



# Camp C.O.P.E. Registration

## WHAT IS CAMP C.O.P.E.®?

Our camp is designed to help our young heroes to better cope with the effects of war, deployments and the sacrifices they are asked to make every day.

At Camp C.O.P.E.® children are provided age-appropriate therapeutic interventions in small groups of their peers, who have had similar experiences. The interventions are both direct and indirect, according to their comfort level, and are tailored to help them cope better emotionally.

## FAMILY REGISTRATION INSTRUCTIONS

- Fill out pages 1, 2, 3, and 4 for your family (just one copy)
- Fill out pages 5, 6, and 7 for each member in your family attending camp.
- You have 4 options for returning your registration packet:  
(we suggest retaining a copy of the completed forms for your records.)
  1. Scan and email the forms to [campcope@yahoo.com](mailto:campcope@yahoo.com)
  2. Fax forms to 214.824.3777
  3. Mail your forms to Camp C.O.P.E. 6119 Greenville Ave #625 Dallas, TX 75206
  4. Drop off your forms at the on-site locations:

Please Circle the location that you are registering for:

<b><u>Ft. Sam Houston/BAMC, TX</u></b>	<b><u>Ft. Carson, CO</u></b>	<b><u>Ft. Hood, TX</u></b>	<b><u>Ft. Belvoir, VA</u></b>
<b>Robert G. Cole High School</b>	<b>November, 2011</b>	<b>January, 2012</b>	<b>March, 2012</b>
<b>September 17, 2011</b>	<b>School</b>	<b>School</b>	<b>School</b>
<b><u>Onsite drop off location:</u></b>	<b>Onsite drop off location:</b>	<b>Onsite drop off location:</b>	<b>Onsite drop off location:</b>
1. Ft. Sam Houston Elementary School - Counseling office	(Attn: )	(Attn: )	(Attn:)
2. Cole Middle School - Front Office			
3. Robert G. Cole High School – Front Office			
4. Warrior Family Support Center BLDG 3628 Rawley Chamber FSH, TX. 78234			

- You will receive an email confirmation within one week of Camp C.O.P.E. receiving your registration form. Space is limited so register soon!
- If you have not received your confirmation call/email within two weeks of turning in your form please call Camp C.O.P.E. or email at [campcope@yahoo.com](mailto:campcope@yahoo.com)



# Camp C.O.P.E. Registration

## **Informed Consent Statement/ Agreement for Researchers to Use Information**

This registration packet asks you to supply information that may be used to research Camp C.O.P.E.'s effectiveness and the effects that service member deployments, injury, and/or death have on children and families. Camp C.O.P.E. also sends follow-up surveys three months after Camp. ***Your participation in this research is entirely voluntary and your child(ren) may attend the camp without your information being included in the research component.***

The registration packet asks you to provide demographic information for you and your family. Additionally, there are three survey instruments that ask you to describe your family's and your child's behaviors and coping skills. This information is used to improve Camp C.O.P.E. activities, and to understand the struggles faced by children and families of deployed, injured, and/or fallen service members. No one in your family, including your child(ren), will be identified by name. ONLY demographic information (age, sex, ethnicity, service member branch of service and rank, etc.) will be used by the researchers. No identifying information or health information will be shared with the researchers.

By signing your consent below, you give permission for the demographic and survey information on this form to be used for this research. If you have questions about this research and how any information will be used, please ask Camp C.O.P.E. staff (Sarah Bravo or Elizabeth Reep) or email or call the researchers at the contact numbers listed below. Thank you for consideration.

**I give permission for the information on this form to be used for research purposes.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*If you have questions about this research and how any information will be used, please email or call Christine Ward, Ph.D., at [caward@odu.edu](mailto:caward@odu.edu) or 757-683-6988, or Melissa Alvarado, Ph.D., at [Melissa.Alvarado@utb.edu](mailto:Melissa.Alvarado@utb.edu) or 956-882-7880.*

**BOB WOODRUFF FAMILY FOUNDATION**

We are able to provide this camp free of charge thanks to generous sponsors. The Bob Woodruff Family Foundation ([www.remind.org](http://www.remind.org)) has given Camp C.O.P.E. the funding to bring this opportunity to your family. On occasion The Bob Woodruff Family Foundation will contact families if Bob or Lee Woodruff are going to be in the area and they may invite them to functions. This year they brought in families for their annual gala in NYC and DC for a Marine Parade that honored Bob. By signing below you give permission for The Bob Woodruff Family Foundation to contact your family; they will **never** release your information to a 3<sup>rd</sup> party.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**CAMP C.O.P.E. RELEASE AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, a competent adult, acknowledge that the Camp C.O.P.E. is providing services for me and my family on or about \_\_\_\_\_ **(Date of camp your family is attending).**

In consideration of the benefits arising to me from these activities, I hereby agree to and shall indemnify and hold harmless the Camp C.O.P.E., its officers, agents, employees and trustees, from suit, and liability of every kind and nature, including all expenses of litigation, court costs, and attorney's fees, for any injury or damage which I or any other person might sustain as a result of Camp C.O.P.E. allowing me to participate in this activity. I hereby expressly waive all claims for medical expenses, loss of services, or any other claims to which I may otherwise be entitled.

I acknowledge that I have read the foregoing Release and that I understand it. I hereby agree that I shall be bound by the terms of this Release.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**ADULT PROGRAMS AT CAMP**

While your children are attending camp, we have a few options for you to participate in during the day. ***They are going on simultaneously and you will only be able to attend one.***

Please circle the program that you would be most interested in attending:

Military Relationship Enrichment	YES or NO, I will drop my child off and leave
Military Parenting Support	YES or NO, I will drop my child off and leave

If you are planning on attending an adult seminar at camp and you would like to utilize the childcare option, **Please list the names and ages of your children under the age of 4 years old.**

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_ Child 2: \_\_\_\_\_ Age: \_\_\_\_\_ Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

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**FAMILY AND SERVICE MEMBER INFORMATION**

Parent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

We will communicate via e-mail so please print your email very clearly.

Relatives	Name	Age	Grade	Attending Camp?	Special Needs/Information:
Father				Yes No	
Mother				Yes No	
Child 1				Yes No	
Child 2				Yes No	
Child 3				Yes No	
Child 4				Yes No	
Child 5				Yes No	
Any other significant person?				Yes No	

Name of Wounded Service Member: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank of Service Member: \_\_\_\_\_

Date(s) of Deployment(s): \_\_\_\_\_

Circumstance of injury: \_\_\_\_\_

Type of Injury:

\_\_\_ TBI    \_\_\_ PTSD    \_\_\_ Wheel Chair Confined    \_\_\_ Amputation    \_\_\_ Blindness

Other: \_\_\_\_\_

Any significant changes in the home since the injury: (moved, new school, change in income, etc.): \_\_\_\_\_

**INDIVIDUAL CAMPER INFORMATION**

Please complete pages 5, 6, and 7 for ***EACH FAMILY MEMBER*** that will attend Camp COPE®

Child's Name: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade in School: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Relationship to the wounded service member (mother, father, etc.) \_\_\_\_\_

What concerns do you think this child has because of the injury? \_\_\_\_\_

Has this child attended a Camp C.O.P.E. before? If yes, when? \_\_\_\_\_

**PARTICIPATION AGREEMENT**

I give permission for my child(ren) listed below to participate in the activities of Camp C.O.P.E. ® I understand that these activities are therapeutic in nature and are designed to teach my child(ren) coping skills and help them adjust to changes in our family.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDIA RELEASE**

In consideration of my attendance at Camp C.O.P.E., upon the terms herewith stated, I, \_\_\_\_\_ hereby give to Camp C.O.P.E. ® legal representatives and assigns, those for whom Camp C.O.P.E. ® is acting, and those acting with his/her authority and permission:

a) the unrestricted right and permission, without further compensation, to copyright and use, re-use, publish, and republish photographic portraits or pictures of me, sound clips or video clips, in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I am under the age of (18), and the signature of my parent/legal guardian below affirms this release in its entirety.

I certify that I am the parent/legal guardian of the above named individual, and agree to all terms set forth in the above document on behalf of that same individual. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof and give permission for myself and my children/dependents for whom I am completing this form. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Printed name of parent/guardian: \_\_\_\_\_

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Date:

**HEALTH HISTORY AND PRIVACY STATEMENT**

Child's Name: \_\_\_\_\_ Person Completing this Form: \_\_\_\_\_

Emergency Contact Other than Parents/Guardians \_\_\_\_\_

Alternate/Cell Phone \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check all of the illnesses/injuries/conditions that have occurred in the past 6 months:

Asthma                       Bleeding/clotting disorder                       Heart Defect/Disease  
 Allergies                       Diabetes                       Seizures

Please provide explanations for any checked boxes: \_\_\_\_\_  
\_\_\_\_\_

Are there any other medical conditions that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

**Allergies**- Please list all known and describe reaction:

Allergies to medication: \_\_\_\_\_ Reaction \_\_\_\_\_

Allergies to food: \_\_\_\_\_ Reaction \_\_\_\_\_

Other Allergies: \_\_\_\_\_ Reaction \_\_\_\_\_

Has your child required an epi pen in the past? \_\_\_\_\_

**Medications**- Medications to be taken during camp need to be brought to camp in their original container accompanied by signed instructions from parent/guardian including dosage and time taken.

**Please list medications being taken on a regular basis and the reason.**

Prescription Medications: \_\_\_\_\_ Reason \_\_\_\_\_

Over the Counter Medications: \_\_\_\_\_ Reason \_\_\_\_\_

*\*\*\*The day camp staff is not permitted to administer any medication without the above information.*

**Please list any restrictions to food or activity for your child.**

\_\_\_\_\_  
\_\_\_\_\_

**Please share any other information you feel the camp staff should have about your child's physical, emotional, or mental health:** \_\_\_\_\_  
\_\_\_\_\_

**My signature below indicates:**

I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission for my child to receive emergency medical treatment as needed. My child may participate in all camp activities unless otherwise noted. All information given is complete and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SURVEY OF CHILD’S AFFECTIVE BEHAVIORS\***

The following are questions about your child.

Mark how well each item describes your child in the past week:

Circle the (0) if the item is not true or rarely true of the child.

Circle the (1) if the item is somewhat to sometimes true of the child.

Circle the (2) if the item is very true or often true of the child.

Please don’t skip any, even if you’re not sure.

	0 = Not true/ Rarely true	1 = Somewhat/ Sometimes True	2 = Very true/ Often true
1. Difficulty concentrating	0	1	2
2. Mood swings	0	1	2
3. Thinks of bad memories	0	1	2
4. Spaces out	0	1	2
5. Feels too guilty	0	1	2
6. Anxious	0	1	2
7. Irrational fears	0	1	2
8. Repeats the same game or activity	0	1	2
9. Clings to adults	0	1	2
10. Avoids former interests	0	1	2
11. Fights	0	1	2
12. Bossy with Peers	0	1	2
13. Sad or depressed	0	1	2
14. Hyper-alert	0	1	2
15. Feels picked on	0	1	2
16. Gets in trouble	0	1	2
17. Worries	0	1	2
18. Fearful	0	1	2
19. Withdrawn	0	1	2
20. Nervous	0	1	2
21. Startles easily	0	1	2
22. Irritable	0	1	2
23. Quick temper	0	1	2
24. Argues	0	1	2
25. Secretive	0	1	2
26. Doesn’t care anymore	0	1	2
27. Difficulty sleeping	0	1	2
28. Nightmares or bad dreams	0	1	2
29. Stomach aches	0	1	2
30. Headaches	0	1	2
32. Wets bed	0	1	2
33. Eating problems	0	1	2

\* Parent Report of Posttraumatic Symptoms (PROPS) © Ricky Greenwald, 1997, reprinted with permission from publisher