

Heart of the Cumberland's
DISCOVERING HOPE CAMP

Camper information:

Child's name: _____ Preferred/Nickname: _____
Address: _____
Age: _____ School for Fall 2024: _____ Grade: _____
Parent/Guardian Name: _____
Relationship to child: _____
Phone home (____) _____ cell (____) _____ work (____) _____
Parent/Guardian Email: _____
Emergency contact: _____ Phone: _____
Who will be picking up camper at end of day? _____

Bereavement History:

Name of person(s) who child lost: _____
Date(s) of death: ____/____/____ Relationship to Child: _____
Did the child live with this person? yes no Cause of death: _____

Health History: This section will be kept on file in case of emergency.

Child's Height: _____ Weight: _____
May we dispense Acetaminophen (Tylenol), Ibuprofen (Advil) or sunscreen to your child? _____
Any allergies, dietary restrictions, or physical limitations? Please list: _____

Does your child have any emotional or behavioral problems you think staff should be aware of?

Indemnification Agreement:

To the best of my knowledge, the above information is correct and accurate. I give my permission to the agents of Heart of the Cumberland Journey Grief Camp to administer first aid to my child and authorize emergency transport to Cookeville Regional Medical Center if necessary. I understand that Journey Grief Camp is faith-based with the goal to help facilitate the bereavement process and to provide support for my child in expressing their feelings of grief. In consideration of the above-named child being granted permission by Heart of the Cumberland to attend Journey Grief Camp, I, for myself and on behalf of my child, release and discharge Heart of the Cumberland, its agents, Staff, Board of Directors, Officers, Volunteers, Executive Director, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Heart of the Cumberland for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault. I understand that acceptance is based on application information and contingent on a required pre-camp meeting for campers/guardians that will be scheduled with several attendance options.

Date ____/____/_____
Signature of Parent/Legal Guardian

Photography Agreement:

I give permission for my child to be photographed. This material will primarily be used without names listed for camp participants to have a record of their day and in presentations to the supporting individuals and organizations who make camp possible. The photos may also be used for future media publicity for Heart of the Cumberland and Journey Grief Camp.

Date ____/____/_____
Signature of Parent/Legal Guardian

PLEASE RETURN APPLICATION BY MAY 24 to Heart of the Cumberland: 25 West Broad St. Suite 11,
Cookeville, TN 38501. Or email makayla@heartofthecumberland.org.