



# 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.

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## FAMILY REGISTRATION INSTRUCTIONS

- Fill out pages 2, 3, 4, and 5 for your family (just one copy)
- Fill out pages 5, 6, 7 and 8 for each member in your family attending camp.
- You have 4 options for returning your registration packet:
  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. 3521 Oaklawn Ave. #101 Dallas, TX 75219
  4. Drop off your forms at the on-site locations:

### **Camp Pendleton, CA**

San Onofre School  
200 Pate Road  
San Clemente, CA 92672

Or

Children Youth and Teens Programs,  
Box 555020 Bldg. 13150,  
Camp Pendleton, CA 92055-5020

- 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)

**FAMILY INFORMATION**

Parent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Relatives	Name	Age	Grade	Special Needs/Information:
Father				
Mother				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Any other significant person?				

Name of Fallen Service Member: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

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

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

Circumstance of Loss: \_\_\_\_\_

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

Some of the information you supply on this form may be used for research purposes. No one in your family, including your child(ren) will be identified by name; only group information will be used. However, participation in research is voluntary and your child(ren) may attend the camp without your information being included in the research component. By participating other children and families may benefit from research findings.

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

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

\_\_\_\_\_  
 Date

*If you have questions about Camp C.O.P.E.® including how any information will be used, please email or call 214.991.COPE (2673)*

**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

**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 my self 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

**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 3 years old.

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

**Circle the category below that best represents your family's total income for the last year:**

- Less than 10,000     
  10,000-15,999     
  16,000 – 19,999     
  20,000-29,999     
  30,000-39,999  
 40,000-49,000     
  50,000-74,999     
  75,000-99,999     
  100,000 or more

Below are some questions about your family. Please read each statement and decide to what degree each describes your family.

Is the statement False (0), mostly false (1), Mostly true (2), or Totally True (3) about your family?

Circle a number 0 to 3 to match your feelings about each statement. Please respond to each and every statement.

In our family . . .	False	Mostly false	Mostly true	Totally true	Not applicable
1. Trouble results from mistakes we make.	0	1	2	3	NA
2. It is not wise to plan ahead and hope because things do not turn out anyway.	0	1	2	3	NA
3. Our work and efforts are not appreciated no matter how hard we try and work.	0	1	2	3	NA
4. In the long run, the bad things that happen to us are balanced by the good things that happen.	0	1	2	3	NA
5. We have a sense of being strong even when we face big problems.	0	1	2	3	NA
6. Many times I feel I can trust that even in difficult times things will work out.	0	1	2	3	NA
7. While we don't always agree, we can count on each other to stand by us in times of need.	0	1	2	3	NA
8. We do not feel we can survive if another problem hits us.	0	1	2	3	NA
9. We believe that things will work out for the better if we work together as a family.	0	1	2	3	NA

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**INDIVIDUAL CAMPER INFORMATION**

Please complete pages 3, 4, 5 and 6 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 fallen service member (mother, father, etc.) \_\_\_\_\_  
What concerns do you think this child has because of the loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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

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**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. 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:

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Heart Defect/Disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> 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 \_\_\_\_\_

**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 = None	1 = Some	2 = Lots
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. Stomachaches	0	1	2
30. Headaches	0	1	2

**For this last set of questions about your child, Please (1) circle the number describing how often the behavior currently occurs with your child, and (2) circle either “yes” or “no” to indicate whether the behavior is currently a problem.**

	How often does this occur with your child?							Is this a problem for you?	
	Never	Seldom	Some-times	Often	Always			Yes	No
1. Dawdles in getting dressed	1	2	3	4	5	6	7	Yes	No
2. Dawdles or lingers at mealtime	1	2	3	4	5	6	7	Yes	No
3. Has poor table manners	1	2	3	4	5	6	7	Yes	No
4. Refuses to eat food presented	1	2	3	4	5	6	7	Yes	No
5. Refuses to do chores when asked	1	2	3	4	5	6	7	Yes	No
6. Slow in getting ready for bed	1	2	3	4	5	6	7	Yes	No
7. Refuses to go to bed on time	1	2	3	4	5	6	7	Yes	No
8. Does not obey house rules on own	1	2	3	4	5	6	7	Yes	No
9. Refuses to obey until threatened with punishment	1	2	3	4	5	6	7	Yes	No
10. Acts defiant when told to do something	1	2	3	4	5	6	7	Yes	No
11. Argues with parents about rules	1	2	3	4	5	6	7	Yes	No
12. Gets angry when doesn't get own way	1	2	3	4	5	6	7	Yes	No
13. Has temper tantrums	1	2	3	4	5	6	7	Yes	No
14. Sassses adults	1	2	3	4	5	6	7	Yes	No
15. Whines	1	2	3	4	5	6	7	Yes	No
16. Cries easily	1	2	3	4	5	6	7	Yes	No
17. Yells or screams	1	2	3	4	5	6	7	Yes	No
18. Hits parents	1	2	3	4	5	6	7	Yes	No
19. Destroys toys and other objects	1	2	3	4	5	6	7	Yes	No
20. Is careless with toys and other objects	1	2	3	4	5	6	7	Yes	No
21. Steals	1	2	3	4	5	6	7	Yes	No
22. Lies	1	2	3	4	5	6	7	Yes	No
23. Teases or provokes other children	1	2	3	4	5	6	7	Yes	No
24. Verbally fights with friends	1	2	3	4	5	6	7	Yes	No
25. Verbally fights with siblings	1	2	3	4	5	6	7	Yes	No
26. Physically fights with friends	1	2	3	4	5	6	7	Yes	No
27. Physically fights with siblings	1	2	3	4	5	6	7	Yes	No
28. Constantly seeks attention	1	2	3	4	5	6	7	Yes	No
29. Interrupts	1	2	3	4	5	6	7	Yes	No
30. Is easily distracted	1	2	3	4	5	6	7	Yes	No
31. Has short attention span	1	2	3	4	5	6	7	Yes	No
32. Fails to finish tasks or projects	1	2	3	4	5	6	7	Yes	No
33. Has difficulty playing alone	1	2	3	4	5	6	7	Yes	No
34. Has difficulty concentrating	1	2	3	4	5	6	7	Yes	No
35. Is overactive or restless	1	2	3	4	5	6	7	Yes	No
36. Wets the bed	1	2	3	4	5	6	7	Yes	No

***Thank You Very Much!***

Please return your form to Camp C.O.P.E.®

3521 Oak Lawn Ave #101, Dallas, TX 75219

Fax: 214. 824. 3777 Phone: 214. 991. COPE (2673)

**E-mail: [campcope@yahoo.com](mailto:campcope@yahoo.com)**

You will receive an email confirmation within a week of submitting your registration form.

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