

Financial Assistance:

Living Beyond Grief, Inc.

recognizes that the death of a loved one or other existing circumstances can create financial demands on a family's resources which might prevent a child from attending **Camp Anew**. Thankfully, gifts have been given by others so that financial assistance is available in such cases. It is, however, our expectation that the parent or guardian of the child attending will be able to raise a minimum of \$50 per child from their own resources, family, friends, or church congregation. If you need financial help, please let us know so assistance can be arranged. We do not want a grieving child to miss the opportunity to attend **Camp Anew**.

Where grief gives way to growth...

July 12 - 15
Summer
Camp
2005



Medications (Labeled with Camper's Name and in Original Container) _____

Current Infectious Diseases or Physical Needs to be Aware of _____

Allergies or Medical Concerns _____

Behavioral Problems / Bed Wetting / Other _____

IMMUNIZATIONS
Check if up-to-date

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio	<input type="checkbox"/> Rubella
<input type="checkbox"/> Measles		
<input type="checkbox"/> Tetanus - Last Booster given ? _____		

Insurance Company _____

Policy Number _____

Family Doctor _____

Office Phone _____

Authorized Pickup Family, Church, etc. _____

CAMP FEE \$195 AMOUNT ENCLOSED \$ _____

DEPOSIT \$50 non-refundable required \$ _____

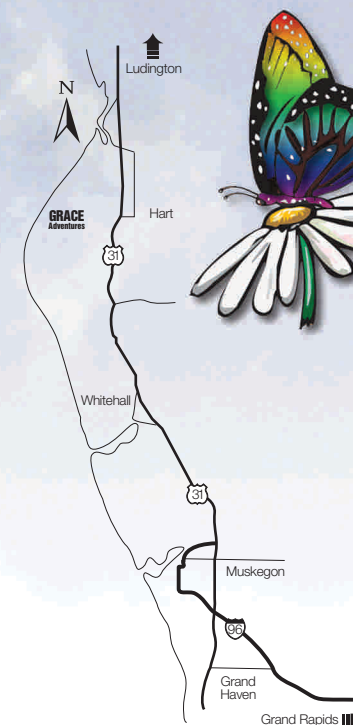
CAMP STORE DEPOSIT \$ _____

Total Enclosed \$ _____

In signing this document, I hereby certify that this information is accurate and give my permission for the use of photographs and videos including my child to be used in camp publicity; for my child to be transported in camp owned vehicles to and from off campus activities; for the release of medical records in case of illness or injury; and for the camper named herein to engage in all camp activities, except as noted by me and/or attending physician. I also give my permission to the physician selected by Grace Adventures to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named herein. I also give my permission to the Grace Adventures Health Officer to give routine, nonsurgical treatment.

Signature of Parent or Guardian *X*

Date _____



CAMP ANEW

HE LOVES ME. HE LOVES ME STILL. HE LOVES ME. HE LOVES ME STILL.

895 Wendover Boulevard • Muskegon, Michigan 49441

231-798-7196