



HARBOR  
HOSPICE

# Camp Courage 2025

June 20, 21, & 22

Camper Application (Ages 6-14)



**\*\*Application deadline is May 1, 2025\*\***

**A \$10 non-refundable application fee is due at the parent meeting, which will be held in June.**

For printed applications: use the back of the page or attach an extra sheet if needed.

## Personal Information

Camper's name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Contact number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

School name: \_\_\_\_\_ Grade (entering): \_\_\_\_\_

How did you hear about Camp Courage: \_\_\_\_\_

Name for camper's name tag: \_\_\_\_\_

Has camper previously attended Camp Courage:  Yes  No

Have you (the parent/guardian) ever attended Camp Courage:  Yes  No

Do you have a relative (sibling, cousin, step siblings, etc.) attending Camp Courage:  Yes  No

Names & relationships: \_\_\_\_\_

Camper's t-shirt size:  Child-XS  Child-S  Child-M  Child-L  Child-XL

Adult-S  Adult-M  Adult-L  Adult-XL  Adult-XXL

Camper's favorite color: \_\_\_\_\_

Camper's interests (ex. soccer, music, painting, etc.): \_\_\_\_\_

## Information About Deceased Loved One

Name of deceased: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Was deceased a patient of Harbor Hospice?  Yes  No

Was camper present at death?  Yes  No

Date of death: \_\_\_\_\_ Death was:  illness-related  sudden  violent

How did the death occur: \_\_\_\_\_

What was the camper told about the death? \_\_\_\_\_

Describe the relationship between the camper and the deceased: \_\_\_\_\_

Any additional losses: \_\_\_\_\_

### Indicate how often the camper is currently experiencing the following:

Rarely or Never    Sometimes or Occasionally    Frequently or Always

Trouble sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to sleep alone in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to sleep alone in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal from friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties with school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwillingness to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach aches or nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate how often the camper is currently experiencing the following:**

Rarely or Never    Sometimes or Occasionally    Frequently or Always

Talks about hurting self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks about hurting others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to hurt self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to hurt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger about loved one's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of enjoyment of favorite activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying without a specific reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to concentrate when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal to talk about deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsession with death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going back to "babyish" behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing constant attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information**

Does the camper want to attend Camp Courage?     Yes     No

Is the camper comfortable being away from home?     Yes     No

If the camper is not comfortable being away from home, what usually helps? \_\_\_\_\_

\_\_\_\_\_

Camper has fear of:     the dark     water     animals     storms     being alone

Other fear (describe): \_\_\_\_\_

\_\_\_\_\_

Eating habits or issues we should know about : \_\_\_\_\_

\_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Allergies (food, medication, environmental, etc.): \_\_\_\_\_

Is the camper receiving any professional mental health services?  Yes  No

If yes, briefly explain: \_\_\_\_\_

Describe the camper's behavior at home, school, or any other relevant information: \_\_\_\_\_

## Emergency Contact Info

**Parents/guardians/emergency contacts must present a state-issued ID/driver's license to pick up the child from camp.**

In case of emergency, I authorize Harbor Hospice to allow the following individual to pick my child up from camp:

\_\_\_\_\_  
Name of an adult over the age of 18 who can pick up the child  
in parent/guardian's absence

\_\_\_\_\_  
Phone number

I attest that the information provided is accurate to the best of my knowledge. I grant permission for Camp Courage directors to contact my child's mental health provider and/or school to verify information and assess eligibility for participation.

\_\_\_\_\_  
Parent/legal guardian - printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian -signature (\*If legal guardian, please attach documentation)

**Applications can be submitted via mail, email, or fax:**

**Harbor Hospice**  
**Attn: Camp Courage Director**  
**1050 W. Western Ave., Suite 400**

**Email: [info@HarborHospiceMI.org](mailto:info@HarborHospiceMI.org)**  
**Fax: (231) 722-0708**

