

# Rick's Ray of Hope Summer Camp

FOR CHILDREN AGES 5-9 WHO ARE COPING WITH DEATH/LOSS OF A LOVED ONE  
OR WHO ARE COPING WITH A LIFE CHANGE

**When:** June 10 - 13  
June 24 - 27  
August 12-15  
Monday - Thursday, 9 AM - 3 PM

**Where:** Putnam Museum  
1717 W 12th St.  
Davenport, IA 52804

## To Register:

Call or email Maggie Dahl at 563-888-6248 and [dahlm@verafrenchmhc.org](mailto:dahlm@verafrenchmhc.org). To secure your child's spot at one of our camps, a phone interview with the guardian is required.

**Lunch is provided!**  
**\*Spots fill quickly\***

Sponsored by:

**PUTNAM!**

Rick's RAY  
of **HOPE**  
VF



# 2024 CAMP REGISTRATION FORM

Complete this form and return to: Vera French, 1441 W. Central Park, Davenport IA 52804; Attn: Maggie D. by May 24<sup>th</sup> for your child to be considered for one of our Summer Camps! Your child's spot at camp will be secured following a phone interview.

Child's First and Last Name: \_\_\_\_\_

Preferred Name if different: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address if different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Child's T-shirt size:

\_\_\_S (6-8) \_\_\_M (10-12) \_\_\_L (14-16) Adult: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

How did you find out about Camp? Please be specific. \_\_\_\_\_

Has your child previously attended Vera French Camp? Please list years and camp: \_\_\_\_\_

Reason Child is attending camp: Grief/loss or Life Change? \_\_\_\_\_



**HEALTH HISTORY**

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

Child's Height (reported): \_\_\_\_\_ Child's Weight (reported): \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

**ALLERGIES**

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Other Significant Allergies: \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Is there any relevant health information you would like us to know about your child?

\_\_\_\_\_

Medical problems (such as chronic pain, asthma, diabetes, medications and others): \_\_\_\_\_

\_\_\_\_\_

Behavioral Health (such as ADHD, Anxiety, Oppositional Defiant, and others): \_\_\_\_\_

\_\_\_\_\_

Developmental Disability (such as autism, intellectual delay, and others): \_\_\_\_\_

\_\_\_\_\_

Other (please explain): \_\_\_\_\_



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

May we apply sunscreen \_\_\_\_\_ Yes \_\_\_\_\_ No

May we apply insect repellent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any activities your child may not be able to participate in while at camp?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify: \_\_\_\_\_

Please provide any information we need to know to safely care for your child:

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information that might be helpful to us (problems with eating, getting along with friends/peers, etc.) \_\_\_\_\_

\_\_\_\_\_

Vera French recommends that participants with food allergies bring a sack lunch. Please check one:

- My child will eat snacks and lunch provided by Vera French
- My child will bring their own snacks and lunch



Waiver and Release Form

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

To the best of my knowledge, the above information is correct and accurate. I understand that participation in Camp and its activities are entirely voluntary and hereby grant permission for my child to participate.

Should my child become sick or injured I give permission for agents of Vera French to administer first aid to my child and authorize emergency transportation to the nearest acute care facility if necessary. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child.

On my own behalf and on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, that may arise against Vera French, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or camp activity.

\_\_\_\_\_ YES, I authorize Vera French to take pictures of my child.  
(Photos will not be used for advertising or social media purposes)

\_\_\_\_\_ NO, I do not want my child's picture taken.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian