



Camp STARS

Sharing Together As Real Support
A Bereavement Camp for Children

Sponsored by The Junior League of Atlanta

- What:** A camp designed to help kids understand that they are not alone and that their feelings of loss and grief are normal. Campers have a safe environment where they can have fun while expressing their grief. Camp activities include field sports, arts and crafts, fishing, boating and canoeing and group sharing.
- Benefiting:** Camp STARS is open to any child, between the ages of 7 and high school seniors. It is for children who have experienced a close personal loss through death three months or more prior to start of camp. (The loss should have occurred before August, 2009.)
- When:** November 6 through November 8, 2009.
- Where:** Camp Twin Lakes in Rutledge, Georgia.
- Who:** Camp STARS was founded by Hospice Atlanta in 1994, the first bereavement camp of its kind in Georgia. Volunteers and facilitators specially trained in grief and bereavement issues work with the campers.
- Cost:** There is no cost for camp other than a small registration fee of \$25. Camp STARS relies on the generosity of the Junior League of Atlanta and other donations to make it possible for any child to attend camp regardless of their ability to pay.
- Registration:** The deadline for Camp STARS is October 16, 2009. Registration is limited.

About Hospice Atlanta:

Founded in 1975 as Georgia's first hospice program, Hospice Atlanta has become synonymous with high quality hospice care. As today's leader in its field, Hospice Atlanta is known as the most innovative hospice provider in the Southeast. With the opening of the residential center, Hospice Atlanta continues to structure its programs and services to best meet the needs of the communities it serves. In 1991 Hospice Atlanta established the Children's Hospice Program to provide care for children with life threatening illnesses.

Besides holding Camp STARS, Hospice Atlanta offers the most comprehensive range of adult and children's hospice services to individuals of any age and socioeconomic level with any life-limiting illness.

For information contact

Barbara Moore, Director of Support/Volunteer Services for Hospice Atlanta 404-869-3086
barbara_moore@vnhs.org



Fall 2009

Dear Parents and Guardians,

Thank you for your interest in Camp STARS for your child. Camp will be held November 6th – 8th and it will be the 16th year. Camp STARS is a bereavement camp for children who have had a loss resulting from death. The ages range from 7 through high school seniors.

Camp STARS is located at Camp Twin Lakes in Rutledge, Georgia and transportation is provided from the Hospice Atlanta Center on Friday and return back to the Hospice Atlanta Center on Sunday. If a child lives close to Camp, he/she may go directly to Camp Twin Lakes with their family.

The forms to be completed include an application, health form, behavior contract, and 3 releases. Space for Camp is limited. The completed application may be mailed to Camp STARS, 1244 Park Vista Drive, NE, Atlanta, GA 30319 or faxed to 404-869-3099 to the attention of Barbara Moore.

Directions to the Hospice Atlanta Center or Camp Twin Lakes, a list of what to bring, and a schedule will be mailed confirming that your application has been received and your space has been reserved. A child may return for a second time.

Please contact us about information about Family Camp in March of 2010.

If you have any questions, please call me directly at 404-869-3086.

Sincerely,

Barbara B. Moore
Director of Volunteer/Support Services

Camp STARS Camper Application November 6-8, 2009
Family Information

Mr./Mrs./Ms. First _____ Last _____

Parent/Guardian: Mother / Father / Guardian

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Phone _____ Ext. _____

Emergency Contact _____

Phone _____ Relation _____

Alternate Contact _____

Phone _____ Relation _____

Please list the legal names, ages, and grades of each child attending Camp STARS

1. _____ 3. _____

2. _____ 4. _____

Family History

Name of Deceased _____ Age _____

Relationship to Child(ren) _____

How did they die? _____

When did they die? _____

How are you helping your child to cope with these feelings/changes/losses? _____

What are your expectations for your child's experience at Camp STARS? _____

I give my child/children permission to attend Camp STARS.

YES / NO

Please be advised that camp activities and participants are routinely photographed and videotaped by our staff and associates. The images are used on the Camp STARS website, submitted to media outlets for news coverage and incorporated at times into publicity materials. By signing this release form, you hereby consent to any and all of the uses described above of photographs and audio visual content which contain your/your child's image(s) and likeness(es). You hereby authorize Camp STARS, its assigns and transferees to copyright in its name, use and publish all such photographs and audio visual content and electronically with or without the use of your/your child's name as set forth above.

I have read and understand the above:

_____ (Signature) _____ (Date)

Camp STARS Camper Pre-survey
To be filled out by each camper attending camp

Legal Name of Camper _____ Preferred Name _____

Birthdate _____ Age _____ Grade _____ School _____ M/F _____

How did you learn about Camp STARS? _____

T-shirt Size: Child MED / Child LG / Adult SM / Adult MED / Adult LG / Adult XL

Please attach a current photo to this application. _____

Have you attended Camp STARS before? YES / NO When? _____

How will you get to camp? Private Transportation / Ride Bus from Hospice Atlanta

How will you back from camp? Private Transportation / Ride Bus to Hospice Atlanta

To be filled out by camper –

Since the loss of your loved one:

How many hours do you sleep at night? _____ Do you wake up in the middle of the night? _____

Do you eat 3 meals a day (breakfast, lunch, & dinner)? _____

Do you ever feel sad? _____ What do you do when you feel sad? _____

Do you ever feel angry? _____ What do you do when you feel angry? _____

Do you ever feel bored? _____

What do you worry about? _____

What helps you to feel safe? _____

Do you feel lonely even when other people are around you? _____ What do you do when you feel alone? _____

Do you feel like you have had the opportunity to talk about your sadness/grief from your loss? _____

Does this help you feel better? _____

What other big changes have happened in your child's life (ex: moving, divorce, loss of pet, loss of friendship)? _____

Health Form 2009

Name _____ Birthdate ____/____/____
Last First Middle

Legal Parent /Guardian Name _____
Address _____ Zip _____

Phone: Home () _____ Work () _____ Cell/pgr () _____

Emergency Contact _____ Relationship _____
Phone: Home () _____ Work () _____ Cell/pgr () _____

Alternate Emergency Contact _____ Relationship _____
Phone: Home () _____ Work () _____ Cell/pgr () _____

Private Doctor _____ Phone () _____

Please list all allergies (food, drug, insect, pollen): _____

Please list all prescription and over-the-counter medications:

Drug Name	Dosage	Times Taken
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Is there a need for any special diet? If yes, explain _____

Please check past medical history:

<input type="checkbox"/> Allergy Reaction	<input type="checkbox"/> Asthma/Bronchitis	<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Bleeding Disorders/Nosebleeds	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stomach Disorder
<input type="checkbox"/> Kidney Problems/Bed-wetting	<input type="checkbox"/> Seizure Disorders/Epilepsy	

Please list any other pertinent medical information:

Please be specific about any behavioral problems or behavioral concerns that you may have experienced with your child: _____

Please check all of the following over-the-counter medications that we may use without calling you.

<input type="checkbox"/> Imodium	<input type="checkbox"/> Benlyn (for cold symptoms)	<input type="checkbox"/> Dramamine (for nausea)	
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Advil	<input type="checkbox"/> Benadryl (for allergic reaction)	<input type="checkbox"/> Sudafed
<input type="checkbox"/> Coughdrops			

Last tetanus shot given? ____/____/____ Recommended every 5 years for children.

Please attach photocopy of child's insurance card.

Form completed by _____

Relationship _____

Today's date ____/____/____

Note: On arrival to Camp STARS a camp nurse will check in all prescription and non-prescription medications that your child brings to camp. Please leave in the original containers and only bring enough medications to last until Sunday after breakfast! Children are not to have medications in their possession unless special arrangements are made with camp nurse at check-in time. Unused medications will be returned in the camper's bag. In case of emergency, the closest hospital will be used.

(If additional space is required, please use back of form)

Camp STARS - November 6th – 8th 2009

Code of Ethics and Behavior

A. I will do my best....

1. To act as a true citizen, loyal to the traditions of this place.
2. To open my heart to others and treat them with compassion.
3. To do what I know is right without someone else needing to tell me.
4. To take responsibility for my own actions, to be known as a person of my word.
5. To treat others like friends, even when I have just met them.
6. To tell the truth, even when I have done something I should not.
7. To approach reasonable challenges as an opportunity to accomplish and grow.
8. To encourage others to understand what is safe, kind, and "right".

B. I will respect all living things.

1. I will respect myself.
2. I will listen to and respect instructions from staff
3. I will treat other campers and staff as I want to be treated.
4. I will never strike or purposely injure another camper or staff.
5. I will not purposely tease, threaten, or exclude another person.
6. I will not engage in a physical/sexual relationship at camp.
7. To act as a true citizen, loyal to the traditions of this place.
8. To open my heart to others and treat them with compassion.
9. To do what I know is right without someone else needing to tell me.

C. I will respect our environment.

1. I will respect the natural environment including trees, plants, the grounds and wilderness surrounding camp.
2. I will not enter common buildings, other cabins/tents unless appropriate staff or campers have invited me.
3. I will not purposely damage possessions belonging to other campers and staff.
4. I will not purposely damage buildings, equipment, or property at Camp Twin Lakes/Camp STARS.
5. I will not bring items to camp which may be dangerous to my health or to others including; cigarettes, matches/lighters, fireworks, illegal drugs/alcohol, weapons, picket knives, aerosol cans.
6. I will not bring items to camp which are inappropriate to our Camp STARS environment including; cell phones, walkie-talkies, pagers, obscenities or sexually suggestive words written on t-shirts, sexually-explicit magazines, food, or expensive clothing.

Discipline may include:

1. Telephone call to parents.
2. Being sent home (as soon as possible)

Please indicate your agreement with the code of ethics and behavior by signing below;

Camper Signature

Parent or Guardian Signature

Date

EXHIBIT "A"

**CAMP TWIN LAKES, INC.
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification, And Health Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me/my child/my ward to attend and participate in activities at CTL's facility ("Camp Twin Lakes"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my/my child's/my ward's attendance at a camp at Camp Twin Lakes. I understand and certify that my/my child's/my ward's participation in _____ Camp STARS _____ ("Partnering Organization") and its activities at Camp Twin Lakes is completely voluntary and I have familiarized myself with Partnering Organization's program and activities at Camp Twin Lakes in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Partnering Organization's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child or my ward, to the extent my child or ward will be attending and participation in activities at Camp Twin Lakes, in the importance of knowing and abiding by the rules, regulations, and procedures for Partnering Organization's camp at Camp Twin Lakes. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child's/my ward's participation at Camp Twin Lakes, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/my ward incur and that I and my child/my ward are able to participate in the activities at Camp Twin Lakes. I further agree to inform Partnering Organization of any activities in which I/my child/my ward is not to participate.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____

EXHIBIT "B"

**CAMP TWIN LAKES, INC.
RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of my/my child's/my ward's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____

**CAMP STARS AND VISITING NURSE/HOSPICE ATLANTA
RELEASE, WAIVER, INDEMNIFICATION, AND AFFIRMATION**

By signing this Release, Waiver, Indemnification and Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns. In consideration of Visiting Nurse Health System and Hospice Atlanta (“VNHA”) permitting me/my child/my ward to attend or participate in activities associated with Camp STARS, I hereby release and forever discharge VNHA and any of its officers, directors, employees, volunteers, agents and assigns from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, whether to person or property, to me/my child/my ward during or related to my/my child’s/ my ward/s attendance at or participation in Camp STARS. I understand and certify that my/my child’s/ my ward’s participation in Camp STARS and its activities is completely voluntary, and I have familiarized myself with the program and activities at Camp STARS in which I/my child/ my ward will be participating. I recognize that certain hazards and dangers are inherent in the activities and programs, and I acknowledge that VNHA cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child/my ward, to the extent my child/ my ward will be attending and participating in activities relating to Camp STARS, in the importance of knowing and abiding by the rules, regulations, and procedures of Camp STARS. I also agree to defend, indemnify and hold VNHA and its officers, directors, employees, volunteers and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of my/my child’s/my ward’s participation in Camp STARS, whether caused in whole or in part by the negligence of VNHA, its officers, directors, employees, volunteers, or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of VNHA. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child/ my ward incur and that I and my child/my ward are able to participate in the activities at Camp STARS. I further agree to inform VNHA of any activities in which I/my child/my ward am/is not to participate. I further attest that I am the parent or legal guardian of the minor child or ward named below. I further give permission for me/my child/my ward to be treated by a doctor if needed. I have read and hereby accept the conditions set forth above.

Adult Signature: _____ **Date:** _____

Name of Minor Child or Ward (if applicable): _____