



# **Camp Heal-A- Heart Registration**

## “Wellness Through Healthy Grieving”

### About Camp He-A-He

#### **Camp Goals:**

1. To provide an environment that allows a child to mourn. Thrive not just survive.
2. To encourage children and youth to develop healthy coping strategies.
3. To provide the opportunity to build valuable friendships.
4. To do all of the above while having FUN!!!

#### **Please check the following that apply:**

- Tendency to be violent
- Sleeping issues
- Bed wetting
- Self Harming
- Sexualized activity
- Eating issues
- Suicidal ideations
- Running away
- Fire starting
- Have experienced abuse
- Smoking
- Drinking



**Ages for Camp: 9 – 15 yr. old**

#### **Camp Attendance:**

- July 10-11, 2023
- July 12-13, 2023

**Location: Dimsdale Community Hall  
712010, Range Road 72A  
Wembley AB T8W 5H5**

**Time: 9:00am – 5:00pm**

**Drop Off: 8:45am**

**Pick-up: 5:00pm**

**Child's Name: (First & Middle)** \_\_\_\_\_  
**(Last)** \_\_\_\_\_

**Address:**  
**(Street/Box No.)** \_\_\_\_\_  
**(Town/City)** \_\_\_\_\_  
**(Postal Code)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male/Female**    **Age** \_\_\_\_\_

**T-Shirt Provided. Size Required:** \_\_\_\_\_

**Parent/Guardians:** \_\_\_\_\_

**Phone 1** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone 2** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

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

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

**Phone 1** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone 2** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Where did you hear about us?:** \_\_\_\_\_

**Allergies/dietary restrictions:**  
\_\_\_\_\_

**Medication (administered by camp personnel, medical form to follow):**  
\_\_\_\_\_

**Please complete, scan and email to**  
[\*\*information@gpgriefsupport.org\*\*](mailto:information@gpgriefsupport.org)



**COST:**

All program fees are on a sliding scale, based on ability to pay. Priority is given to children residing in the City and County of Grande Prairie. Participants living outside these boundaries, as well as Region #8 CFSA clients, please contact our office for cost; no subsidy available.

**NO REFUNDS WILL BE GIVEN AFTER ONE WEEK PRIOR TO CAMP START DATE.**

Release and Waiver Liability

Circle of Life conducts Camp He-A-He for children and youth, taking every precaution to ensure the safety and well-being of the child. With our camps, swimming and other indoor and outdoor activities, certain risks are involved. I understand and accept these potential risks, and as the undersigned, am bound hereby to release Camp He-A-He (Grande Prairie and District Grief Support Association) and all individuals associated therewith, from all liability for injury or damage (including claims and liabilities from injuries from bee or hornet stings or any other insect bites) which may be sustained by the undersigned and/or child or person of the undersigned and property of the same at or in transit from any camp-related activity under the auspices of Camp He-A-He.

In case of an emergency, I give my permission to Camp He-A-He to secure any first aid treatment, to utilize ambulance and/or evacuation services (i.e. helicopter, etc.) to transfer my child or the person named as a participant below.

I, the undersigned, do also accept that any of the above transportations (i.e. ambulance, helicopter, etc.) or medical treatment given to my child or person named as the participant below is at my expense and is not the responsibility of Camp He-A-He.  
**I HAVE READ CAREFULLY AND APPROVE ALL GIVEN MEDICAL INFORMATION AS WELL AS RELEASE AND WAIVER OF LIABILITY INFORMATION AS STATED ABOVE.**

---

**Participant's Name (Please Print)      Signature (of Parent or Legal Guardian)**

---

**Date Signed**

---

**Print Name of Person Signing**