



CAMP RAY OF HOPE Registration Form



If you or your family wish to attend Camp Ray of Hope, please complete the form and return it with a **non-refundable deposit** of \$25.00 or \$40.00 (please see next page) to our office. The deposit will be applied toward your registration fee. **The balance is due by September 6, 2019.**

Name of family member (first & last)	Date of Birth	Relationship to deceased
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Use separate piece of paper if additional space is necessary)

Street: _____ City: _____ State: _____ Zip: _____

Phone: (H/C) _____ (W) _____ Emergency Contact _____

Any camper health concerns/special needs? _____

Name of deceased _____ Cause of Death _____ Date of Death _____

☐ Enclosed is my registration fee of \$ _____. *Make checks payable to: HVWA / CROH.*

I will be spending the night at Pine Tree Camp ☐

(Cost for the weekend is \$60.00 per person \$120.00 for a family of two \$180.00 for a family of three or more).

I will NOT be spending the night at Pine Tree Camp ☐

(Cost for the weekend is \$40.00 per person \$70.00 for a family of two \$100.00 for a family of three or more).

☐ I am interested in available scholarships. *Please fill out form on reverse side*

☐ I will not be attending Camp Ray of Hope but wish to sponsor a family. Enclosed is a \$ _____ donation.

☐ Please charge registration fee of \$ _____ to my: ☐ Visa ☐ Master card

Card Number: _____ Exp. Date: _____

V-code: _____ (3-digit number on back of card)

Signature: _____ Date: _____

Confidentiality Statement: We/I understand that **Camp Ray of Hope** provides a peer support group setting and does **NOT** offer therapy.

We/I understand that the support group facilitators are not licensed counselors, but are trained volunteers.

We/I understand **Camp Ray of Hope** volunteers will honor confidentiality except in a case that a participant's or another person's safety is threatened.

Camper (s), parent(s) or guardians(s) please sign below if you understand and agree with the above statement. This release will remain in effect as long as I/we remain involved with Hospice Volunteers of Waterville Area's **Camp Ray of Hope**.

Signature: _____ Printed Name: _____ Date: _____

Parent or Guardian Signature (if under 18 yrs): _____ Printed Name: _____ Date: _____

Waiver: In signing this registration, I, the undersigned, and if under the age of 18, my parents or guardians, intending to be legally bound, hereby waive and release any and all rights and claims for damages, which I, my child, ward or heir, and our parents, guardians, heirs, executors, and assigns may have against Hospice Volunteers of Waterville Area, the City of Waterville, the County of Kennebec, as well as any other person, entity or sponsor connected with the event for any and all injury, misadventure, harm, loss, or damage which I, my child, ward or heir suffer or sustain as a result of participation in the **Camp Ray of Hope** annual retreat.

Signature: _____ Printed Name: _____ Date: _____

Parent or Guardian Signature (if under 18 yrs): _____ Printed Name: _____ Date: _____

Photo Release: Pictures of our weekend at **Camp Ray of Hope** will be viewed on Facebook and our website. Our photographer will be on site all weekend taking candid shots. In consideration of your privacy, the pictures will be taken during outdoor activities or large group gatherings, and not during private group sessions. Pictures may also be used to publicize future events for Hospice Volunteers of Waterville Area. If you agree with the above, and we have permission to take pictures of you and your family at **Camp Ray of Hope**, please sign below. I grant full permission for organizers to use photographs, videos, or audio of me for promotion of this event.

Signature: _____ Printed Name: _____ Date: _____

Parent or Guardian Signature (if under 18 yrs): _____ Printed Name: _____ Date: _____

Mail registration form to:
CAMP RAY OF HOPE
Hospice Volunteers of Waterville Area
304 Main Street
Waterville, ME 04901