

# Camp Sunrise



## A weekend overnight camp. The 3rd weekend of June.

Camp Sunrise is founded on the understanding that every child deserves the opportunity to grieve in a safe, supportive, and understanding environment. With loving support children grieving a death can share their experience with acceptance as they move through the healing process. Support for parents and caregivers will further enhance the grieving child's journey to health.

### Camp Sunrise Registration Form

Complete and email to [Kat@hospiceofredmond.org](mailto:Kat@hospiceofredmond.org) or mail to  
**Camp Sunrise - 732 SW 23<sup>rd</sup> - Redmond, OR 97756**

**Camper's Name:** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Campers address:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Current age:** \_\_\_\_\_

child's med  child's large  child's x-large

**Camper Gender / Pronoun** \_\_\_\_\_ **Camper's T-shirt Size:**  adult med  adult large  adult x-large

**Name of Deceased:** \_\_\_\_\_ **& relationship to child:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Cause of Death:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Best Way to Contact Parent/Guardian:** \_\_\_\_\_

**Email address: (helpful but optional)** \_\_\_\_\_

**How did you hear about Camp Sunrise?** \_\_\_\_\_

**YES!** (Check all that apply)

- I am willing and desire my child/ward to participate in Camp Sunrise and authorize him/her to participate in all camp activities including hiking.
- I am willing to make myself available for a pre-camp interview and to attend Parent Orientation the first week of June.
- I further authorize my child/ward to receive emergency medical care as needed while at camp.
- I understand I am responsible for transporting my camper to and from Camp Sunrise held at Suttle Lake UMC.

Yes  **No**  I authorize Camp Sunrise to use photographs of my child/ward in the promotion and publicity of Camp Sunrise with the understanding that my child/ward's name will be withheld.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent/Guardian)

To ensure your child's reservation please return as soon as possible. Camp Sunrise is filled on a first come first served basis.