of working cooperatively with Annie's Hope to provide a safe, supportive environment for all campers. Campers:

- Will respect others and themselves, including personal space, belongings, choices, and opinions.
- Will keep their hands to themselves - touching or physical threats are unacceptable.
- Will use appropriate language – swearing, cursing, or discriminatory/racist, offensive/lewd jokes will not be permitted or tolerated.
- Will use appropriate behaviors while in a group - meal manners, listening, not interrupting when someone else is talking, taking turns, saying “please” and “thank you,” and using a “talking” voice indoors.
- Will arrive on time for gatherings, meals, and activities.
- Will respect camp property, property of fellow campers, and natural resources (i.e., animals, trees).
- Will contribute to the camp community by supporting their peers, helping with cabin responsibilities, and reflecting Camp Courage - Teens values.
- Will talk through conflicts and challenges.
- Will respect each other's differences including but not limited to race, gender, sexual orientation, religion, disability, appearance, or grief response.

## **Bullying Policy**

Annie's Hope defines bullying as repeated aggressive behavior with the intent of asserting power and/or control over another individual. We expect all members of our community to be respectful towards one another. Therefore, we take all incidents of bullying very seriously. If a camper has difficulty meeting this expectation, further action will be taken.

### **If a camper violates any expectations:**

1. We will discuss our concerns with the camper and all individuals involved.
2. We will take actions to redirect the behavior (i.e., time out from an activity). The staff will use fair, consistent, and timely consequences to help campers learn more appropriate behavioral responses.
3. We will call the camper's parent or guardian to discuss the situation and request suggestions for redirecting behavior.
4. If the behavior is persistent or worsens, and if deemed necessary by the Camp Director, the camper may be dismissed from camp, and the parent or guardian will be required to pick up the camper from the campground immediately.

### **Immediate Dismissal**

Our staff reserves the right to immediately dismiss campers whose behavior endangers the safety of themselves, other campers, and/or our staff, thereby bypassing some of the disciplinary steps outlined above. Immediate dismissal examples:

- Any child who brings a weapon to Camp Courage - Teens;
- Any child who brings illegal substances, marijuana, or cannabis products, paraphernalia, alcoholic beverages, or tobacco products to Camp Courage - Teens;
- Any child who makes a credible threat to hurt themselves or others;
- Any child who seriously and/or intentionally hurts themselves or others;
- Any child who verbally or physically fights with fellow campers or staff; and
- Any child who has sexual contact with another person at Camp Courage - Teens.

### **Dress Code**

We ask parents and guardians to assist the camper with packing for camp. Please keep the camp dress code in mind when packing. Clothing items that will **NOT** be permitted are:

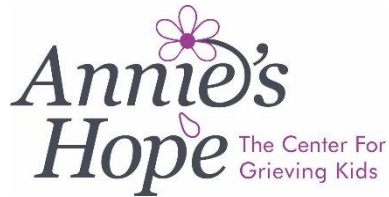
- Any gang-related clothing or styling;
- Clothing that reveals genitalia, midriffs, or undergarments;
- Clothing with inappropriate sayings or pictures; and
- Halters, tube tops, cut-off shirts, or short shorts.

### **Electronic Devices**

We ask parents and guardians to assist the camper with packing for camp. Please keep the camp electronic device policy in mind when packing.

The following items that will **NOT** be permitted are:

- Phones
- Smartwatches
- Tablets
- Laptops
- iPods
- Gaming devices
- Any electronic communication devices



## **Authorization for Release of Information**

**To:** Annie's Hope

**From:** \_\_\_\_\_

**Re: Camper's name:** \_\_\_\_\_

**Camper's date of birth:** \_\_\_\_\_

For purposes of the length of stay of the above-named child at Camp Courage - Teens 2024 only, June 3, 2024 to June 7, 2024, I hereby authorize any educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians to whom this authorization is presented to disclose to and discuss with Kaitlyn Paton any information related to evaluation, care, or treatment rendered to my child named above. I further authorize the release of all records, including but not limited to reports, correspondence, notations, diagnoses, and prognoses which may be requested by Kaitlyn Paton.

A faxed copy/photocopy of this release is as valid as the original.

This authorization shall remain in full force and effect until I file a written withdrawal of such authorization or until the close of Camp Courage - Teens 2024 on June 7th, 2024, whichever comes first.

This release is intended to comply with the Health Insurance Portability and Accountability Act of 1996. The educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**Signature of parent or legal guardian of the above-named camper:** \_\_\_\_\_

**Printed name of parent or legal guardian:** \_\_\_\_\_

**Primary parent/guardian street address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Adventure Education & Team Building at Lake Williamson Christian Center

17280 Lakeside Drive □ Carlinville, IL 62626 Phone 800.500.5922 □ [adventure@lwccag.org](mailto:adventure@lwccag.org)

### Waiver and Release of Liability

The programs of Lake Williamson’s Eagle Crest Adventures—including high ropes, zip lines, team initiatives, axe throwing, escape rooms, caving, and outdoor education—offer participants the opportunity for individual and group growth. The nature of these programs carry an inherent risk of injury, both minor and serious. Emotional risks include, but are not limited to fear, embarrassment, crying, and anger. Physical risk is also an inherent part of these programs. Common injuries include bumps, bruises, cuts, scrapes, and rope burns. Falls, missteps, tripping, and slipping may result in sprains, broken bones, and damage to back, neck, or other parts of the body. Activities that require physical lifting may result in back injuries or muscle strain. Caving programs carry the additional risk of injury and death from falling, rock fall, entrapment, and drowning.

In signing this document, you agree:

1. You understand participation in Eagle Crest Adventures programs carries risk of minor and major emotional and physical injury. You understand it is not possible for this release to list all possible risks. You understand these risks can result in long-term, health-related issues, permanent disability, loss of work, loss of wages, and even death. You take upon yourself all physical, emotional, and financial risk stemming from participation. You understand that at any time you have the right to decline participation.
2. You understand that with some pre-existing medical conditions strenuous activities may not be recommended. You understand that if you have questions regarding your physical health or a pre-existing medical condition, it is your responsibility to consult with your physician to determine your level of participation. You understand Lake Williamson staff and volunteers are not qualified to make medical assessments regarding participation.
3. You understand that alcohol and drug usage (both illegal and prescription drugs) can increase these risks, and you agree to not participate if you are under the influence of any substance, both legal and illegal.
4. You understand that pregnant women should not participate in Eagle Crest Adventure programs.
5. You understand the weight limit on zip lines is 250 pounds. Severe injury may occur if you mislead staff regarding your weight.
6. In case of injury, you agree to release, waive, discharge, hold harmless, defend, and indemnify any person providing initial first aid treatment. When you are unable to make medical decisions, you grant permission for Lake Williamson staff and volunteers to arrange medical transportation to a hospital and to convey any known medical information to professional medical staff.
7. Because you willing take these risks upon yourself, you waive your right to seek any financial compensation from Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all fulltime and part-time employees and volunteers) from any and all claims, actions, or losses which may arise from participation, even claims that are considered “negligent.” Such financial compensation includes, but is not limited to, medical bills (including hospitalization, doctor visits, physical therapy and long-term disability), loss of wages, loss of personal property, and legal claims.
8. You, on behalf of yourself, your personal representatives, your dependents and your descendents, voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise from participation.
9. If, after clearly waiving your rights to seek financial compensation stemming from participation, you, your personal representatives, your relatives, your dependents or your descendents pursue legal action, you agree:
  - a. All legal filings must take place in the jurisdiction of Macoupin County in the state of Illinois. No filings may take place outside of this jurisdiction.
  - b. This document can be presented in court showing that you willingly took upon yourself any and all risks involved and willingly waived the right to pursue financial compensation stemming from participation.
  - c. You agree the court can only throw out the clause or line that they find offensive, not the entire document.
  - d. You, your personal representatives, your dependents or your descendents are responsible for all fees (including, but not limited to legal expenses) occurred by Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators in defending against all claims.

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives, my relatives, my dependents and my descendents, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise out of my participation in this event.

I agree to follow the instructions of Eagle Crest Adventures staff. I understand Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I have read and understood this waiver. I sign it willingly and assume all risk from my participation.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Group: Annie’s Hope

Camper Print Name: \_\_\_\_\_ Signature of Parent (If under age 18): \_\_\_\_\_

## **CONFIDENTIALITY AGREEMENT**

**This statement is to be reviewed by all children who wish to attend Camp Courage - Teens.  
Parents and guardians, please review this with the camper.**

As you know, children who come to programs offered by **Annie's Hope** are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As fellow participants, you become a piece of the healing process for other children. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information to anyone else - not even with family, friends, or relatives. They share with us because they want to and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, volunteers, and staff is strictly confidential. Outside **Annie's Hope** programs, it is not to be discussed - even to your own families and friends. Your story may be told by you to anyone you choose as often as you choose.

There are five exceptions to preserving confidentiality. They are:

1. Any indication that someone is thinking about attempting suicide.
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at **Annie's Hope** might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Fellow participants and volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other unsafe conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform a Director immediately. The Director will assess the severity of the issue and respond accordingly and refer to emergency services, if needed.

**CAMPER signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applications can only be considered once they have been fully completed and received.**

**Please submit completed applications by mail, email or fax to:**

***Annie's Hope – The Center for Grieving Kids***

**Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122**

**Email: [applications@annieshope.org](mailto:applications@annieshope.org)**

**Fax: (314) 918-1438**

**For questions or concerns, please contact Annie's Hope at (314) 965-5015.**