



Camp Braveheart

Camper Registration

Print clearly in ink and complete all blanks. If there is a blank that is not applicable, please write N/A. Incomplete forms cannot be accepted. We will be unable to provide care until all paperwork has been completed and submitted. If you have any questions about completing this registration, please contact Martha Furman, LPC, LMFT at campbraveheart@gmail.com.

Camper's General Information

First Name _____ Last Name _____ MI _____
Street Address _____ Apt/Unit # _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Email _____ Phone Number (____) _____ Do you text? Y N
Date of Birth (MM/DD/YYYY) _____ Gender: Male Female
Adult T-shirt size XS S M L XL

Parent/Guardian Information

First Name _____ Last Name _____ MI _____ DOB _____
Street Address _____ Apt/Unit # _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Email _____ Cell Number (____) _____ Do you text? Y N
Home Number (____) _____ Work Number (____) _____

First Name _____ Last Name _____ MI _____ DOB _____
Street Address _____ Apt/Unit # _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Email _____ Cell Number (____) _____ Do you text? Y N
Home Number (____) _____ Work Number (____) _____

How did you hear about thiscamp? _____

Emergency Contact Information

First Name _____ Last Name _____ MI _____ DOB _____
Street Address _____ City _____ State _____ Zip Code _____
Email _____ Relationship to Camper _____
Cell Number (____) _____ Home Number (____) _____ Work Number (____) _____

First Name _____ Last Name _____ MI _____ DOB _____
Street Address _____ City _____ State _____ Zip Code _____
Email _____ Relationship to Camper _____
Cell Number (____) _____ Home Number (____) _____ Work Number (____) _____

*Please provide a copy of the camper's insurance card for Camp Braveheart to have on file in case of emergency

Camper's Medical Information

Doctor's Name _____ Phone Number _____
 Address _____

Medical History:

Are there any medical conditions your camper has that we need to know about in order to best serve him/her?
 (ie. asthma, diabetes, seizures, etc.):

Medications: List all medications with dosage, time taken, and prescribing doctor's name:

Medication	Dosage	Time Taken	Doctor's Name

Restrictions: List certain restrictions pertaining to your child

Allergies (i.e. food, nuts, drugs, bee stings, etc.) _____

Food (i.e. vegetarian, gluten free, etc.) _____

Physical _____

Other _____

Insurance Information:

Insurance Provider _____ Group ID _____ Policy # _____

PLEASE PROVIDE A COPY OF THE CAMPER'S INSURANCE CARD, FRONT AND BACK, WITH THE SUBMISSION OF THIS REGISTRATION.

Personal Information

Please share information about the loved one that the camper is grieving: Relationship to Camper _____

Full Name _____ DOB _____ DOD _____

How did the camper's loved one die?

Please share some information about the person who died, such as what was important to him or her, profession, hobbies, values and description of the loved one and camper's relationship (please send a picture of the loved one to campbraveheart@gmail.com for a memorial service)



CAMP BRAVEHEART
A Program of Gentle Shepherd Charities*
PHOTOGRAPH AND VIDEO CONSENT and MEDICAL CONSENT FORM:
(Read before signing)

CAMPER'S NAME (printed) _____
CAMPER'S DOB _____
PARENT/GUARDIAN NAME (printed) _____

PHOTOGRAPH AND VIDEO CONSENT:

I understand that photographs and videos are taken of participants during Camp Braveheart activities. I grant permission for these photographs and videos to be used on the Camp Braveheart's webpage and for purposes for publicity, illustrations and advertising.

MEDICAL CARE CONSENT AND AUTHORIZATION:

Before medical treatment can be provided to a minor, the law requires appropriate consent from a parent or guardian. As the parent or guardian for the Camper, my signature below hereby authorizes Camp Braveheart, the Camp's Director (Martha M. Furman, LPC, LMFT) or one of her designees to obtain medical treatment for the Camper so that care can be obtained promptly and without unnecessary delay.

My signature below hereby authorizes the Camp's Director, as well as staff and volunteer members of Camp Braveheart and/or Ridge Haven Camp, to act for me according to their best judgment in the event routine medical care may be needed and/or a medical emergency arises. I hereby grant permission for all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition to be provided by trained and authorized Camp staff, a nurse, a rescue squad, a private physician, nurse practitioner or physician's assistant, and/or a hospital or emergency urgent care facility and their employees, under the same circumstances as needed. Any such action will be taken in the best interest of the Camper and will be reported to me as soon as possible.

In this regard, my signature waives and/or releases Camp Braveheart of all liability and/or financial responsibility for any medical expenses incurred. I acknowledge and agree that I am solely responsible for all expenses, costs and fees associated with providing medical care or treatment to the Camper. I agree that any health history provided by me or the Camper is correct to the best of my knowledge.

Signature of Camper's Parent/Guardian Date Printed Name of Camper's Parent/Guardian

Address: _____
 Number & Street City State Zip Code

Contact Information:
Home No. _____
Work No. _____
Cell No. _____
Email address _____

Please attach a photocopy of both sides of any card issued by the insurance company that provides coverage to the Camper or provide all relevant insurance information in the space below.

* Gentle Shepherd Charities is a Virginia non-profit corporation and charitable foundation that sponsors the Camp Braveheart program under the direction of its Director, Martha M. Furman, LPC, LMFT.



CAMP BRAVEHEART
A Program of Gentle Shepherd Charities*
CONSENT TO PARTICIPATE & RELEASE OF LIABILITY
(Read before signing)

CAMPER'S NAME (printed) _____
CAMPER'S DOB _____
PARENT/GUARDIAN NAME (printed) _____

CONSENT TO PARTICIPATION & ASSUMPTION OF RISK:

As the parent or guardian of the Camper, I acknowledge that there are risks inherent in any week-long program involving physical activities conducted in a rural camp setting, including, but not limited to, bodily injury or death. By signing below, I voluntarily consent to the Camper's participation in the program and activities provided by Camp Braveheart on the premises of Ridge Haven Camp in Brevard, NC, and assume all risks of possible injury that may arise.

RELEASE & WAIVER OF CLAIMS:

In consideration of the Camper being permitted to attend and participate in the activities of Camp Braveheart and the benefits to be derived therefrom, I, for myself, the Camper, my heirs, and personal representatives or assigns, do hereby waive, release and discharge forever any and all claims against any of the Released Parties (defined below) for damages, losses or liabilities involving bodily injury, death, damage to reputation, or damage or loss of property that I or the Camper may experience as a result of any act or omission, even if arising from the negligence of the releasees, occurs in connection with the Camp Braveheart program that is related to or arises from the Camper's participation in the program activities or the facilities or property owned or managed by Ridge Haven Camp ("Claims"). This waiver and release applies to any Claims against the following "Released Parties": Gentle Shepherd Charities., Camp Braveheart, Ridge Haven Camp (which is the location where the program is conducted), the Camp's Director, Martha M. Furman, LPC, LMFT, all other professional counselors, camp counselors, staff members and volunteers, Camp Braveheart or Ridge Haven Camp, as well as other campers who are attending Camp Braveheart with the Camper. By my signature below, I represent to Camp Braveheart and its Director (Ms. Furman) that I am the parent or legal guardian of the Camper registered for this camp and I have read and understand the terms of the release and waiver of Claims and assignment of rights. I voluntarily agree to the above provisions, and certify that I have also executed the required Medical Consent Form required for participation in Camp Braveheart.

X _____
Signature of Parent/Guardian Date Printed Name of Parent/Guardian

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date

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PARTICIPANT RELEASE OF LIABILITY
(READ BEFORE SIGNING)

Activity Name: All Campus Activities

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Ridge Haven, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I understand that photographs taken of participants in Ridge Haven activities may be used on the Ridge Haven web pages and for promotions in brochures, displays, newsletters, fundraising, and other items of publicity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date

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Registration Checklist- Keep this page in a place for reference as camp approaches (ex. the fridge)!

Once this Registration is complete (with all the following information, excluding this page), mail to:

**Camp Braveheart
Att: Martha Furman
2977 Golf Colony Dr.
Salem, VA 24153**

- (p. 1&2) Registration Form
- (p. 3) Photograph and Video Consent form; & Medical Consent Form
- (p. 4) Consent to Participate and Release of Liability Form
- (p. 5) Ridge Haven Participant Release of Liability Form
- Copy of camper's insurance card
- Deposit of \$75 or full payment of \$300 (check or money order) made payable to Gentle Shepherd Charities
- Email photo of camper's loved one to campbraveheart@gmail.com to be used during a memorial slideshow.
- Email photo of camper to campbraveheart@gmail.com to help staff put faces to names as they are being trained before your camper's arrival.

Things to Bring to Camp

- Items for a Memory Box which can include the following:
 - Pictures, t-shirts, other articles of clothing, sunglasses, watches, coffee cups, and game pieces representing games the camper would play with their loved one. If your child already has a memory box or DVD, they are welcome to bring it to camp.
 - Please email a picture of your loved one(s) to be used in a memorial service during camp. *We know these are cherished items and we promise to treat them that way. It is good to have copies of items that can be copied and please do not to send irreplaceable objects in case something does happen beyond our control.
- Bedding- sleeping bags or sheets and blanket, pillow (temperatures at night are unpredictable, pack for cool AND warm nights)
- Towels (one for bathing and one for swimming)
- Bag for dirty clothes
- Shoes and socks: tennis shoes (for hiking) and other comfortable shoes for going to the lake and leisure time
- Camp clothes: shorts, t-shirts, long pants, jacket (**for cooler evenings**), one piece bathing suit, and **raincoat** or poncho
- Bug repellent, sunscreen, medications, and other necessary toiletries
- Journal and Bible
- Additional money for snacks or gifts at the Camp Store

*We will have a talent show for anyone who chooses to participate. Your child(ren) will be responsible for bringing any props they desire for this event.

Arrival and Departure Information

You are responsible to arrange for your child's arrival to and departure from:

**Ridge Haven Conference and Retreat Center
215 Ridge Haven Road
Brevard, NC 28712**

Arrival to Ridge Haven: Monday, June 11, 2018 at 1:00pm
Departure from Ridge Haven: Saturday, June 16, 2018 at 10:00am

If you or the person dropping off or picking up your camper(s) needs accommodations for a room at Ridge Haven, please contact Steve Cobb at steve@ridgehaven.org a minimum of 24 hours before you need the room.