



2009 Camper Application

(Every family planning to attend camp must fill out this application)

Child's Name: _____

School Grade as of fall 2009: _____ Age (As of August 17, 2009): _____

Birth Date: ____/____/____

Sex: Female: _____ Male: _____

Parent/Legal Guardian:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail Address: _____

Emergency Contact Available August 17-23rd 2009: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail Address: _____

Alternate Emergency Contact Available August 17-23rd 2009: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Child's Physician: _____ Phone: (____)_____

Name of Child's Dentist: _____ Phone: (____)_____

Hospital of Choice: _____

Child's Health Care Carrier: _____ Effective Date: _____

Plan Number: _____ Group Number: _____

Food Allergies: _____ Drug Allergies: _____

Other Significant Allergies: _____

Please list any dietary restrictions (*i.e.*, physician recommended/religious, etc.):

Please list any medications your child is taking

Are there any medical conditions we should be aware of?

**Camp Haze
Camper Information**

1. *Do you like sports?* _____
If so what's your favorite sport? _____

2. *Do you like arts and crafts?* _____
If so, what type? _____

3. *Do you like music?* _____
If so, do you play an instrument? _____
Who's your favorite musical group? _____

4. *Do you like to swim?* _____
If so, are you a good swimmer? _____

6. *Have you ever been to sleep away camp / day camp?* _____
If so, where? _____
What did you like about camp? _____
What did you dislike? _____

6. *What's your favorite food?* _____
What's your least favorite? _____

7. *What do you hope to get out of your Camp Haze experience?*

You must enclose a current photo of your child below.

CAMP HAZE

Social/Emotional Profile

Please include as many details as possible when answering the following questions. We realize some of these questions may be difficult to answer, but we want to be able to provide the best possible care for your children. **(PARENTS OR GUARDIANS OF RETURNING CAMPERS PLEASE ANSWER ONLY THE QUESTIONS THAT ARE STARRED. NEW FAMILIES PLEASE ANSWER ALL QUESTIONS)**

1. Who was the person lost and what was the cause? (Name) _____

2. How was the person related to the child? _____

3. Has your child received any professional support (*i.e.*, school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)?
_____ Yes _____ No

4. If yes, is support currently being provided? _____ Yes _____ No

5. Name and Phone number of counselor:
_____ (____) _____

6. Do you give a member of the Camp Haze staff permission to contact the above counselor? _____ Yes _____ No

*7. If counseling is no longer in progress, how long was the period of support provided?

8. How did you as a parent explain to your child the events of the loss? _____

9. Have there been multiple deaths of loved ones experienced by this child? If yes, please describe the nature of death and the child's relationship to the other person who died.

10. Have you discussed attending Camp Haze with your child? If so, what was their reaction to attending Camp?

11. Do you or your child have any reservations about being apart for the week of camp?

*12. Please explain how your child indicates that he/she is still grieving. _____

*13. Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?

*14. How has your child been functioning in school this year (i.e., regular attendance, getting along with peers)? _____

*15. Have there been noticeable behavioral changes in your child this year?

*16. Does your child openly speak of your loved one who was lost? _____

*17. Does your child have any sleep problems (i.e., sleep walking, bedwetting, nightmares)?

*18. Please list any additional information that would enable us to provide the best care for your child (i.e., problems with eating, getting along with peers, getting along with family members, physical limitations etc.).

19. How did you learn about the Camp Haze Program?

**(DETAILED MEDICAL FORMS WILL BE SENT TO YOU FOR COMPLETION
ONCE IT IS CONFIRMED THAT YOUR CHILD IS ATTENDING CAMP HAZE)**

***Child's T-Shirt Size:**

Children _____ S (6-8) _____ M (10-12) _____ L (14-16)
Adult _____ S _____ M _____ L _____ XL

***Parent/Guardian Signature:** _____

***Print Name** _____

PLEASE SEND THE APPLICATION TO:

**CAMP HAZE
C/O HAZELCORN
110 LORRAINE DRIVE
BERKELEY HTS.
NEW JERSEY 07922**

If you need to contact us with any questions

Phone 1- 908-666-9092

1-866-FOR – HAZE (367-4293)

E- mail: hazefoundation@hotmail.com or janicejgh@live.com

Fax 1-908-666-9092

CAMP HAZE

This must be signed and submitted along with your application

RELEASE

1. I, _____, hereby give permission for my child, _____ to attend Camp Haze hosted by Camp Kennybrook in Monticello, NY August 17-23 2009.

2. I understand that the camp's goal is provide my child with a FUN camping experience, within a therapeutic environment, surrounded by peers who have experienced similar losses due to the terrorist attacks on September 11th 2001 and illnesses.

2. I give permission for my child to be photographed, videotaped or interviewed during Camp Haze and other Foundation or camp events under staff supervision. This material may be used for future publicity of Camp Haze or the Scott Hazelcorn Memorial Children's Foundation ("Foundation") including the news media and may appear on our web site

3. In consideration of the above-named child being granted permission by The Scott Hazelcorn Memorial Children's Foundation, to attend Camp Haze at Camp Kennybrook:

I, for myself and on behalf of my child, release and discharge The Scott Hazelcorn Memorial Children's Foundation and Camp Kennybrook LLC, their agents, Board of Directors, Officers, Volunteers, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against The Scott Hazelcorn Memorial Children's Foundation, Camp Haze, Camp Kennybrook LLC 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.

4. Also, in consideration of the above-named child being granted permission by The Scott Hazelcorn Memorial Children's Foundation, to attend their Camp Haze program:

I agree to indemnify and hold harmless Camp Haze, the Scott Hazelcorn Memorial Children's Foundation and Camp Kennybrook LLC and each of their board members, officers, employees, volunteers, successors, and assigns, from any and all liability, claims, demands, actions, judgments, costs or expenses (including reasonable attorneys' fees) whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Camp Haze 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 attendance at Camp Haze or other Foundation or Camp events, (including off campus trips and events) including but not limited to, injury caused by or arising from my child's own negligence.

I, the undersigned, have read this release and understand all of its items.

Date: _____

Signature of Parent/Guardian

Signature of Parent/Guardian _____ Date: _____