



**P.O. Box 2944  
Reno, NV 89505**

Thank you for your interest in Camp Solace 2009. We look forward to an exciting and fun-filled time! This three-day camp provides a fun, safe, supportive outdoor experience for children grieving the loss of a loved one.

We want to make sure this will be a positive experience for your child. Our goal is to create a safe environment where children feel comfortable sharing and expressing their grief with other grieving children. We also want to help children find safe and healthy ways to deal with grief.

Prior to camp, please complete the attached camper application. Kindly return all paperwork and \$15 camper registration fee to The Solace Tree by Friday, August 7. We look forward to seeing you there!

Sincerely,  
Katie Anderson & Suzanne McManmon  
Your Camp Solace 2009 Directors



### **Frequently Asked Questions:**

#### **What can I expect at camp?**

We will be staying at Camp Galilee in Glenbrook, Nevada. Camp Galilee is located on Lake Tahoe. Campers are housed in cabins overlooking the lake. We'll be outside a lot - exploring the pine forests and playing amidst the rocks, dirt, and the beach and waters of Lake Tahoe. The main lodge is the center of indoor activities and there is both indoor and outdoor dining available. Modern bathroom facilities and a first aid cabin round out a blend of comfort and camping. (For directions and/or more information about Camp Galilee, please go to: <http://galileetahoe.org>)

#### **When is Camp Solace?**

Camp Solace will be Friday, September 11 through Sunday, September 13, 2009.

#### **What is the cost of camp?**

There is no camper fee to attend Camp Solace. Funding for Camp Solace is supported by caring individuals and organizations through grants, donors, and fundraising events. To reserve your child's place for Camp Solace, we ask for a small registration fee in the amount of \$15. All proceeds from the registration fees go directly to The Solace Tree. We want to ensure all interested children may attend this wonderful event; therefore, scholarships are available to those who qualify.

#### **How do I get to and from camp?**

Shuttle busses will be provided for campers. Parents can drop off and pick up from designated bus stop (location and time to be announced). Parents are also welcome to drop off and pick up their child from camp. Drop off and pick up times will be announced with your camp confirmation of attendance.

#### **What do I need to do to prepare?**

After receiving confirmation of camp attendance, come packed and ready to have fun! Please remember to bring an item to share (i.e. picture, memento, or object of sentimental value). Attached you will find a camp packing list to help you with other necessary items.

#### **What will we be doing?**

Camp days are full of fun and interactive activities, as well as opportunities to honor and remember lost loved ones. Some activities include: Kayaking & Canoeing, Nature Exploration, Camp Fires, Memory Boats, Arts & Crafts, Challenge Games, and a labyrinth. During camp we can play Frisbee, Ping Pong, sit near the water, read, make jewelry, or learn about plants and critters, as well as share names or stories of those we've loved and lost and explore who we are each becoming in the process of grieving. We will have fun and we will support one another.

#### **Who will be the staff at camp?**

We believe that a camp is only as good as its staff. Our team includes individuals with specialized grief training/experience and activity leaders with zillions of fun, creative activities up their sleeves!

#### **What is the camp's philosophy?**

At Camp Solace, our philosophy is simple: we are here to make new friends, share our stories, honor memories, and have fun! With support, respect, and patience, we are able to grow together and create new memories that will last a lifetime!

#### **Who do I contact if I have questions about camp?**

You may contact Katie Anderson or Suzanne McManmon if you have any questions. We are available via e-mail or telephone to help you with any camp concerns or needs.

Katie Anderson: [katheria@unr.nevada.edu](mailto:katheria@unr.nevada.edu) (775) 742-0938

Suzanne McManmon: [sdbbartoncindi@hotmail.com](mailto:sdbbartoncindi@hotmail.com) (775) 224- 5147



### Camp Solace Guidelines

1. Always wear your camp T-shirt and/or name tag.
2. Only go near the water during scheduled times or when an adult is there.
3. An adult must escort all campers who leave the campfire area.
4. Respect those around you, both campers and staff.
5. Respect the property of our gracious host Camp Galilee.
6. Please use appropriate language and dress at all times.
7. Use the buddy system, stay in camp area.
8. The most important rule... HAVE FUN!!!!

### VERY IMPORTANT ~PARENTS and/or GUARDIANS~

IT IS ESSENTIAL THAT YOUR CHILDREN ARRIVE AND DEPART CAMP SOLACE AT THE SCHEDULED TIMES.

*THE STAFF ARRIVES EARLY AND ARE BUSY WITH CAMP PREPARATION. CHILDREN ARRIVING TOO EARLY IMPEDE THE NECESSARY PREPERATION WORK.*

IT IS VERY IMPORTANT THAT CHILDREN DO NOT ARRIVE LATE, ESPECIALLY AFTER NIGHTFALL. THIS CAN CAUSE GREAT DISTRESS FOR THE CHILD AND PARENT. PLUS THE SCHEDULE IS FULL OF GREAT ACTIVITIES AND WE DON'T WANT THE KIDS TO MISS ANY OF IT!

*PLEASE DO NOT ARRIVE BEFORE 11:30 AM ON SUNDAY TO PICK UP YOUR CHILDREN. CAMP ACTIVITIES ARE STILL BEING CONDUCTED AND EARLY PARENT ARRIVAL IS VERY DISTRACTING.*

PARENTS AND GUARDIANS ARE STRONGLY ENCOURAGED TO PLAN ON JOINING US FOR LUNCH "our treat" AND TO PARTICIPATE IN OUR CLOSING Group Activities ON SUNDAY.

**PLEASE NOTE:** *Camp Solace does not allow items such as cell phones, radios, video games, large amounts of money and other valuables are not to be brought to camp. Such items will be held during camp and returned upon departure. Camp Solace will not be responsible for these items and they distract from the focus of camp.*

*Camp Solace does not allow items such gum or candy to be brought to camp unless given to a counselor to hand out to all campers. These items attract insects such as bees and hornets.*

**VERY IMPORTANT: EACH CHILD NEEDS TO BRING AN ITEM/MOMENTO THAT IS SPECIAL TO THE MEMORY OF THEIR LOVED ONE. THIS COULD BE A PICTURE OR SOMETHING THEY GAVE THEM THAT IS A SPECIAL TREASURE. IT SHOULD BE SMALL ENOUGH TO FIT IN A SHOEBOX.**



**CAMP SOLACE 2009  
SUPPLIES YOU NEED TO BRING:**

**Appropriate Camp CLOTHING:** It can be very warm in the afternoon and very cold in the mornings and evenings at camp, so bring clothing suitable for both temperatures.

Sweater, sweatshirt and/or warm jacket  
Warm sleepwear  
Sturdy tennis shoes  
Sandals or water shoes for the lake  
Underclothing for 3 days  
Hat (especially those sun sensitive)  
Shirts, pants, shorts for 3 days  
Don't forget socks!  
Bathing suit and cover-up (optional)  
Flashlight

**BEDDING:** Each child will have their own bunk in a cabin that sleeps up to 13. Each cabin has its own toilet, sink and electricity. We staff each cabin with (2) Cabin Counselors.

Sleeping bag or bedroll  
Quilt or extra blanket (it can get chilly at night!)  
Pillow  
Stuffed sleeping buddies are welcome!

**TOILET ACCESSORIES:** There are separate shower houses for boys and girls, which include 4 showers stalls, 4 toilet stalls and 4 sinks. And for those of you who can't leave home without them, electricity for your blow dryers and curling irons.

Towels: two towels per person: one for bathing/showering and a beach towel for water activities.  
Washcloth-Please bring a Ziploc bag for washcloth.  
Soap  
Shampoo  
Brush/comb  
Toothbrush and toothpaste  
Sanitary needs



**2009 CAMP SOLACE  
REGISTRATION FORM**

Return to: The Solace Tree PO Box 2944 Reno, Nevada 89505

Child Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ M / F

T-Shirt size: **CHILD** S M L XL XXL

Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. City State Zip

\_\_\_\_\_ Email Home Phone Cell Work

In case of emergency notify: \_\_\_\_\_  
Name/Phone

Have you attended a bereavement camp? Yes No

If so, when? \_\_\_\_\_

What would be helpful for us to know about your own experience(s) with loss ?

---

---

Have there been any losses or major transitions in your life recently?

---

---

---

Have you had past counseling/group experience? If yes, please explain.

---

---

What are your hopes/goals for your participation in camp?

---

---

---

What are some of your camp-related interests/hobbies ?

---

---

Please list any other special considerations, needs or requests:

---

---

Last Tetanus Shot: \_\_\_\_\_

Medications: \_\_\_\_\_

Are there any activities you may not be able to participate in while at camp? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

to the best of my knowledge, the above information is correct and accurate.

---

Signature of Volunteer/ Date



**CAMP SOLACE 2009  
WAIVER AND RELEASE OF LIABILITY, CONSENT TO NECESSARY MEDICAL  
TREATMENT AND AUTHORIZATION FOR USE OF PHOTOGRAPH**

- 
1. **Consent to necessary medical treatment,** I \_\_\_\_\_ maintain that I am in satisfactory condition and may engage in all usual camp activities as they have been explained to me. At any time that I am on the Camp Solace premises, I, the undersigned, hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, camp director and/or his or her designee to hospitalize and/or secure other emergency treatment for me, if necessary. I, the undersigned, hereby acknowledge that my use of the facilities, premises, or equipment of Camp Solace is permissive and is subject to the terms of this release.
  2. **Authorization for use of photo.** I hereby authorize Camp Solace and Solace Tree Inc. to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Solace that contains my likeness.
  3. **Release and waiver of liability and indemnity agreement.** I further agree to identify, protect, defend and hold harmless Camp Solace and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claims, or liability caused by or arising out of my use of, presence at or trip to or from property on or about the Camp or belonging to Camp Solace or Solace Tree Inc. and any attorney's fees and/or costs arising out of this agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Solace or Solace Tree Inc. for any injuries or property damages which may arise while I am on the Camp Solace premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage suffered by me caused by or arising out of negligence of Camp Solace, Solace Tree Inc., or their directors, officers, employees, volunteers and/or agents.

---

Signature

Date

---

Printed Name

---

Phone numbers (including area code) HOME

WORK

CELL

---

**CAMP SOLACE 2009  
AUTHORIZATION FOR THIRD PARTY TO CONSENT  
TO TREATMENT OF PERSON LACKING CAPACITY TO CONSENT**

I \_\_\_\_\_ hereby authorize the staff of Camp Solace as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific, diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Family Code Section 6910.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MEDICALLY RELEVANT INFORMATION (please print)**

\_\_\_\_\_  
Name

M/F

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Allergies to drugs or food

\_\_\_\_\_  
Special dietary needs

\_\_\_\_\_  
Conditions for which minor is currently being treated

\_\_\_\_\_  
Current medications

\_\_\_\_\_  
Restrictions on activities

\_\_\_\_\_  
Primary Care Physician (*name and number*)

\_\_\_\_\_  
Insurance Company and Identification Number

**IN CASE OF EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone numbers (*include area code*) Home

Work

Cell