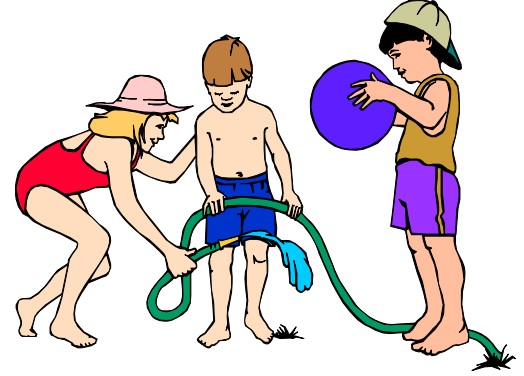


RAINBOW TRAILS - 2008



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 13 - 15, 2008

DAYS: Friday - Sunday

DEPARTURE Campers need to arrive at Hope in Fort Myers on Friday, June 13 at 2:30 p.m. Buses will leave at 3:00 p.m. Buses return Sunday, June 15 at 3:00 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 loss in their lives.

ACCEPTANCE NOTIFICATION: All applicants will receive written confirmation of acceptance to camp.

ORIENTATION PARENTS: A Parent's Meeting will be held Monday, June 2 at 6:00 p.m. Hope Hospice, 9470 Health Park Circle, Ft. Myers FL.

APPLICATION DEADLINE: May 28, 2008 - 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, Attn: Vicki Simpson, 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 Hospice and Community Services)

RAINBOW TRAILS SUMMER CAMP

Friday, June 13 - 15, 2008

CAMPER NAME - PLEASE PRINT : _____

Address: _____
Street City State Zip

Date of Birth : _____ Sex : M F Age: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Camper T-shirt Size: S M L XL

HOW DID YOU HEAR ABOUT RAINBOW TRAILS CAMP? _____

Has your child attended Rainbow Trails in the past? Yes No

If yes, please identify the new loss in their life _____

Will any relative of this camper also be going to camp? Y N

If so, who: _____

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 allergies? Yes _____ No _____
If yes, please list: _____

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

All medication must be given to the 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? _____

DESCRIPTIVE INFORMATION

On a scale of 1 - 10 with "10" 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 6

Anxiety 4

Depression -----

Anxiety -----

Fear -----

Anger -----

Acting out -----

Missing loved one -----

Withdrawn -----

Very social -----

Problems at school -----

Clinging/dependent -----

Makes friends easily -----

Loss of self esteem -----

Guilt -----

Schoolwork -----

Open, outgoing -----

Problems at home -----

Very quiet -----

Hyperactive -----

Problems sleeping -----

Fearful -----

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**
(Return signed form with application)

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 the 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.

CAMPER 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 CAMP - 2008
(PLEASE TEAR OUT AND KEEP)

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.