



**The Moyer Foundation and  
Dr. Bob Kemp Hospice**

# **Camper Application Package**



## Camp Erin Mission Statement

To empower children in distress by providing education and support - helping them to live healthy and inspired lives.

## History

The Moyer Foundation was founded in 2000 by World Series-winning, Major League All-Star pitcher Jamie Moyer and wife, Karen. Karen and Jamie are committed to the growth and long term success of the Foundation and Camp Erin. In addition to volunteering their time and talent on a daily basis to raise funds and awareness for the Foundation's mission, the Moyers have made significant financial contributions over the years including a \$1 million dollar gift in 2007 to launch Camp Erin's national expansion. The Foundation created and funds several key initiatives, including Camp Erin and Camp Mariposa.

## Camp Erin

Camp Erin is a bereavement camp for children and teenagers ages 6-17 grieving a significant death. Camp Erin provides a traditional, fun and high-energy camp experience, combined with grief education and emotional support. The camp is staffed by bereavement counselors and community volunteers professionally trained by child bereavement experts. Established in 2002, the Camp Erin network of bereavement camps extends nationwide, including two locations in Canada, Camp Erin Toronto and Camp Erin Hamilton. Through the generosity of a giving community, The Moyer Foundation is committed to reaching more children each year.

## Dr. Bob Kemp Hospice

Inspired by the vision of Dr. Bob Kemp, the Dr. Bob Kemp Hospice compassionately serve the emotional, physical, social and spiritual needs of individuals living with a progressive life-limiting illness until the end of life. We support them, their bereaved and our community through our residential, outreach and bereavement programs.



THE MOYER FOUNDATION  
*Helping Children in Distress*





## Dear Parent/Caregiver,

Thank you for your interest in Camp Erin Hamilton. Please complete the application package for our annual camp taking place **Friday, June 8th to Sunday June 10<sup>th</sup>, 2018.**

We are very excited to be able to offer this camp opportunity free-of-charge to children and teenagers in your family who meet the following criteria:

- **are between the ages of 6 and 17**
- **have not previously attended Camp Erin**
- **do not require one-to-one support**
- **have experienced the death of someone close to them and are at least six months into their grief process.**

Provided in this application package are a number of forms with information on the program for the weekend, as well as the application that needs to be completed and returned. The deadline for applications is **Monday, March 26th, 2018.** Please note, that only **COMPLETED** forms will be considered. Acceptance into the Camp Erin Hamilton program will be conducted on a first-come, first-served basis, and there are a limited number of spaces for participants. Families will be called and an interview will be held to determine camper readiness.

We encourage you to apply early, as we anticipate having an enthusiastic response. We will also take a short waitlist in case of cancellations.



You will find the following information attached:

- **Frequently Asked Questions**
- **Camp Erin Consent Waiver** (please complete and return)
- **Application and Medical Information** (please complete and return)
- **Bereavement History Form** (please complete and return)
- **Custody of Child Form** (please complete and return)
- **Media and Photo Posting Policy** (please complete and return)
- **Consent and Release Agreement** (please complete and return)

Please note that **all campers and caregivers are required to attend a special “Camp Erin Hamilton Meet & Greet” event**, to be held **in the evening, date TBA**. This event will provide an opportunity for campers, families, and volunteers to meet each other and receive additional important information about Camp Erin Hamilton.

**If you are submitting your completed application please send via e-mail, fax or postal mail by Monday, March 26<sup>th</sup> to:**

Camp Erin Hamilton  
c/o The Dr. Bob Kemp Hospice  
Attn: Karen Nowicki, Camp Erin Hamilton Administrator  
277 Stone Church Road East  
Hamilton, Ontario L9P 1B1  
Email: [knowicki@kemphospice.org](mailto:knowicki@kemphospice.org)  
Fax: 905-387-7822

Should you have any questions or require any additional information, please do not hesitate to contact Karen Nowicki, Camp Erin Hamilton Administrator at 905-387-2448, ext. 2208.

We hope to see you at Camp!

Sincerely,

### **The Camp Erin Hamilton Team:**

**Susan Repa**  
Camp Erin Hamilton  
Director

**Elizabeth Dougherty**  
Camp Erin Hamilton  
Clinical Director

**Rachelle McGuire**  
Camp Erin Hamilton  
Grief Counsellor

**Karen Nowicki**  
Camp Erin Hamilton  
Administrator



## Frequently Asked Questions & Answers

### Q: What is Camp Erin Hamilton?

A: Camp Erin Hamilton is a bereavement camp designed for children ages 6 - 17 that have experienced the death of a parent, sibling, friend, or loved one. At camp the campers are separated into youth groups and teen groups allowing them to be with campers in their own age range. It is a weekend-long experience filled with traditional, fun, camp activities combined with grief education and emotional support facilitated by grief professionals and trained volunteers.

### Q: How did Camp Erin get started? Why is it called Camp Erin?

A: Camp Erin is named in memory of Erin Metcalf, a young woman who developed liver cancer at the age of 15. Karen and Jamie Moyer, founders of The Moyer Foundation, met Erin during Spring Training in 1998 and developed a special friendship with Erin and her family. In June of 2000, when Erin died at the age of 17, the Moyers wished to honour Erin's memory and her caring spirit. Because Erin had such a desire to help other children, the Moyers felt that a grief camp for children and youth would be an appropriate tribute to her caring spirit.

### Q: When will Camp Erin Hamilton take place?

A: Camp Erin Hamilton will take place Friday, June 8th, 2018 through Sunday, June 10th, 2018. Camp Erin Hamilton will be held at Camp Wenonah in Bracebridge, Ontario.

### Q: Who can attend Camp Erin Hamilton?

A: Any person ages 6 through 17 who has experienced the death of a loved one may attend Camp Erin Hamilton. Potential campers will be required to fill out an application form containing personal, bereavement and medical information. Because we want to ensure the best possible experience for every Camp Erin Hamilton participant, each applicant will be reviewed in detail and will require an interview before the application process is complete. Due to the large number of applicants expected, campers will be selected on a first come, first serve basis. Each child and youth will be able to attend Camp Erin Hamilton once. This will ensure that each year we give as many children and youth as possible the opportunity to attend Camp Erin Hamilton. In the event we have more applications than Camper spots, we will add your child or youth to a waiting list in the order that the application was received.

### Q: How much does Camp Erin Hamilton cost?

A: Through grants, fundraising efforts and generous support of organizations in our community, Camp Erin Hamilton is free to all campers.

### Q: What activities are provided for the children and youth at Camp Erin Hamilton?

A: Children and youth grieve in many ways. They require physical activity as well as emotional outlets, coping skills and community-building to cope with loss. The goal of Camp Erin Hamilton is to help normalize the grief process for all campers. It will provide a safe method and place where children and teenagers can grieve with other children and youth who have experienced loss.

There will be ample activities for children of all ages and abilities. Camp activities *may* include the following:

Sharing  
Arts & Crafts  
Luminaries

Music  
Swimming  
Nature Walks

Canoes  
Paddle Boats  
Storytelling



**Q: Who runs Camp Erin Hamilton?**

**A:** Camp Erin Hamilton is coordinated and staffed by a highly experienced and supportive team, in addition to expert bereavement therapy professionals and trained volunteers. While at Camp Wenonah, the facility where Camp Erin Hamilton is held, Camp Erin Hamilton staff and volunteers are supported by Camp Wenonah’s own staff, who are hired for their ability to provide strong leadership and to be positive roles models for the youth in their care. All staff have current qualifications in first aid, CPR and swimming standards.

**Q: What is the “Meet & Greet” event and do we need to attend?**

**A:** The Camp Erin Hamilton Meet & Greet evening event, **date TBA**, provides an important opportunity for campers, families and volunteers to meet each other and receive additional important information about Camp Erin Hamilton. For children and teenagers who are feeling shy about going to camp with people they don’t know, this event provides a safe and supportive opportunity to begin to build connections and community with other campers. You will also be given a packing list. All campers and families will be asked to attend.

**Q: What is The Moyer Foundation?**

**A:** The Moyer Foundation is an American non-profit organization established in 2000 by Major League, 2008 World Series winning All-Star Pitcher, Jamie Moyer and his wife Karen. Since its inception, The Moyer Foundation has raised over \$26 million to support non-profit organizations that provide services to children in need. Camp Erin, the largest network of bereavement camps in North America, is one of its key initiatives to support children.

The Moyer Foundation partners with local hospice and grief counselling organizations in the communities where the camps exist and currently supports over 44 camps throughout the US and four locations in Canada, Hamilton, Toronto, Montreal and Cornwall.

**Q: How will my camper be transported to and from camp?**

**A:** Campers, staff and volunteers will travel to and from Camp Erin Hamilton by bus.



## Camp Erin Consent Waiver

### Camper Information:

Surname:	First Name:	D.O.B. (mm/dd/yy):
Surname:	First Name:	D.O.B.: (mm/dd/yy)
Surname:	First Name:	D.O.B.: (mm/dd/yy)

### Camper Commitment Sheet Parents/Guardians/Camper Please Complete

I/We the parent(s)/guardian(s) commit to: returning all paperwork to the Dr. Bob Kemp Hospice, being truthful and comprehensive about any issues concerning my/our child that are important to know at camp, providing all the correct information to enable a positive camp experience to take place, and talking to my/our child about the reasons for camp and the expectations of my/our child as a camper.

I/We understand and agree that my/our child will be participating in all aspects of the camp program, unless medically advised otherwise. I/We acknowledge that the camp program consists of a variety of physical activities. I/We further acknowledge and understand that there are certain inherent risks associated with participating in physical activities of this nature, and that accidents and injuries may occur for which The Moyer Foundation and the Dr. Bob Kemp Hospice are not, and will not, be held responsible. Therefore, for valuable consideration, the receipt of which is hereby acknowledged, I/we hereby release, forever discharge and save harmless Camp Erin, The Moyer Foundation, the Dr. Bob Kemp Hospice and all of their respective affiliated entities, members, agents, service providers, volunteers, employees, medical staff, officers, and directors (the "Releasees"), on behalf of the parent(s), guardian(s), and the child (including their respective legal personal representatives), from any and all actions, causes of action, claims, demands, costs, and expenses resulting from any loss, injury, damage, or death, to/of person or property which has arisen or may arise from any and all participation in Camp Erin, including any of their programs or otherwise, notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Releasees or any of them.

\_\_\_\_\_  
Signature of parent or guardian, on behalf of the parent(s)/guardian(s) and child

\_\_\_\_\_  
Date

I commit to: trying my best, being fair, following the camp rules, working well with my counsellors and other campers, being honest, and being responsible at camp.

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_  
Signature of camper(s)

\_\_\_\_\_  
Date



## Camp Erin Hamilton 2018 Camper Application and Medical Information

Please return completed application by **Monday, March 26, 2018** by e-mail, fax or postal mail to:

Camp Erin Hamilton  
c/o Dr. Bob Kemp Hospice  
Attn: Karen, Nowicki, Camp Erin Hamilton Administrator  
277 Stone Church Road East  
Hamilton, Ontario L9B 1B1

Fax: 905-387-7822  
E-mail: [knowicki@kemphospice.org](mailto:knowicki@kemphospice.org)  
Phone: 905-387-2448 ext. 2208

**Please Note:** Campers/Families will be required to attend the Camp Erin Hamilton Meet & Greet evening event. Details and date to be announced.

### Camper Information:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age on Camp Day: \_\_\_\_\_ Grade (June 2018): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Parent/Guardian Primary Ph: #: \_\_\_\_\_ Parent/Guardian Alternative Ph. #(s): \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Primary Emergency Contact (please include phone # and relation to Camper): \_\_\_\_\_

Secondary Emergency Contact (please include phone # and relation to Camper): \_\_\_\_\_

Has your child ever attended camp before? Day Camp  Overnight Camp  This is my child's first camp experience

How did you hear about Camp Erin Hamilton? \_\_\_\_\_

### T-Shirt Size

Please indicate your child's t-shirt size:

YOUTH:  S  M  L  XL  
ADULT:  S  M  L  XL





# Camper Application & Medical Information Form

## Medical Information:

OHIP: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dietary Restrictions:**

- none
- vegetarian
- vegan
- lactose intolerant
- gluten intolerant

**Allergies:**

- none
- food
- nuts
- bee stings
- medications

**Other:**

EpiPen required:  Yes  No      Camper carries own EpiPen:  Yes  No

If your child requires an EpiPen, you must send him/her to Camp with one that is within the expiry date.

**Immunization: Please give the date of the last immunization shot (mm/dd/yy):**

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

Pertussis \_\_\_\_\_ Tetanus \_\_\_\_\_

**Indicate the medical issues for which the Camper has been treated:**

- none
- sleep walking debilitating
- thyroid disease
- nosebleeds
- epilepsy
- sports injury heart
- migraine headaches
- bleeding problems
- diabetes
- problems
- asthma
- motion sickness
- urinary tract infection(s)
- lactose intolerance

Give details of all allergic reactions, and of major or recent illnesses, operations, injuries and treatments. Give details of any other physical or emotional problems for which treatment of support may be necessary at Camp:

Please provide details regarding the issue(s) checked off or any other significant medical issues requiring the full awareness of Camp program facilitators:

Please list all prescription medications and non-prescription medicines you will be bringing to Camp:



# Camper Application & Medical Information Form

## Agreement

To the best of my knowledge, (participant's name): \_\_\_\_\_ is in good health, free of communicable disease, and physically able to participate in all the activities, except as noted above. In case of medical and/or surgical emergency, and in the event that I cannot be contacted, I hereby give full authorization to the physician, staff and or nurse selected by the camp director, to secure proper treatment (i.e., hospitalization, injections, transfusions, anesthesia or surgery as appropriately required) for the person as named above. I further authorize Camp Erin and its agents to disclose any and all information that 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, The Moyer Foundation, the Dr. Bob Kemp Hospice and all of their respective affiliated entities, members, agents, service providers, volunteers, employees, medical staff, officers, and directors for such care or related costs or expenses. I certify that the above information is accurate, and that I concur with the statements as described.

I understand that by not providing my camper's personal immunization information I may be asked to make the necessary arrangements to pick him/her up from Camp Erin Hamilton and Camp Wenonah should a breakout of a communicable disease occur in order to protect myself and other campers.

I agree       I disagree      Date (mm/dd/yy): \_\_\_\_\_

## Consent to contact during and after service

I, (name of parents/guardian/youth 15yrs+) give permission to the staff and volunteers of Camp Erin Hamilton to contact me about upcoming events, research, updates and opportunities to support Camp Erin Hamilton. I understand that I can revoke my consent to be contacted in writing at any time.

Parents/guardian/youth (15 yrs+) signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I do not have access to e-mail, please use my mailing address or phone number.

Parents/guardian/youth (15 yrs+) signature: \_\_\_\_\_

## Sharing of Address with The Moyer Foundation

Several times each year The Moyer Foundation sends out a Camp Erin newsletter, the Blue Heron Reporter, to all Camp Erin alumni campers and volunteers. If you would like to receive this newsletter we will need to share your address with The Moyer Foundation. Please indicate below if you would like to receive the Camp Erin newsletter from The Moyer Foundation:

Yes       No



# Bereavement History Form

## Bereavement History

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child/teen.

Child/teen's Name: \_\_\_\_\_

1. Full name of deceased: \_\_\_\_\_ Relationship to child/teen: \_\_\_\_\_

2. Birth date of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

3. Age of deceased at time of death: \_\_\_\_\_ Age of child/teen at time of death: \_\_\_\_\_

4. Was the deceased a resident at the Dr. Bob Kemp Hospice at the time of death? \_\_\_\_\_

5. Was the death anticipated or sudden? \_\_\_\_\_

6. What was the deceased's cause of death? \_\_\_\_\_

7. Please check if either of the following statements are true:

Child/teen has not been told the facts about the deceased's cause of death.

Child/teen does not understand the facts about the deceased's cause of death.

If either is checked, please explain: \_\_\_\_\_

\_\_\_\_\_

8. Is this your child/teen's first experience with death? \_\_\_\_\_

If no, please comment on other deaths your child/teen has experienced: \_\_\_\_\_

\_\_\_\_\_

9. Where did this person die? \_\_\_\_\_

10. Was the child/teen present at the time of death? \_\_\_\_\_

11. Did the child/teen see the deceased after the death? \_\_\_\_\_

12. Was there a funeral or memorial service? \_\_\_\_\_

If yes, did your child/teen attend and what were your child/teen's comments/reactions to the service?

\_\_\_\_\_

13. Did the child/teen live with the deceased? \_\_\_\_\_

14. How would you describe your child/teen's relationship with the deceased? \_\_\_\_\_

\_\_\_\_\_



# Bereavement History Form

15. How would you describe your family's communication style regarding the death?

- open
- adequate
- very little
- avoided
- none

16. Does your child/teen speak openly about the person who died? \_\_\_\_\_

17. Please explain how your child/teen indicates that he/she is grieving? \_\_\_\_\_

## Reaction to the Loss

Please place a check mark next to any of the following your child/teen has exhibited since the death of the loved one:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> lack of energy                                   | <input type="checkbox"/> behaviour problems at school                                       | <input type="checkbox"/> peer difficulties                         |
| <input type="checkbox"/> withdrawn/isolation                              | <input type="checkbox"/> behaviour problems at home   | <input type="checkbox"/> drug/alcohol abuse                        |
| <input type="checkbox"/> depression                                       | <input type="checkbox"/> running away from home   | <input type="checkbox"/> causing harm to others                    |
| <input type="checkbox"/> suicidal thoughts/talk                           | <input type="checkbox"/> headaches/stomachaches   | <input type="checkbox"/> lying                                     |
| <input type="checkbox"/> difficulty concentrating                         | <input type="checkbox"/> sleeping disturbances  | <input type="checkbox"/> stealing                                  |
| <input type="checkbox"/> causing harm to self                             | <input type="checkbox"/> sleep walking/bed wetting  | <input type="checkbox"/> destruction of property                   |
|   | <input type="checkbox"/> nightmares/night sweats (please circle)                            |  |
| <input type="checkbox"/> loss of interest in usual activities             | <input type="checkbox"/> belief that death was his/her fault                                | <input type="checkbox"/> anger                                     |
| <input type="checkbox"/> inappropriate sexual behaviour                   | <input type="checkbox"/> belief that death is a punishment                                  | <input type="checkbox"/> disbelief                                 |
| <input type="checkbox"/> special fears                                    | <input type="checkbox"/> changes in attendance at school (please circle: increase/decrease) | <input type="checkbox"/> always trying to be in control or perfect |
| <input type="checkbox"/> worries about his/her safety or safety of others | <input type="checkbox"/> changes in weight (please circle: increase/decrease)               | <input type="checkbox"/> changes in how he/she feels about self    |
| <input type="checkbox"/> hyperactive/impulsive                            |   |  |

## Other Important Information

1. Has your child/teen received any professional support (i.e. school counsellor, mental health therapist, peer support group, psychiatrist, pastoral support)? \_\_\_\_\_

If yes, is support currently provided? Please give approximate dates of when support started/ended.

2. Has there been any other changes/stresses in your child/teen's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain: \_\_\_\_\_

3. Has your child/teen ever experienced abuse of any kind? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please note that staff uses their utmost discretion in determining when contact by e-mail is appropriate and do not use e-mail to communicate regarding medical, counselling or family care issues.



**Name of Child Camper:** \_\_\_\_\_

**Birth Date of Child Camper:** \_\_\_\_\_

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin Hamilton, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin Hamilton for purposes of transporting or otherwise assuming custody of the child camper:

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

If it is necessary for my child to leave Camp Erin Hamilton before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin Hamilton may require photo identification of anyone who picks up the child camper from Camp Erin Hamilton, including myself.

I hereby release Camp Erin Hamilton, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin Hamilton may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



# Media & Photo Posting Policy

Camp Erin sends photographs to all campers and volunteers who attend camp each year as a memento of their time at camp.

Camp Erin creates marketing and collateral materials to promote the camp and solicit funds from donors. These materials may contain photographs and/or videos of current and/or previous camps as well as statements/quotes obtained from campers, their families and/or volunteers. Camp Erin protects the identity of any camper or volunteer currently or previously attending Camp Erin in its reporting requirements and its marketing endeavors.

Camp Erin does not release photographs, videos, statements or quotes of campers, their families and/or volunteers without the written consent of the individual(s) concerned. However, photographs and videos may be released without consent if the face of an individual is presented in such a way that makes it highly improbable that the identity of the person could be discerned. Similarly, statements or quotes may be released without consent when the full name and/or identity of the person is not revealed.

The following individuals will have access to all photographs, videos and interviews of Camp Erin participants:

- **Camp Erin Hamilton Director**
- **Camp Erin Hamilton Administrator**
- **Photographer/Videographer**
- **The Moyer Foundation**
- **The Dr. Bob Kemp Hospice**



## Photo Posting Policy

We would like to remind you that photographs or video clips taken by Camp Erin Hamilton are considered Camp Erin Hamilton property. Parents and/or caregivers who have given consent for their children/teenager's photographs to be distributed have done so ONLY for Camp Erin Hamilton Management. Campers, volunteers and staff cannot post Camp Erin Hamilton pictures on personal web pages, social media (i.e. Facebook, Instagram) or on public photo sharing websites (i.e. Kodak Gallery, Shutterfly or Caring Bridge) without written permission from Camp Erin Hamilton.

If photos or videos are found to be displayed on the Internet, in any capacity, without prior permission of Camp Erin Hamilton, the person responsible will be contacted immediately to remove the media content. Thank you for your understanding and cooperation in regards to this matter.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**