

afraid of the dark
 afraid to go to bed
 afraid of hospitals, MD's, or their offices
 tantrums
 repeated illnesses
 clinging to parent or guardian
 changes in school work
 intense anger at self or others
 nightmares
 fighting
 hurtful behavior to self
 hurtful behavior to others
 destruction of property

over- or under-eating
 bed wetting
 cruelty to animals
 withdrawal from family or friends
 obsession with death
 experimentation with sex
 use of drugs, alcohol, or cigarettes
 difficulty concentrating
 oversleeping
 difficulty sleeping
 risk-taking behaviors
 regressive behaviors

Parent or Guardian Information

Parent or Guardian Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

I approve this application and certify that the proposed camper is capable of such an experience.

I understand the Camp Director reserves the right to dismiss any camper who is judged detrimental to the welfare of the group or whose conduct is not in accord with the standards at Mikey's Camp.

As a participant, I agree to assume the full risk and fully release and discharge members of Bon Secours Hospice and KIDZ'NGRIEF, its directors, officers, trustees, agents, servants, employees, and volunteers for any injuries, including death, damages, or losses, regardless of severity, which my child may sustain as a result of camp activity. I agree to waive and relinquish all claims my child may have as a result of participating in camp against Bon Secours Healthcare and KIDZ'NGRIEF, its directors, officers, trustees, agents, servants, employees, and volunteers as well as to indemnify and hold harmless the aforementioned.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Parent/Guardian signature: _____ Date: _____