



camp journey  
registration form  
May 20-22, 2005

Today's Date \_\_\_\_\_  
Campers Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_  
Campers Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Campers Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Campers School and Grade \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_  
Parent Phone Numbers:  
Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency # \_\_\_\_\_  
Emergency Contact and Number \_\_\_\_\_ # \_\_\_\_\_

Campers T-shirt size  
Youth Size: Medium (10-12) \_\_\_\_\_ Large (14-16) \_\_\_\_\_  
Adult Size: Small (34-36) \_\_\_\_\_ Medium (38-40) \_\_\_\_\_ Large (42-44) \_\_\_\_\_ X-Large (46) \_\_\_\_\_

Name wished to be printed on camp name tag \_\_\_\_\_

First and Last name of person who died \_\_\_\_\_  
Relationship to camper \_\_\_\_\_  
Birthday of person who died \_\_\_\_\_ Age at time of death \_\_\_\_\_ Date of death \_\_\_\_\_  
Cause of death \_\_\_\_\_ Did camper witness death? \_\_\_\_\_  
Explain \_\_\_\_\_

Did camper live with person who died \_\_\_\_\_  
Please describe their relationship \_\_\_\_\_  
Religious Background \_\_\_\_\_

Specific concerns or pertinent information such as inappropriate of aggressive behaviors or incidents, re-marriage, relocation of camper after death to another community, additional losses, difficulty in school or in relationships with others, etc.  
Please explain:

---

---

---

How did you hear about this camp? Were your referred by a friend, school, funeral home, hospice, etc. Please state name and town where located, and the name of the specific person who referred you

---

---

What are your expectations of Camp?

---

---

---

Please describe you child's personality, character traits

---

---

Please tell us about you child's play interests (sports, board games, dolls, crafts, educational)

---

---

---

Other children living in your home

Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____

Has your child been in any support groups or counseling?\_\_\_\_\_

If yes, please explain

---

---

Any health problems, allergies, or medications?\_\_\_\_\_

Camp Journey has my permission to:

Use any photos takes of my child at Camp for brochures, slide shows, etc Yes\_\_\_\_\_ No\_\_\_\_\_

Treat my child with emergency medical care, if necessary. Yes\_\_\_\_\_ No\_\_\_\_\_

Relationship of person completing this form to camper\_\_\_\_\_

Parent or Guardian's Name\_\_\_\_\_

Signature\_\_\_\_\_

Occupation\_\_\_\_\_ Employed by\_\_\_\_\_

**There is no cost to attend Camp Journey. A \$25 deposit is required for each child. This deposit is totally refundable if campers attend Camp Journey, otherwise it will be forfeited. Please contact Jenni for a waiver if you are unable to pay the \$25 deposit.**

Campers are responsible for their own transportation to and from Camp.

Space is limited and registrations are accepted in the order received. Apply early to ensure availability. Mail your completed registrations form(s) and \$25 refundable deposit to:

Jenni Bailey-Camp Director  
Camp Journey  
1620 Fawcett Drive  
East Gull Lake, MN 56401-7614