

# CAMP COURAGE 2026

Camper Application (Ages 6-14)  
June 19, 20, & 21



**\*\*Application deadline is May 1, 2026\*\***

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

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

## Personal Information

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

Gender:  Male  Female  Non-Binary  Other: \_\_\_\_\_

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

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

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

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

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

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

Name the camper goes by (for camp use): \_\_\_\_\_

Has camper previously attended Camp Courage:  Yes  No

If yes, have they had a new loss since last attending 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

**Please check any of the following that apply to your camper in the last year:**

- Trouble sleeping at night
- Scared to be alone at night
- Special diet
- Withdrawal from friends or family
- Fighting with siblings
- Fighting in school
- Has required 1:1 support at school (para-pro)
- Stomach aches or nausea when stressed
- Headaches
- Bed-wetting/accidents or wears protective garments
- Fleeing or running away
- Lacks safety awareness
- Other physical complaints

**Has your camper ever:**

- Talked about hurting self
- Talked about hurting others
- Attempted to hurt self
- Attempted to hurt others
- Expressed anger about loved one's death
- Lacked enjoyment of favorite activities
- Difficulty concentrating
- Refusal to talk about deceased
- Fixated with death
- Increased anxiety
- Required redirection

## Information About Deceased Loved One

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

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

Was deceased a patient of Harbor Hospice? \_\_\_\_\_

Was camper present at death? \_\_\_\_\_

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: \_\_\_\_\_

## 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.): \_\_\_\_\_

Privacy needs or requests related to changing, sleeping, or bathrooms? \_\_\_\_\_

Is or has the camper utilized any professional counseling (incl. school counselors)?  Yes  No

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

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

What is the best way to support your camper should they become upset: \_\_\_\_\_

## 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.

Consent for coordination: We may request your permission to contact your camper's provider(s) and/or school to verify information and explore support recommendations to best serve your camper.

\_\_\_\_\_  
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  
Muskegon MI 49441**

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



# CAMP COURAGE 2026

## Camp Behavior & Camper Eligibility for Summer Camp Policy/Procedure



Camp Courage summer camp program is designed to support youth that have experienced a loss with an opportunity to connect with peers that have also experienced a loss while also enjoying camp experiences. This is a grief camp engaging in social, athletic, artistic, and outdoor programming.

In order to maintain a quality program, sessions are designed to accommodate specific needs of campers through staffing ratios, programming, and activity goals. With our unique environment and trained staff, our goal is to accommodate as many campers as we can. However, we recognize that each camper's needs are unique. Camper's needs will be reviewed individually to determine whether they can be safely and effectively supported within our group-based, grief-camp program.

Families are encouraged to share any support needs during the application process so we can determine, on an individualized basis, whether reasonable accommodations can be made within the scope of the program. We will consider reasonable modifications that do not fundamentally alter the program or create a direct threat to health or safety.

Examples of needs that may exceed our capacity include, but are not limited to:

- Physical acts of aggression towards self or others
- Flight risk off camp property
- Flight risk towards open bodies of water
- Sexual behavior directed towards others
- Property destruction
- Self-injurious behavior
- Consistent refusal to participate in group activities and camp programming

All campers and staff stay in shared cabin spaces. Private changing options are available to any camper who requests them. Please share any privacy needs in the camp application.

Our program is not staffed to provide continuous one-to-one or awake overnight supervision. We will, however, evaluate requests for additional support and consider reasonable modifications as able.

If at any time the camp staff determines that staff are unable to meet a camper's behavioral needs, the parent/guardian will be contacted and is responsible for arranging the transportation for immediate pick up of the camper.

**Non-Discrimination and Anti-Harassment:** Camp Courage does not discriminate on the basis of race, color, national origin, religion, disability, sex, sexual orientation, gender identity or expression, or any other status protected by law. Harassment, bullying, or disrespectful conduct is prohibited.

By signing below, I have reviewed and understand this Policy.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper's Name

# CAMP COURAGE 2026

## Camper Contract



Camper's Name: \_\_\_\_\_

### Welcome to Camp Courage

Camp Courage is a 3-day and 2-night camp for children grieving after the death of a loved one. We have a lot of fun activities planned including swimming, fishing, games, art and music. We want to know how you feel about going to camp.

Please check the face that shows how you feel:

How do you feel about going to camp:

					I'm not sure
EXCITED	HAPPY	WORRIED	SAD	ANGRY	
<input type="checkbox"/>	<input type="checkbox"/>				

How do you feel about sharing about your loved one who died:

					I'm not sure
EXCITED	HAPPY	WORRIED	SAD	ANGRY	
<input type="checkbox"/>	<input type="checkbox"/>				

How do you feel about meeting new children and adults:

					I'm not sure
EXCITED	HAPPY	WORRIED	SAD	ANGRY	
<input type="checkbox"/>	<input type="checkbox"/>				

My favorite color is: \_\_\_\_\_

My favorite activities are: \_\_\_\_\_

What comforts you when you are upset? \_\_\_\_\_

\_\_\_\_\_

# CAMP COURAGE 2026

## Camper Contract



I, \_\_\_\_\_, agree to be my **BEST** at camp.

<p><b>B</b>e respectful</p>	<ul style="list-style-type: none"> <li>Listen without interrupting</li> <li>Take turns speaking</li> <li>Use appropriate language, tone and volume</li> <li>Arrive on time ready to focus</li> <li>Stay on task and work hard</li> </ul>
<p><b>E</b>ncourage kindness</p>	<ul style="list-style-type: none"> <li>Be gentle with your words</li> <li>Encourage each other through your words and actions</li> <li>Include others</li> <li>Keep a positive attitude</li> <li>Help those around you</li> <li>Respect the privacy of others</li> </ul>
<p><b>S</b>afety first</p>	<ul style="list-style-type: none"> <li>Follow directions</li> <li>Stay with your group and leader</li> <li>Keep your hands and feet to yourself</li> <li>If you see something unsafe, tell an adult</li> <li>Use equipment as it is intended</li> <li>Keep camp tidy</li> </ul>
<p><b>T</b>ry your hardest</p>	<ul style="list-style-type: none"> <li>Have FUN!!!!</li> <li>Participate in all activities</li> <li>Support other campers</li> <li>Make friends by being a friend</li> <li>Share how you are feeling</li> <li>Welcome all emotions</li> </ul>

\_\_\_\_\_  
Camper's signature

\_\_\_\_\_  
Date