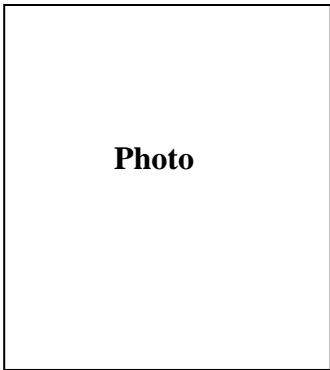




CAMP AMANDA  
**CHILDREN and TEENS AGES 6 TO 17**  
REGISTRATION FORM



Please circle the camp date of your choice  
**APRIL 18-19, 2009** Story City, IA  
**SEPTEMBER 26-27, 2009** Indianola, IA

A separate form must be filled out for each person attending camp. Feel free to duplicate this form as needed.  
Please complete this application in ink. All applications will be processed only when the following (3) items are received.

1. Application Form
2. Recent Photo
3. \$35.00 Registration Deposit per Person (Refundable).

**Incomplete registrations will not be processed.**

Today's Date \_\_\_\_\_

Child/Teen's last name \_\_\_\_\_ Parent's last name, if different \_\_\_\_\_

Child/Teen's first name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Child/Teen's address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_ Name of Child/Teen's School and Grade: \_\_\_\_\_

Parent Phone Numbers:

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Emergency # ( ) \_\_\_\_\_

**Child/Teen's T-shirt size:**

**Youth Size:** Medium (10-12) \_\_\_\_\_ Large (14-16) \_\_\_\_\_

**Adult Size:** Small (34-36) \_\_\_\_\_ Medium (38-40) \_\_\_\_\_ Large (42-44) \_\_\_\_\_ X-Large (46) \_\_\_\_\_ XXL \_\_\_\_\_

Name wished to be printed on camp nametag, if other than formal given name: \_\_\_\_\_

First and Last name of person who died: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Birth date of person who died \_\_\_\_\_ Age at time of death \_\_\_\_\_ Date of death \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Did camper witness death? \_\_\_\_\_ Explain: \_\_\_\_\_

Did camper live with the person who died? \_\_\_\_\_ Please describe their relationship \_\_\_\_\_

Specific concerns or pertinent information such as inappropriate or aggressive behaviors or incidents, re-marriage, relocation of camper after death to another community, additional losses, difficulty in school or in relationships with others, etc. Please explain:

Are you concerned about job security or finances at this time? Please explain.

How did you hear about Camp Amanda? Were you referred by a friend, school, funeral home, hospice, etc? Please state name and town where located, and the name of the specific person who referred you, if you know it.

What are your expectations of Camp Amanda? \_\_\_\_\_

Please describe your child/teen's personality, character traits, likes/dislikes, hobbies, interests, etc. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ of other children and adults living in your home: \_\_\_\_\_

Has your child/teen been in any support groups or counseling? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Any health problems, allergies, or medications? \_\_\_\_\_

Amanda Cares, Inc. has my permission to:

Use any photos taken of my child at Camp Amanda for brochures, slide 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 \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Are you attending **Parent Camp** this weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

*There is no fee to families to attend Camp Amanda, only a token reservation deposit which is totally refundable.*  
**To reserve your space at Camp Amanda, we require a refundable \$35 camp reservation DEPOSIT per person - not to exceed \$100.00 per family living at same address. Your check or money-order will be returned to you, uncashed, if you attend. If you do not attend camp after you have registered, your reservation deposit is forfeited. For your application to be processed, we must receive an application form for each person, a recent photo of each person (for security purposes), and your refundable deposit not to exceed \$100 per family living at the same address. Incomplete applications will not be processed.**

**Space is limited and registrations are accepted in the order received. Apply early to ensure availability.**

Mail your completed registrations form(s), photo and \$35 refundable deposit per person to:

Charlie Kiesling, Camp Director, **Camp Amanda, 1000 73rd St. Suite 12, Des Moines, IA 50311**

Phone (515) 223-4847 FAX (515) 223-4782 ♠ e-mail: [charlie@amandathepanda.org](mailto:charlie@amandathepanda.org) ♠ Website: [www.amandathepanda.org](http://www.amandathepanda.org)

**PLEASE NOTE: THE ADULT CAMP AND THE CHILDREN'S/TEEN'S CAMP ARE ENTIRELY SEPARATE CAMPS. CHILDREN AND TEENS WILL BE SLEEPING IN SEPARATE CABINS FROM THEIR PARENTS. MARRIED COUPLES WILL ALSO BE SLEEPING APART DUE TO LIMITATIONS OF CABINS AND BUNK BEDS.**