



Camp Heal-A-Heart Day Camp Registration

“Wellness Through Healthy Grieving”



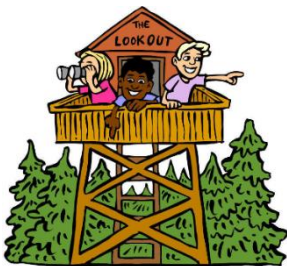
About Camp He-A-He:

Camp Goals:

1. To provide an environment that allows a child to mourn:
THRIVE NOT JUST SURVIVE.
2. To encourage children and youth to develop healthy coping strategies.
3. To provide the opportunity to build valuable friendships.
4. To do all of the above while having FUN!!!

Please check the following that apply

- Bathroom issues
- Experienced abuse
- Running away
- Eating issues



Camp Attendance: (Please check one)

- Day Camp Ages (5-9)

Date: July 17-20 Location: Wellington Resource Center, Clairmont

Time: 10:00 to 3:00 (early pick-up on last day)

Child's Name: (First & Middle) _____
(Last) _____

Address: (Street/Box No.) _____
(Town/City) _____
(Postal Code) _____

Date of Birth: _____ Male/Female Age _____

Parent/Guardians: _____

Phone: (Home) ____ - ____ - ____ (Work) ____ - ____ - ____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone: (Home) ____ - ____ - ____ (Work) ____ - ____ - ____

Allergies/dietary restrictions: _____

Medication (administered by camp personnel, medical form to follow):

T-shirt Adult Sizes: (Circle one)

Small Med Large Extra Large 2X Large

Please complete and return to:
Circle of Life
10031 - 103 Avenue
Grande Prairie, Alberta
T8V 1B9
Phone: 780-539-5432
Scan and email to
Circleoflife@telus.net



COST: Please Contact Circle of Life's office for cost information:

Phone: 780.539.5432

E-mail: circleoflife@telus.net

Website: www.circleoflifegp.com

All program fees are on a sliding scale, based on ability to pay. Priority is given to children residing in the City and County of Grande Prairie. Participants living outside these boundaries, as well as Region #8 CFSA clients, please contact our office for cost; no subsidy available.

We only accept **cash or cheque** (made payable to Grande Prairie and District Grief Support Association).

NO REFUNDS WILL BE GIVEN AFTER ONE WEEK PRIOR TO CAMP START DATE.

Release and Waiver Liability

Circle of Life conducts Camp He-A-He for children and youth, taking every precaution to ensure the safety and well-being of the child. The indoor and outdoor activities we provide have certain risks are involved. I understand and accept these potential risks, and as the undersigned, am bound hereby to release forever Camp He-A-He (Grande Prairie and District Grief Support Association) and all individuals associated therewith, from all liability for injury or damage (including claims and liabilities from injuries from bee or hornet stings or any other insect bites) which may be sustained by the undersigned and/or child or person of the undersigned and property of the same at or in transit from any camp-related activity under the auspices of Camp He-A-He.

In case of an emergency, I give my permission to Camp He-A-He to secure any first aid treatment, to utilize ambulance and/or evacuation services (i.e. helicopter, etc.) to transfer my child or the person named as a participant below.

I, the undersigned, do also accept that any of the above transportations (i.e. ambulance, helicopter, etc.) or medical treatment given to my child or person named as the participant below is at my expense and is not the responsibility of Camp He-A-He. **I HAVE READ CAREFULLY AND APPROVE ALL GIVEN MEDICAL INFORMATION AS WELL AS RELEASE AND WAIVER OF LIABILITY INFORMATION AS STATED ABOVE.**

Participant's Name (Please Print)

Signature (of Parent or Legal Guardian)

Date Signed

Print Name of Person Signing