



Dear Parent/Guardian,

Thank you for your interest in Nathan Adelson Hospice's **Camp Erin**. Camp will be held June 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>, 2023. We are very excited and looking forward to another great camp experience! The volunteers of Camp Erin aim to provide a fun, safe and memorable camp experience for every camper.

It is **mandatory** that this application/registration packet be returned by **Friday May 5, 2023** so that we can process your child/children's enrollment process. Space is very limited and spots fill up quickly, so please be prompt in returning your application. Receipt of your child's application **does not** automatically reserve a space for them. Each application will be carefully reviewed prior to acceptance to camp.

If your child is accepted, **you will be notified**. You will then receive another packet of information explaining camp guidelines, regulations, busing information, and details on mandatory attendance at our "Save Your Spot" event.

**Special Note:** Please know in advance that Potosi Pines Campground is mountainous and there will be **significant physical activity** required of campers.

Thank you for your cooperation. If you have any questions or concerns regarding registration or camp, please do not hesitate to contact Jennifer Mauceri at (702) 796-3185.

Sincerely,

Camp Erin Team

Nathan Adelson Hospice, 4141 University Center drive, Las Vegas, NV 89119



# 2023 CAMP ERIN® Las Vegas Camper Application



**CAMPER INFORMATION** (FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's name: \_\_\_\_\_

Camper prefers to be called: \_\_\_\_\_ Sex:  Male  Female

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_

**Race/Ethnicity** (We use this information to gather demographic statistics. Check all that apply.):  African-American  
 Native American  Asian  Caucasian  Native Hawaiian or Other Pacific Islander  Hispanic/Latino  
 Multi-Racial  Other: \_\_\_\_\_

Has camper been vaccinated for COVID-19? \_\_\_\_\_

School name: \_\_\_\_\_

Siblings: (list names/ages): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail address (We use this to communicate important information with you): \_\_\_\_\_

What is the best time/way to reach you? (E.g., Afternoon/e-mail): \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list two people other than you to contact in case of emergency at camp:

**Emergency contact #1 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Emergency contact #2 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Has camper attended Camp Erin before?  Yes (specify year/ location): \_\_\_\_\_  No

How did you hear about Camp Erin (check all that apply)?  
School  Web  Advertisement  Other(specify): \_\_\_\_\_

**BEREAVEMENT HISTORY** (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: \_\_\_\_\_

Relationship(s) to child: \_\_\_\_\_

Date(s) of death: \_\_\_\_\_ Age(s) of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated?  Yes  No

Was the child present at the time of death?  Yes  No

Did the child attend the funeral/memorial service?  Yes  No

If yes, what were your child's reactions to/comments about the service? \_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No

Did the child receive counseling before or after the death?  Yes  No

If yes, please specify services received and length of service: \_\_\_\_\_

Did the child receive grief support services before or after the death?  Yes  No

If yes, please specify services received and length of service: \_\_\_\_\_

Was the deceased an active, reserve or national guard military member or military veteran?  Yes  No

If so, what branch? \_\_\_\_\_

Is either guardian an active, reserve or national guard military member or military veteran?  Yes  No

If so, what branch? \_\_\_\_\_

Describe the relationship between the child and the deceased (e.g., close, distant): \_\_\_\_\_

How did the child react to the death? \_\_\_\_\_

Describe how the child indicates that he/she is grieving. \_\_\_\_\_

**Has the child exhibited any of the following behaviors?** (check all that apply)

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Special fears                         | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Stealing                   | <input type="checkbox"/> Destruction of property   |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide                     | <input type="checkbox"/> Regression               | <input type="checkbox"/> Nightmares                 | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others                         | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) |  |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Unusual/inappropriate sexual behavior |   |   |  |

**School**

- Difficulty getting homework done
- Day dreaming
- Cannot concentrate
- Disrupts the class
- Slipping grades
- Other \_\_\_\_\_

**Home**

- Fighting with siblings
- Fighting with parents
- Eating changes
- Sleeping changes
- Somatic complaints (pains, aches?)
- Withdrawal from activities
- Regressive behavior
- Clinging behavior
- Other \_\_\_\_\_

**Problematic Dreams**

- About death in general
- About deceased
- Nightmares
- Recurring dreams
- Other \_\_\_\_\_

**Fears**

- Fear of the dark
- Being left alone
- New experiences
- Loud noises
- Death
- Other \_\_\_\_\_

**Anxiety**

- Going to school
- Separation from parents
- General anxiety /phobia
- Other \_\_\_\_\_

**Abuse**

- Emotional/Psychological
- Physical
- Sexual
- Other \_\_\_\_\_
- If Yes to any of above, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Has the child experienced any other deaths?**

Yes       No

If yes, please specify the deaths and describe the impact on the child:

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**Describe any other changes/stresses in the child's life (e.g., divorce, illness, moving).**

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**Has the child's behavior, things they have said or done concerned you lately?**

Yes       No

If yes, please specify:

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**CAMP INFORMATION** (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child talked about him/her coming to Camp Erin?  Yes  No

What, if any, concerns do you have about the child coming to camp?

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What, if any, concerns does the child express? \_\_\_\_\_

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Has the child ever:

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Spent a night away from home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended day camp?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended overnight camp?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List any special interests or hobbies the child has: \_\_\_\_\_

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List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy): \_\_\_\_\_

List any special medical needs or physical challenges the child has (e.g., asthma, diabetes, mobility issues): \_\_\_\_\_

Is there anything we should know about the child's religious beliefs or faith practice?

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Is there anything else we should know to better serve the child?

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T-shirt size (check one):  Child S  Child M  Child L  
 Adult S  Adult M  Adult L  Adult XL  Adult 2X  Adult 3X

Yearly family income: \_\_\_\_\_ less than \$10,000  
\_\_\_\_\_ \$10,000 - \$24,999  
\_\_\_\_\_ \$25,000 - \$34,999  
\_\_\_\_\_ \$35,000 - \$49,999  
\_\_\_\_\_ \$50,000 - \$99,999  
\_\_\_\_\_ more than \$100,000  
\_\_\_\_\_ prefer not to answer

**Camp Erin Las Vegas provides transportation to campers from a park in Las Vegas to Potosi Pines via bus.**

**Children will be supervised by Camp Erin team members during the bus ride to and from camp.**

**Parents and guardians are required to drop off and pick up the camper from the park as scheduled. The busses are unable to wait for a child who is not on time to bus loading.**

**Additionally, if a camper's guardian is not present at the bus drop off following camp, authorities will be contacted if needed.**

**Busses or staff are unable to wait for a long period for a child to be picked up following the camp weekend.**

**NAME (Printed):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RELATIONSHIP TO CAMPER :** \_\_\_\_\_

PLEASE RETURN TO:

**Nathan Adelson Hospice**  
**Attn: Jennifer Mauceri**  
4141 University Center Dr.  
Las Vegas, NV 89119

**Email: [jmauceri@nah.org](mailto:jmauceri@nah.org)**  
**Phone: 702-796-3185**



## Consent for Medical / Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: \_\_\_\_\_  
First Middle Last

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ (*check one*)

Name of Child/Camper: \_\_\_\_\_  
First Middle Last

Son \_\_\_\_\_ Daughter \_\_\_\_\_ Birth Date of Child: \_\_\_\_\_

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/or problems: \_\_\_\_\_

My child takes the following prescription and/or non-prescription medications:

\_\_\_\_\_  
\_\_\_\_\_

My child has the following allergies (including food, medication, and all other allergies):

\_\_\_\_\_

Name of Health Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Holder's Name:

\_\_\_\_\_

Policy & Group Number: \_\_\_\_\_

Signature of Policy Holder: \_\_\_\_\_

***(Make copy of insurance card and staple to form)***



Authorization to Administer Medication  
(Please Print)

Name of Camper: \_\_\_\_\_

**All medications will be turned in to the Camp Nurse on registration day; medications will be dispensed by the Camp Nurse only.** Please bring the medications in a container (e.g., Zip-Loc bag, plastic box) with the child's name on it. **Please make a special note if medications need to be refrigerated.**

Please complete the information requested:

**List of Medication(s)**

Name of medication	Dosage	Time of day	Additional instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Over the Counter Medication Permission Form

I give the camp nurse permission to administer over the counter medications to my child while he or she is at camp. The nurse may give one or all of the following medications according to instructions and amounts recommended on the bottle:

Tylenol            \_\_\_\_\_ Yes            \_\_\_\_\_ No

Ibuprofen        \_\_\_\_\_ Yes            \_\_\_\_\_ No

Benadryl         \_\_\_\_\_ Yes            \_\_\_\_\_ No

Any additional comments and/or recommendations:

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Medical Treatment

Camper Name: \_\_\_\_\_

(Please print)

### To Whom It May Concern:

In the event that I cannot be reached or be present, I hereby authorize the Camp Nurse of Camp Erin or his/her agent to execute any and all documents including any necessary releases in my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor child while attending Camp Erin.

I further agree that I, acting on behalf of myself or my minor child, do expressly and forever waive and release Camp Erin and Nathan Adelson Hospice, and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at Camp Erin.

Signature of parent or guardian \_\_\_\_\_

Relationship to Camper



## 2023 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_ (print name of Parent/Guardian or Adult Participant), understand that Eluna and Nathan Adelson Hospice (“**Local Camp**”) desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child’s or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I also understand that, as part of my or my child’s participation in Camp Erin, I or my child may be exposed to or experience Harm (defined below), including as a result of infection by COVID-19 (also known as SARS-CoV-2 or the coronavirus) (“**COVID 19**”). By this Consent and Release Agreement (“**Consent and Release**”) do hereby grant certain rights to Eluna and Local Camp and release Eluna and Local Camp from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release Agreement confirms my child’s and my grant of rights and our agreement is as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Local Camp, and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child’s identity and my or my child’s experience at Camp Erin, including without limitation my or my child’s name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child’s Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand that this Consent and Release will cover all of my or my child(ren)’s future participation at any Camp Erin activities.

I waive any of my or my child’s right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child’s Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child’s Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Local Camp all necessary rights to do the foregoing. To the extent moral rights in my or my child’s Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Local Camp therefor.

**2. Contact.** Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Local Camp. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Local Camp for such purposes, unless I opt out below.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Local Camp, and each of their respective directors, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child’s Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child’s Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child’s participation in, volunteering for, or employment by Camp Erin, including any Harm or infection caused by exposure to COVID-19 that I or my child(ren) may experience by attending Camp Erin activities. Camp Erin, Eluna, and Local Camp **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)’s risk of contracting COVID-19. By signing this Consent and Release, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Camp Erin, Local Camp, and each of their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)’s future participation at any Camp Erin activities. I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)’s attendance at or participation in Camp Erin activities. . I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS’ FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS. If any provision of this Release is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Local Camp herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, Local Camp, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Local Camp and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Local Camp, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Local Camp may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND LOCAL CAMP ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant(s) is/are:  Youth Camper  Family Member  Volunteer  Visitor  Camp Erin Leadership/Staff

Is Participant an employee of the organization hosting Camp Erin?  Yes  No

If Participant(s) is a/are Youth Camper(s):

Youth #1 (if applicable) – Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth #1 Email (optional\*): \_\_\_\_\_

Youth #2 (if applicable) – Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth #2 Email (optional\*): \_\_\_\_\_

Youth #3 (if applicable) – Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth #3 Email (optional\*): \_\_\_\_\_

Parent/Guardian / Family Member / Volunteer / Visitor / Staff Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number:  Mobile  Home \_\_\_\_\_

Email: \_\_\_\_\_

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

\*Eluna will only use Youth email address to send Youth the Camper Newsletter.

PLEASE ATTACH RECENT PHOTO OF YOUR CHILD