



2010 Registration Form

Junior Counselor Information

First Name: _____ Last Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ School (in fall): _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

T-Shirt Size (please check one):

Adult: Small Medium Large OX-Large O XX-Large

Parent/ Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Alt. Phone: _____

Medical Information

Name of Company: _____ Telephone # of Company: _____

Policy Number: _____ Policy Holder's Name: _____

Policy Number's Social Security Number (if needed): _____

Food Allergies: _____ Drug Allergies: _____

Other Significant Allergies: _____

Please list any dietary restrictions: _____

I give permission to agents of High Country Health Care Systems Hospice to administer first aid to my son or daughter and authorize emergency transport to the nearest acute care facility.

Junior Counselor's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Bereavement History

(Please include as many details as possible when answering the following questions.)

1. Have you ever lost a family member or friend? _____
2. What was your relationship to that person? _____
3. What was the cause of death? _____
4. When did the death occur (date)? _____
5. How old were you when the death occurred: _____
6. How many losses have you had? _____ Please describe: _____

7. Please list your religious affiliation (if any): _____
8. Have you worked through this loss? _____
9. How have you helped younger children in the past? _____
10. Please explain why you would like to help with Camp Sunshine: _____

11. Please list any special talents/gifts/interests you have: _____

12. Have you ever attended Camp Sunshine as a camper? _____
If yes, when? _____
13. How did you hear about Camp Sunshine? _____

Final Camp Information

I give permission for my son or daughter to be photographed, videotaped, or interviewed during Camp Sunshine knowing that this material may be used for Hospice promotion, education, and general Hospice usage. **(Initial) Yes** _____ **No** _____

I _____, release High Country Health Care Hospice (employees, volunteers, directors, officers) from all liabilities, losses, cost, damages, claims, or causes of action of any kind and expenses, including attorney's fee, arising or claimed to have arisen out of any injuries or damages received or sustained by any person or persons or property as a result of intentional acts.

Parent/Guardian Signature: _____ **Date:** _____

Junior Counselor Signature: _____ **Date:** _____

I have read, answered, and understood the above information. I give _____ my permission to apply and participate as a junior counselor in Camp Sunshine.

Parent /Guardian Signature: _____ **Date:** _____

Please mail your application to:

Watauga	Ashe	Alleghany
Attn Jennifer Johnson 136 Furman Road St. 4 Boone NC 28607	Attn Jennifer Richardson PO Box 421 Jefferson, NC 28640	Attn Mary Lee PO Box 1287 Sparta, NC 28675

If you have questions call your local Hospice office or visit our website highcountryhospice.org:

Alleghany Hospice: 336.372.8018

Ashe Hospice: 336.246.6443

Watauga Hospice: 828.265.3926