

Camp Lloyd Registration Form

Camper Information

Name (Last, First, M.I.): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Gender (Circle): Male Female Camper Type (Circle): Commuter Resident

Roommate Request: _____

Birth Date: ____/____/____ Tee Shirt Size (Circle): YS YM YL S M L XL 2XL 3XL

School Attending Fall 2019: _____

Grade Level Fall 2019: _____ Graduation Year: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-Mail: _____

Parent Phone: _____

Camper Cell Phone: _____

Religious Affiliation: _____

Who does the camper live with? _____

How Did You Hear About UWGB Summer Camps? _____

If attended previously, which years did you attend? _____

If anyone will be picking up the camper who is not a parent/guardian, please list their name and relationship below:

PHOTO RELEASE

I understand that the University may take photographs and/or video footage of camp participants and activities. I agree that the University of Wisconsin-Green Bay shall be the sole owner of this content and may use such photographs and video relating to the promotion of future camps.

Parent/Guardian Signature: _____ Date: ____/____/____

LIABILITY STATEMENT

The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System and the University of Wisconsin-Green Bay, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of children of the undersigned in the UW-Green Bay Summer Camps program.

Parent/Guardian Signature: _____ Date: ____/____/____

Commuter Camp Fee \$79: _____

Send to: UWGB Summer Camps, CL 109
2420 Nicolet Drive
Green Bay, WI 54311

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Name of the person who died: _____

How was the person related to the child: _____

What was the cause of death? _____

Date the death occurred: ____/____/____

Age of child when death occurred: _____

Where did the person die? _____

Was the child present at the time of death? _____

Did the child attend the funeral? What was the reaction to the service?

Has the child received any professional support? _____

If yes, is support still being provided? _____

If counseling is no longer in progress, how long was the period of support provided? _____

Who provided the support? _____

List the name and contact information of any professional currently providing support: _____

Please explain how the child indicates that they are still grieving: _____

Have there been multiple deaths of loved ones experienced by this child? _____

If yes, describe the nature of the deaths and the child's relations to others who have died: _____

Have there been any other changes in the child's life (divorce, remarriage, relocation, illness)? _____

Is there anything else you would like us to know about your child to ensure a great camp experience? _____

Please circle the areas of concern:

Getting Homework Done	Using Bad Language	Disruptions in Class	Daydreaming	Not Getting Along with Classmates
Not Paying Attention	Cannot Concentrate	Overly Tired or Sleepy	Dropping out of School	Grades Dropping
Skiping School	Absences From School	Dreams about Deceased	Dreams about Death	Recurring Dreams
Nightmares	Afraid of the Dark	Afraid of Death	Afraid of other Parent dying	Afraid of someone breaking in at night
Afraid of New Experiences	Afraid of Loud Noises	Relationship with Siblings	Relationship with with Parents	Eating Problems
Sleeping Problems	Somatic Complains (headaches, stomach aches)	Withdrawal from Activity	Crying Frequently	Increased Anger
Feels Responsible for Death	Looking Sad	Talking about Dying	Clinging Behavior	Thumb Sucking
Refusing to talk about Deceased	Bed Wetting	Baby Talk	Behavior "too good"	Excessive Activity Level
Frequent Fighting	Lack of Interest in with friends	Decrease in Phone Calls friends	Giving Away Belongings	Ritualistic Behavior

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