



# Camp Dragonfly

**Application Form**  
**All Saints Camp—Pottsboro, TX**

*PHOTO*

***For Children Ages 7-12***

*Please be sure to include the following:*

1. *Application Form*
2. *Recent photo*
3. *Application Fee \$25 (Financial Aid available on request)*

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's grade and school \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Phone Numbers

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Emergency Name and Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Child's T-Shirt Size:****Youth Size:** Small (8-10)\_\_\_\_\_ Medium (10-12)\_\_\_ Large (12-14)\_\_\_\_\_**Adult Size:** Small (34-36)\_\_\_\_\_ Medium (38-40)\_\_\_ Large (42-44)\_\_\_\_\_

X-Large (46)\_\_\_\_\_ XXL\_\_\_\_\_

**Preferred Name to be printed on camper's nametag:**\_\_\_\_\_**Does your child have any dietary needs, allergies, or take medication? If so, please explain.** \_\_\_\_

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**Suggestions if your child has trouble falling asleep?** \_\_\_\_\_

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**Are there any behaviors that we should be aware of to help us better serve your child?** \_\_\_\_\_

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**Names and ages of brothers or sisters of your child:**

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**Name and relationship of person camper will be remembering at camp:**

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**Circumstances of the death:**

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**What is the child's understanding of the death / circumstances?**

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**How do you recommend we share or speak to the circumstances of the death?**

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**Describe the child's relationship with the deceased and how his/her life has been affected by the death:**

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**Describe any changes you have noted in your child since the death (i.e., anger, emotional, relationships with others, decline in school, etc.)**\_\_\_\_\_

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**Has your child received any counseling since the death? If so, please explain.**

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**Have there been any other changes or losses in your child's life since the death?**

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**Why is the child coming to camp?**

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**What do you feel would be helpful for camp staff to know about your child?**

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**Camp Dragonfly has my permission to:**

Use any photos taken of my child at Camp Dragonfly for brochures, slides shows, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Treat my child with emergency medical care, if necessary.** Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship of person completing this form to camper: \_\_\_\_\_

**Parent or Guardian's Name** \_\_\_\_\_  
(Please Print)

**Camper's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*Please Note:** Children will be released on Sunday afternoon **ONLY** to the parent/guardian that dropped the child off at camp. Please note at the bottom of this application the name of any person who will be picking your child up after camp if they are not the same person that dropped your child off at camp. Please remind them to bring photo identification when picking up your child. Your child will not be released to anyone without proper identification. **PARENTS:** It is extremely important that you arrive on **Sunday at your scheduled time** to attend a briefing session with counselors to discuss the weekend and recommendations for follow-up, have lunch with your child and watch the closing ceremonies for Camp Dragonfly.

I will be **unable** to pick up my child, \_\_\_\_\_ after camp.

\_\_\_\_\_ will be picking him/her up in my absence. He/she is aware that he/she must provide photo identification in order to be able to pick up my child from camp.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**For questions,** please call Nancy Jackson at 903-868-9315.

**Return by email to:** [nancy.jackson@homehospice.org](mailto:nancy.jackson@homehospice.org) **Or by mail or drop off to:**

Nancy Jackson, Home Hospice, 505 W. Center Street, Sherman, TX 75090



## CAMP DRAGONFLY RELEASE AGREEMENT

My child intends to participate in activities related to Camp Dragonfly, a Grief Camp for Children and Adolescents (Camp Dragonfly). I understand that Camp Dragonfly will include activities, such as art therapy, play therapy, outdoor experiences and other activities, which might result in the possibility of accident or injury.

My child's participation in Camp Dragonfly is voluntary and I hereby give permission for my child to participate in Camp Dragonfly and agree, on my behalf and on behalf of my child, to accept and assume all risks which may arise during or as a result of such participation. In consideration for my child being given the opportunity to participate in Camp Dragonfly, I (on my behalf, on behalf of my child and on behalf of our respective estate, heirs, successors and any other party claiming by or through us) hereby release and agree to indemnify and hold harmless the camp and Home Hospice of Grayson County, their respective officers, agents, employees, members and volunteers and all other participants in Camp Dragonfly from and against any and all claims, losses, injury, damages, causes of actions, suits, and liability of any kind, including, without limitation, expenses of litigation, court costs, and attorneys' fees, which arise out of or are in any way connected with my child's participation in Camp Dragonfly, including, without limitation, injury to or death of any person or damage to any real or personal property. Such release and indemnity shall apply in any circumstance, including, without limitation, where the claims, losses, damages, causes of action, suits, or liability arise, in whole or in part, from the negligence of the agency, officers, agents, employees, members, volunteers, participants or otherwise.

I understand that, in the event medical treatment is required, every reasonable effort will be made to contact me. However, if I cannot be reasonably reached, I hereby give my permission to Camp Dragonfly, or an adult participant in Camp Dragonfly, to consent to and secure medical, dental, surgical and hospital care, under the general or special supervision and on the advice of any licensed physician or dentist, as reasonably necessary for my child's well-being.

I understand that this Camp Dragonfly Release Agreement affects my and my child's, legal rights and that my execution of this Camp Dragonfly Release Agreement is a condition precedent to my child's participation in Camp Dragonfly.

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

**Camp Dragonfly**

Sponsored by

Home Hospice of Grayson County

505 W. Center Street, Sherman, Texas 75090

(903) 868 – 9315 or (903) 893 – 2772 Fax



**Camp Dragonfly**  
Grief Camp for Children  
presented by  
Home Hospice of Grayson, Cooke and Fannin  
Counties

Confidentiality Acknowledgement and Agreement Form

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

During the course of your activity at Camp Dragonfly, grief camp for children to be held at All Saints Camp in Pottsboro, TX, you may have access to information that is confidential and may not be disclosed except as permitted or required by law and in accord with Home Hospice of Grayson, Cooke and Fannin counties policies and procedures. In order for Camp Dragonfly staff and volunteers to properly provide a safe and therapeutic atmosphere for children attending the camp, any and all identifying information regarding the children and their families must be kept confidential.

If at any time you have any questions regarding the confidentiality or disclosure of information, you should contact the Nancy Jackson at 903-868-9315.

By initialing each section and signing this Confidentiality Agreement, you acknowledge and agree that:

- \_\_\_\_\_ I will only access information for which I have a legitimate purpose.
- \_\_\_\_\_ Camper information is confidential and my access is restricted to my legitimate need to assist in camp activities.
- \_\_\_\_\_ I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner outside camp.
- \_\_\_\_\_ All camper identifiable information must be maintained on camp-site and will not be taken off-site.
- \_\_\_\_\_ My confidentiality obligation shall continue indefinitely, including at all times after my association with Camp Dragonfly or Home Hospice of Grayson, Cooke and Fannin Counties.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD ANY QUESTIONS FULLY ADDRESSED AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_





## CAMP DRAGONFLY PUBLICITY RELEASE

I, the undersigned, give permission to Camp Dragonfly to use my child's image, name, or personal information for purposes of marketing and education which may include newspaper, newsletters, website, health fairs, television, training and other Camp Dragonfly related purposes.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Please note any exceptions to the release of personal information as listed below:

I request that the following **NOT** be included for marketing and education purposes for Camp Dragonfly:

- \_\_\_\_\_ my child's image,
- \_\_\_\_\_ my child's name,
- \_\_\_\_\_ my child's personal information (address, name of deceased, etc.)

\*\*\*Also please note that your child's name, image or any other identifying information will not be released for any purpose other than for camp publicity or grant requests.

505 West Center Street  
Sherman, Texas 75091  
903.868.9315  
[www.homehospice.org](http://www.homehospice.org)