

## **Camp SOUL Information**

Saturday, October 12, 9am-Sunday, October 13, 12pm 2019

Camp SOUL (supporting others, understanding loss) is made possible thanks to the generosity of individual donors, The Porcupine Foundation, The Kubly Foundation and the YMCA of Metropolitan Milwaukee and in partnership with Kyle's Korner (The Reiman Center for Grieving Children, Teens and Their Families). Camp SOUL was born out of the desire to serve children ages 7-17 who are grieving due to the loss of a loved one and to bring them together with other children who can understand and support each other while having a fun and relaxing time at camp.

Camp SOUL is held at YMCA Camp Minikani located just 30 minutes north of Milwaukee at 875 Amy Belle Road in Hubertus. All campers stay in heated cabins with access to a bath house with showers located inside. Campers are grouped according to age with several volunteer adult counselors resulting in no more than a 1:3 ratio. Counselors have been hand selected and represent a wide variety of backgrounds. Most of our volunteers have experienced the loss of a loved one themselves and all are wonderful, empathetic people who work to ensure the kids in their group have an amazing experience at camp.

Children who attend Camp SOUL will participate in a wide variety of activities. Most activities, like rock climbing, archery, sports and boating are designed to provide fun, traditional camp experiences. Some activities, such as arts and crafts and an evening candlelight ceremony allow campers to reflect on and share about their loved one while learning from the experiences of others. All activities are facilitated by trained staff and allow for each camper to have a safe and enjoyable weekend.

Due to the generosity of our funders, Camp SOUL is provided **FREE of CHARGE** to all eligible children. All activities, meals and lodging are included. Campers should plan to bring bedding (sleeping bag and pillow), toiletries and clothes appropriate for October in Wisconsin! A packing list and schedule will be provided to all families prior to the weekend.

Please Note: Parents, in order to continue the great conversations that begin at Camp SOUL and to provide your family with available resources and connections to other families, we ask that all parents arrive at Camp at 10am on Sunday for a parent session. Check out will follow with the campers at noon.

**We are looking forward to spending time with your child and  
building a great relationship with your family!**

# 2019 Camp SOUL Camper Application

(Supporting others, Understanding loss)

## Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Gender: M F

Please note any Special Needs/Medications/Allergies: \_\_\_\_\_

Special Dietary Concerns: \_\_\_\_\_

## Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

How did you hear about Camp SOUL? \_\_\_\_\_

Name and age of person who died and relation to camper: \_\_\_\_\_

Date and Cause of death: \_\_\_\_\_

Was the death anticipated or unanticipated \_\_\_\_\_

Please describe their relationship: \_\_\_\_\_

Has the child made any expression of goodbye to the deceased? Y N If yes, please describe: \_\_\_\_\_

## Challenges your child or family are experiencing

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol or Drug Usage     | <input type="checkbox"/> Change in eating habits | <input type="checkbox"/> Change in academic status                       |
| <input type="checkbox"/> Inappropriate Behaviors   | <input type="checkbox"/> Suicidal thoughts       | <input type="checkbox"/> Isolation from family/friends                   |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Physical complaints     | <input type="checkbox"/> Bedwetting                                      |
| <input type="checkbox"/> Aggression                | <input type="checkbox"/> Lack of energy          | <input type="checkbox"/> Change in family status<br>(divorce/remarriage) |
| <input type="checkbox"/> Change in sleeping habits | <input type="checkbox"/> Increased irritability  |  |

Please explain further any items above or other areas of concern we may not have asked about: \_\_\_\_\_

---

---

---

---

Has your child been in any support groups or sought counseling?      Y      N      If yes, please explain below:

\_\_\_\_\_

Camper's hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

Names and Ages of child's living brothers and sisters: \_\_\_\_\_

\_\_\_\_\_

Please describe your child and what you hope they will gain from a weekend spent with us at Camp SOUL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On Sunday, October 13, prior to the campers' departure from camp, we will have a special session for parents beginning at 10 a.m. How many adults will be in attendance at this session? \_\_\_\_\_

Camper Sweat shirt Size	<b>Youth</b>	Small	Medium	Large		
	<b>or</b>					
	<b>Adult</b>	Small	Medium	Large	X-Large	

By signing below, I, the parent/guardian certify approval of good health of the camper, and in the event that I cannot be reached in an emergency, authorize the YMCA health care staff/volunteers to render first aid; give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named in this application. I give permission to camp health officer/doctor to dispense over-the-counter products (Tylenol, cough syrup, etc.) and prescriptions as needed. Prudent attempts will be made to contact parents immediately. I agree to release the YMCA of Metropolitan Milwaukee from any liability for the risk of illness, accidents or injury. I grant permission for the applicant to participate in all planned camp activities including high adventure elements, biking, canoeing, hiking, horseback riding and as available. The YMCA is not responsible for lost, stolen or damaged articles. I also authorize the YMCA and its partners to have and use photographs and video of the person named in this application as may be needed for its public relations programs and social media sites. I give permission for the child named to be transported by van or hired bus company. I agree to waive claims against the YMCA and its members and volunteers to injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

In addition, myself and the camper named in this application understand that the Camp SOUL program is not intended to be used as a substitute for physician or psychiatric care. Participants understand that by enrolling they are agreeing to take part in the weekend voluntarily and remain responsible for their own physical and emotional choices.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to YMCA Camp Minikani at 875 Amy Belle Road, Hubertus, WI 53033  
or scan to [Minikani@ymcamke.org](mailto:Minikani@ymcamke.org). For questions please contact us at 262-251-9080.