

"Where HOPE outshines grief"

## **CAMPER APPLICATION** - please print

(To be completed by the Camper)

Help us get to know you!

My name is
I amyears old.
I just finished gradein June.
I am planning to go to Camp Sunshine becausedied.
<ul> <li>I want to go to Camp Sunshine because: (Please mark all that apply)</li> <li>☐ I miss the person that died.</li> <li>☐ I would like to meet other kids that have had a special person in their life die.</li> <li>☐ I would like to learn ways to cope with the death.</li> <li>☐ My parent/guardian is making me go.</li> <li>☐ I would like to get away from home for a while and have fun with kids my own age.</li> <li>☐ Other (Please explain)</li> </ul>
What are some of your fears about going to Camp Sunshine?  (Please mark all that apply)  I feel uncomfortable talking with others about death.  I am afraid I won't have anything in common with the other kids.  I don't want to be away from home.  Maybe the other kids won't like me.  Other (Please explain)  In my free time I like to:
Check activities you enjoy:  Sports Crafts Computer Games Reading Other  My favourite TV show is:  My favourite thing(s) to eat are:  If I could visit anywhere in the world, I would like to go to:  My favourite thing(s) about the person who died was:

How do you feel about going to Camp Sunshine? Circle all the feelings that apply.



Do you have other feelings or concerns? _	
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My t-shirt size is ADULT:

• Small • Medium • Large • X Large • XX Large

Thank you for taking the time to answer all the questions!!

## **CAMPER CONTRACT**

I agree to follow all rules and regulations set by Camp Sunshine. Failure to follow these rules or regulations, or conduct myself in a manner that will promote a safe and respectful relationship with other campers, staff, and volunteers will result in an immediate return to home.

Camper Signature	Camper Name (Printed)	Date
Parent/Legal Guardian Signature	Parent/Legal Guardian Name (Printed)	Date