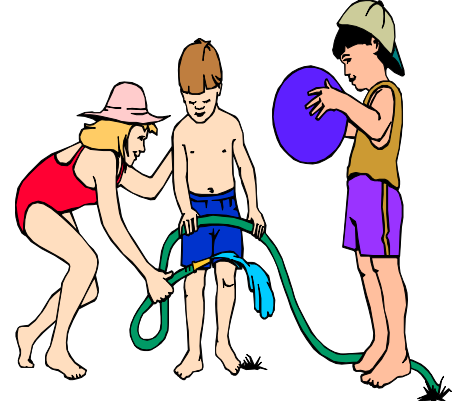


RAINBOW TRAILS - 2007



Hope Hospice will take 80 children, aged 6 - 16 years, on a weekend camp to work on grief issues and to have a great time!

DATE: June 8 - 10, 2007

DAYS: Friday - Sunday

DEPARTURE Campers need to arrive at Hope in Fort Myers on Friday, June 8 at 2:30 p.m. Buses will leave at 3:00 p.m. Buses return Sunday, June 10 at 2:00 p.m.

TRANSPORTATION: Buses will take participants to and from the camp and return to Hope Hospice in Fort Myers.

COST: **NO COST** - Hope Hospice and community donations will cover all costs but donations are appreciated.

ELIGIBILITY: The participant will have experienced a death in their family within the past year. Special circumstances will be considered on a case-by-case basis. If your child has attended camp in the past, they will not be eligible again unless there was an additional death or loss in their lives.

ACCEPTANCE NOTIFICATION: All applicants will receive written notice of acceptance as a camper.

ORIENTATION PARENTS: Parent's Meeting will be held Wednesday, May 16, 6:00 p.m. Hope Hospice, 9470 Health Park Circle, Ft. Myers FL. - 482-4673.

APPLICATION DEADLINE: May 28, 2007 - Camp fills up fast, then a waiting list is established. Applicants are accepted on a first come basis, date application is received in our office.

Please complete the attached application and return to Hope Hospice, Pathways of Hope Counseling, 9470 Health Park Circle, Fort Myers, FL 33908. For more information call Bill Enslin at 985-7791 or Wayne Leaver at 489-9156.

DEPARTURE AND RETURN SITE
9470 Health Park Circle
Fort Myers, FL 33908
239-482-4673

(Fill out one for each camper; sign and return to Hope of Southwest Florida)

RAINBOW TRAILS SUMMER CAMP

Friday, June 8 - 10, 2007

Camper's Name - PLEASE PRINT

Date of Birth

Sex

Age

Address

Email Address:

City

Zip

Parent/Guardian Name

Home Phone

Work Phone

HOW DID YOU HEAR ABOUT RAINBOW TRAILS CAMP?

I. MEDICAL INFORMATION

Emergency Contact: Relationship: Emergency Phone #

Camper's Physician Telephone #

Does your child have any health problems? Yes No If yes, please identify:

ALLERGIES: Does your child have any? Yes No
If yes, please list:

IS CAMPER ON ANY MEDICATION? IF YES, ATTACH A SEPARATE LIST WITH DOSING SCHEDULE.

All medication must be given to camp nurse at the Registration Table when registering camper to leave for camp. Medication must be in a prescription container with clearly marked Name/Address/Instructions. *Please supply only enough for three days. Do Not Send Over-The-Counter medications. AND PLEASE, DO NOT MIX MEDICATIONS IN ONE BOTTLE.*

Has your child been taking any medications regularly that have recently been stopped? Yes No
Explain:

Does your child have any disabilities? Yes No If yes, please list:

Is there any reason your child may not be able to participate in recreational activities?

II. DESCRIPTIVE INFORMATION

On a scale of 1 - 100 with "100" being "doing great" and 1 being "absolutely terrible", indicate how your child is doing on the various concerns listed.

Example: John Smith, 10 yrs old
 Depression 60
 Anxiety 40

Depression	_____	Very social	_____	Open, outgoing	_____
Anxiety	_____	Problems at school	_____	Problems at home	_____
Fear	_____	Clinging/dependent	_____	Very quiet	_____
Anger	_____	Makes friends easily	_____	Hyperactive	_____
Acting out	_____	Loss of self esteem	_____	Problems sleeping	_____
Missing loved one	_____	Guilt	_____	Fearful	_____
Withdrawn	_____	Schoolwork	_____	Enjoying life	_____

PLEASE DESCRIBE THE LOSS YOUR CHILD HAS EXPERIENCED:

What happened:

When did it happen: _____

Child's Reaction: _____

Was the death caused by someone? Yes _____ No _____ If yes, explain:

Was the child a witness or present if it was a violent death? Yes _____ No _____

If yes, explain: _____

Is your child being seen by a counselor at this time? Yes _____ No _____

If yes, please provide counselor name and phone number: _____

Please describe any problems or restrictions your child may have:

HOLD HARMLESS AND RELEASE OF INFORMATION AGREEMENT

In consideration of Hope of Southwest Florida, Fort Myers, Florida, permitting the undersigned the privilege of attending Rainbow Trails Summer Camp Program, We (I) hereby agree to indemnify and hold harmless Hope Hospice and staff against, of and from any and all claims of any kind or nature, including liabilities, cost, expenses and attorney's fees, growing out of or connected with the undersigned's participation in Rainbow Trails.

I hereby give permission to share the information in this application with the staff of Rainbow Trails. I also give permission for the Nursing staff of Rainbow Trails to administer prescription and non-prescription medications. I give permission for Rainbow Trails staff to transport my child to and from the campsite. Should there be an emergency, I also give my permission to the doctors and hospitals to treat my child as may be necessary.

YES _____ NO _____ I give permission for my child to be photographed.

YES _____ NO _____ I further agree to and give permission to Hope Hospice to use any and all pictures, recordings, of camp activities for promotional use including television, newspaper, or other printed literature.

YES _____ NO _____ I hereby give permission for my child to attend an optional, short Sunday morning ecumenical(non-denominational) chapel service.

CAMPER'S RULES:

1. No smoking, drugs or alcohol.
2. No cell phones, radios, tape players, or other electronic equipment.
3. No roughhousing (all campers must keep their hands to themselves and are not allowed to kick, hit, or in any way hurt each other).
4. Other people's property and camp property should be respected.
5. Campers are assigned cabins according to age and sex. Boys and girls are **NOT** permitted to go into cabins of the opposite sex.
6. No swearing or foul language; no name calling.
7. All campers must keep their areas neat and clean. Campers will be asked to help clean their area and to be sure that their personal belongings are packed.
8. No camper may leave their assigned group at anytime without permission of their counselor.
9. Campers are encouraged not to bring money to camp, and if they do, it is at their own risk.

I HAVE READ THE CAMP RULES, UNDERSTAND THEM, AND AGREE TO FOLLOW THEM, and I FURTHER UNDERSTAND THAT IF I BREAK THESE RULES, I WILL BE ASKED TO LEAVE AND MY PARENTS/GUARDIAN WILL BE EXPECTED TO PICK ME UP. I have read and consent to the "Hold Harmless and Release of Information" agreement.

Camper's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**RAINBOW TRAILS SUMMER CAMP - 2007
(PLEASE TEAR OUT AND KEEP)**

IV. ITEMS TO BRING TO CAMP

ALL ITEMS SUCH AS SLEEPING BAG, PILLOW, CLOTHING, TOWELS SHOULD BE MARKED WITH CAMPER'S NAME

**Sleeping bag/sheets and pillow
Sunglasses
Sweater or jacket
Insect repellent
Sneakers and Flip Flops
Sunscreen
Swimsuit
Pajamas
Shirts or t-shirts - 3
Long pants - 1 pair
Shorts - 3 pair
Underwear - 3 pair
2 towels, washcloth, soap, shampoo
Raincoat or umbrella
Personal toiletries (toothbrush & toothpaste, comb, etc.)
Tissues
Hat or Visor
Pillowcase for dirty clothes
Something with which to sit on the ground**

PLEASE PUT ARTICLES IN A SUITCASE OR OTHER SUBSTANTIAL CONTAINER. DO NOT SEND ARTICLES IN PLASTIC OR PAPER BAGS.

ITEMS NOT TO BRING TO CAMP

Cell Phones Radios Tape Players Money

Electronic games or equipment of any kind

Alcohol or drugs, unless in a proper container with a prescription in the child's name with clearly marked instructions.