

# CAMP CAROUSEL 2016 REGISTRATION FORM

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

Camper Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth day \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age at time of camp \_\_\_\_\_ Gender  M  F  
Month Day Year

For children/teens: Grade completed prior to camp \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Where may we leave messages regarding Camp Carousel?  home  work  cell

E-mail (legal guardian if a child or teen): \_\_\_\_\_

May we contact you by e-mail regarding Camp Carousel?  Yes  No?

Name of person who died \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Date of death \_\_\_\_\_ Cause of death \_\_\_\_\_

For children/teens:

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, what year? \_\_\_\_\_

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

My child/teen has my permission to participate in supervised outdoor recreational activities.  Yes  No

I grant permission for photographs/videos, written evaluation comments, and/or interviews with me (or my child/teen 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. Scholarships to Camp Carousel are available. All registrations and fees are due by Monday, July 11, 2016. 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 2016 Medical Information Form

Camper Name: \_\_\_\_\_  
(Please print)

Are there any activities that should be restricted? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please list: \_\_\_\_\_

Please feed children breakfast before morning drop-off.  
Light snacks provided throughout the week for children and adults. Dinner provided for teens.  
Are there any special dietary needs or food allergies? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please list (diabetic, vegetarian, gluten-allergic, lactose-intolerant, nut allergies, etc.):  
\_\_\_\_\_

Is the camper allergic to dogs? \_\_\_\_\_ yes \_\_\_\_\_ no  
Does the camper have any other 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 for children/teens 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 Baptist Medical Center or

\_\_\_\_\_ Forsyth Medical Center

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

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

*Please keep this page for your records.*

*Camp Carousel is designed to meet the unique needs of grieving children and teens (rising 1st graders through rising high school seniors).* In this caring environment, specially trained 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.



## 2016 Camp Carousel Schedule of Activities

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

**Dates:** Monday, July 18 – Friday, July 22

Monday - Thursday July 18 - 21 9am-12 noon  
6-8 year-old grief groups & 9-12 year-old grief groups

Monday & Wednesday July 18 & 20 6-9pm  
Teen grief group  
(Dinner will be provided)

Tuesday & Thursday July 19 & 21 6-9pm  
Adult grief group

Friday evening July 22 \*6:30pm  
Closing Ceremony for all campers and their families.

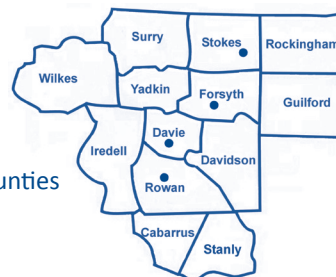
\*Location to be announced.



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

A program of:  
 **Hospice & Palliative  
CARECENTER**

Serving 13 counties  
from 4 offices



Sponsored by:

 **Wake Forest®  
Baptist Health**

Camp Carousel • Hospice & Palliative CareCenter • 101 Hospice Lane • Winston-Salem, NC 27103 • 336-768-3972  
[www.HospiceCareCenter.org](http://www.HospiceCareCenter.org)

Camp Carousel is designed to meet the unique needs of grieving children, teens, and adults.

Animal-Assisted Therapy  
Grief Support  
Art Therapy  
Expressive Movement  
Creative Play  
Music Therapy

**2016 Camp Carousel**  
Camp Carousel promotes healthy mourning through creativity and fun.  
Learn how to cope with a death-related loss.

A program of:  
**Hospice & Palliative  
Care Center**

Sponsored by:  
**Wake Forest**  
Baptist Health

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