



ENROLLMENT APPLICATION

Caterpillar's Quest & SOAR

Saturday, April 22, 2023

9 a.m. to 3 p.m.

Camp Caraway

4756 Caraway Mountain Rd, Sophia, NC 27350

*****APPLICATION & REGISTRATION FEE DEADLINE IS **APRIL 7*******

If you have questions about this application or would like more information about Caterpillar's Quest or SOAR, contact Shelley Kirby at 336.672.9300 or skirby@hopnc.org.

Caterpillar's Quest grief camp is for children, grades K-6, and **SOAR the adventure awaits** grief camp is for teens, grades 7-12. Participants will learn ways to cope with grief and loss while making new friends and experiencing the nature and excitement of Camp Caraway.

*Caterpillar's Quest and SOAR are provided by Hospice of the Piedmont
And Hospice of Randolph's Kids Path program.*



Important Information

- A \$10 registration fee is due with the completed application and may be paid by cash, check, by phone (336.672.9300) or by following the payment link on the camp event page at www.hospiceofthepiedmont.org/events/.
- Financial assistance is available based upon need. Please call us if financial assistance is needed.
- Application and registration fee must be submitted to Shelley Kirby at Hospice of Randolph by **Friday, April 7**. (skirby@hopnc.org)
- The camps will be held rain or shine.
- On event day:
 - Registration begins at **8:30 a.m.**
 - Participants should wear clothing that is comfortable, appropriate for outdoor adventures and weather conditions. All participants must wear closed-toe shoes. They may also bring water shoes/sandals for fun on the lake.
- Participants will receive an event t-shirt at registration.
- We will provide lunch, snacks and water throughout the day.



Enrollment Application

Participant's Name _____

Date of Birth _____ Age _____ Phone: _____

Address _____

(CITY)

(COUNTY)

(STATE)

(ZIP)

Parent/Guardian's Name _____

Email Address _____

Name of school _____ 2022-23 grade level _____

How did you hear about camp? _____

Name/Relationship/Age of person who died _____

Cause of death _____ How recent? _____

Was participant present at death? _____ Did they live with the person who died? _____

Have there been other changes/ stresses in participant's life? (i.e. divorce, remarriage, relocation, illness)

Is participant having any specific difficulty in school or in relationships with others?
(i.e.: inappropriate behavior, aggression, and withdrawal, etc.)



In addition to the loss described above, what other deaths/losses has the participant experienced and when?

What are your expectations of camp? _____

Has participant been in any grief support or sought counseling? If yes please explain.

Participant's T-Shirt Size: (please circle one)

Youth Sizes:

Youth Small

Youth Medium

Youth Large

Adult Sizes:

Adult Small

Adult Medium

Adult Large

Adult XL

Adult 2XL

Adult 3XL



General Confidentiality Policy

Policy: Strict confidentiality of all Caterpillar's Quest and SOAR event participant information is to be maintained at all times. Any information received that either directly or indirectly relates to Caterpillar's Quest and SOAR participants is privileged and not subject to disclosure.

Confidential participant information includes, but not limited to:

- Participant's name
- Scope and nature of concern/loss
- Nature of attendance
- Medical, mental health, substance abuse or developmental disability histories.
- Any information that will be adverse to health, safety, or reputation of the participant's or his /her family or significant other.

I have read, understand, and agree to abide by the Caterpillar's Quest and SOAR confidentiality policy as stated above. I understand that all information obtained through interview(s) or event visit is considered confidential. I understand that all information that is part of the participant/family record is considered confidential. I agree to respect the principle of confidentiality. Unauthorized disclosure of the confidential information is a crime punishable by the court and/or civil penalties.

Parent/Legal Guardian Signature _____

Relationship to participant _____

Date _____



Parent/Guardian Consent and Liability Release Form

The undersigned does hereby give permission for our (my) child, _____, to attend and participate fully in the activities of Caterpillar's Quest and SOAR, programs of Hospice of the Piedmont and Hospice of Randolph's Kids Path Program.

We (I), _____, authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The undersigned also gives permission for their child to ride in any vehicles designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by Hospice of the Piedmont and Hospice of Randolph.

In consideration for being accepted by Hospice of the Piedmont and Hospice of Randolph for participation in Caterpillar's Quest and SOAR activities, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child- participating) hereby release, forever discharge and agree to hold harmless Caterpillar's Quest, SOAR, Kids Path, Hospice of the Piedmont, Hospice of Randolph and the directors there of from any liability, claims and demands for personal injury, sickness or death, as well as the damage, and expense of any nature whatsoever which may be incurred by the undersigned and the child-participant in the above described event.

Furthermore we (I) _____ and on behalf of our (my) child participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and activities involved therein. Further, authorization and permission is hereby given to said event to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said event, its directors, employees and agents, for liability sustained by said event as the result of the neglect, willful or intentional acts of said participants, including expenses incurred attendant thereto. Further should it be necessary for the participant to return to home due to medical reasons, disciplinary action or otherwise, we (I) will arrange for transportation home.

Parent/Legal Guardian signature _____

Date _____



Participant's Health History

A nurse will be on-site during Caterpillar's Quest and SOAR to administer medication and attend to any medical needs. Please provide the following information regarding your child's Health History and Medications.

Participant Name _____
Hospital Insurance ____ Yes ____ No
Preferred Hospital _____
Insurance Company _____
Policy Number _____ Group# _____ Effective Date _____
Physician Name _____ Phone Number _____
Parent /Guardian Name _____
Address _____
Phone Number(s) _____
If Parent/Guardian is not available in an emergency, contact:
Name _____ Relationship _____
Address _____ Phone _____

Health Conditions (Check), Allergies (Check), Diseases (approx. date):

Frequent ear infections ____	Hay Fever/Sinus ____	Chicken Pox _____
Heart Defect/ Disease ____	Ivy Poisoning, etc ____	Measles _____
Asthma ____	Insect Stings ____	German measles _____
Diabetes ____	Penicillin ____	Mumps _____
Behavior Problems ____	Food ____ (explain below)	Hepatitis _____
Epilepsy _____	Other _____	

Physical Limitations _____

Please explain any that are checked: _____

Operations or serious injuries: (dates) _____

Chronic/recurring illness (physical, emotional) _____

Any prescribed meal plan, dietary restrictions, or food allergies:



Medication Information

May the Health Care Staff administer Tylenol? () Yes () No

If not, please name an alternative _____

Does participant take any medications? () Yes () No

If yes, please provide information below.

Medication name _____

Dosage/Frequency _____

How administered? (Orally, Injection, etc.) _____

Medication name _____

Dosage/Frequency _____

How administered? (Orally, Injection, etc.) _____

Medication name _____

Dosage/Frequency _____

How administered? (Orally, Injection, etc.) _____

Medication name _____

Dosage/Frequency _____

How administered? (Orally, Injection, etc.) _____

ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO EVENT IN THEIR ORIGINAL CONTAINER FROM THE PHARMACY, PROPERLY LABELED WITH CURRENT DOSAGE. ANY CHANGES FROM THOSE ON THE CONTAINER MUST BE VERIFIED IN WRITING BY A PHYSICIAN. ALL MEDICATION MUST BE TURNED OVER TO THE HEALTH CARE STAFF AT REGISTRATION THE MORNING OF EVENT.

I hereby give my permission to the Caterpillar's Quest and SOAR medical staff to administer regular medications, or any needed over-the-counter medication and provide on-site care for my child.

Parent/Guardian Signature _____

Date _____



Media and Communications Permission Form

To communicate the Kids Path mission and message, I give permission for Hospice of the Piedmont and Hospice of Randolph to use photos, videotapes, quotations, stories, artwork, and other artistic expressions of the children and teens served through Caterpillar's Quest and/or SOAR for purposes including but not limited to display boards, social media marketing, event promotions, brochures, newsletters, lectures and training sessions.

The names of children and detailed information about children will not be spoken, shared, or printed. By signing this form, I give permission for Hospice of the Piedmont and Hospice of Randolph to utilize this content without my pre-approval, knowing that it will only be utilized to further the Kids Path mission.

_____ We give permission to the above uses of pictures, photos, artwork, quotations, stories, and videotapes.

_____ We give our permission with the following exceptions:

_____ We do **Not** give permission to any of the above.

Child(ren) Name(s) _____

Parent/Guardian Signature _____

Date _____

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