

**Registration for Camp LIVIN open from
March 1-May 1, 2019.**

When: May 31-June 2, 2019
Where: Camp Courage
8046 83rd St NW, Maple Lake, MN 55358

Camp LIVIN was created as way to provide Help, Hope, and Hugs to those who have lost a caregiver/parent to suicide. As part of the LIVIN Foundation, a 501c3 non-profit, we work to promote a positive outlook on life, reduce the stigma associated with depression and mental illness, & ultimately hope to prevent suicide.

We invite you to join us and other families who have faced a similar loss for a fun, memorable weekend at Camp Courage in Maple Lake, MN. Bring those closest to you to enjoy nature hikes, high ropes course, swimming, waterfront, campfires, and more in the beautiful surroundings of Camp Courage.

Included in this packet: criteria, general packing list and registration

Please contact us at camp@livinfoundation.org for questions.

Camp LIVIN Criteria

Mission Statement:

Camp LIVIN connects families who are grieving the loss of a parent/caregiver by suicide. We provide opportunities for you and your family to strengthen relationships, develop a support network, and encourage emotional healing in a fun, supportive environment

WHO:

- Families who have lost a parent/primary caregiver to suicide and would benefit from a supportive camp environment as they cope with the loss
- Families who would like to connect with others who have experienced a similar loss

FAMILY:

- Camp LIVIN welcomes all family members (minimum of 2, and max of 10 members per family).
- Family is whoever you define it to be.
- Minimum age is 6 years old unless otherwise pre-approved by the Camp Director(s).
- Recreational activities are best suited for people over age 6.
- Campers under 18 must be accompanied by a parent/guardian or adult who is over 21.

IS CAMP RIGHT FOR ME?

- Camp LIVIN is most appropriate for families who are currently in therapy or have participated in therapy in the past.
- Camp LIVIN does not provide therapy but many of the activities could be considered therapeutic. All participation is voluntary.
- Camp LIVIN is appropriate for a loss that occurred at least 6 months ago (prior to November 2018)
- Transportation is NOT provided.

EXPECTATIONS

- Families will acknowledge the individual, the different ways people grieve and be respectful to everyone at camp.
- Families will respect the private and confidential nature of camp.
- Families can expect a safe environment where they can participate in activities together and explore their grief as desired.
- Activities will include high ropes course, nature hiking, arts and crafts, swimming, waterfront, campfires, and small group activities.
- Onsite volunteers will include mental health professionals to provide support and resources as needed.

COST:

- The cost per family (of 5) is a registration fee of \$50. If you would like to register more than 5 members, two registrations are required (Financial assistance is available if needed). Min 2 members, Max 10 members.
- The low cost of Camp LIVIN is made possible by our generous sponsors so it is affordable and accessible for all families.

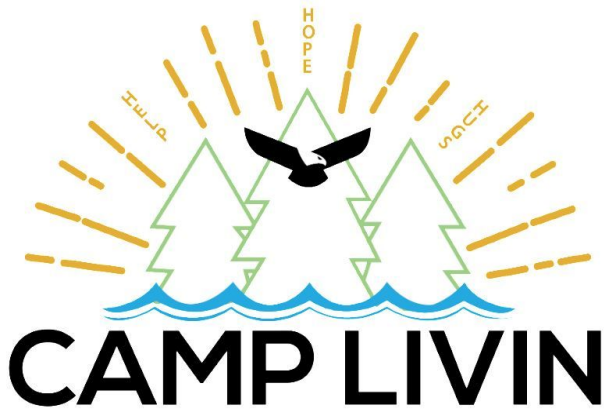
PACKING LIST

What to Bring to Camp:

1. Clothes for three days remembering that if you get wet or messy, you may need an extra change of clothes. Temperatures in May typically vary so plan on warm days and cool nights.
2. Swimsuit and towel for pool and waterfront activities.
3. Comfortable shoes including a pair of closed toed shoes! Camp is big and we will do a good amount of walking. **Closed toed shoes are required for all challenge course activities**
4. Bring appropriate sleeping attire.
5. Bedding – you will each have a bed that has a twin sized mattress on it. You will need Sheets, Blanket, and pillows for each person attending. You can also use a sleeping bag instead of sheets.
6. Towels and washcloths for each person attending.
7. Toiletries: soap, shampoo, brush/comb, toothpaste, toothbrush, sunscreen, insect repellent, Chap Stick etc.
8. Flashlights and batteries (optional but handy)
9. Spending money for the Camp store and vending machines (optional)
10. Snacks and/or drinks, including reusable water bottles. LIMITED STORAGE!
11. Any medications that you may need. Please note it will be requested that you lock up any medications you bring along and appropriate storage areas will be provided. If you have medicines that need refrigeration, please let us know as soon as possible!

DO NOT bring weapons of any kind to camp. Knives, fire arms, valuable jewelry, expensive cameras, your pets, radios, etc. do not belong at camp. The LIVIN Foundation and Camp Courage are not responsible for loss or damage to your personal items.

As camp approaches, we will send an informational packet with all the details you'll need to prepare for a great weekend, including updates, last minute changes, and more items to pack.



Send completed application to:
 LIVIN Foundation, 2168 7th Ave Box 652, Anoka, MN 55303
 OR camp@livinfoundation.org

Family's Last Name: _____ E-mail: _____
 Address: _____

Street _____ City _____ State _____ Zip _____

Phone: _____ Person completing application: _____

How did you hear about Camp LIVIN? _____

List names of those attending (include the person filling out this form if he/she is attending):

Name	Date of Birth	Relationship to Deceased	Special Dietary Needs Yes or No? If yes, please list.	T shirt size

Emergency Contact

Name _____ Phone _____ Relation _____

Family History

Name of Deceased _____ Age _____ When did they pass? _____

How has your family coped with your loss so far?

What kind of support have you received so far? (extended family, friends, school counselor, grief support groups, etc.)

Have you or any of your family members currently in therapy? Have you or any of your family members participated in therapy in the past? If so how long ago?

Is there any additional information you think would be helpful for us to know about your family to create a positive camp experience?

What are you hoping to get from the camp experience?

Please indicate any special accommodations that your family may need (accessibility, refrigerated meds, etc.)

Registration Fee: The low cost of Camp LIVIN is made possible by our generous sponsors so it is affordable and accessible for all families. Camp LIVIN requires a \$50 non refundable registration fee per family of 5. If you would like to register more than 5 individuals, please complete a second application and include an additional registration fee. Cash and credit card payments are accepted. Financial assistance is available. Please email us for more information

Financial assistance requested

Method of Payment:

Full payment of \$_____ enclosed. Check #: _____

Bill \$_____ To my: MasterCard VISA Discover American Express Credit Card

_____ Print name on card _____

Card Holder Billing Address _____

Expiration Date: _____ CVV Code: _____ (3 digit # on back of card)

When will I hear from Camp LIVIN about my registration?

Most applications are processed within three weeks. We do not guarantee acceptance through this process. Additional information may be required. If this time frame has passed, please contact our office at camp@livinfoundation.org

Photos and Funds Publicity Release: True Friends and the LIVIN Foundation use photographs, images or recordings of applicants for publication in brochures, email, website and various other media to promote services or to recruit volunteers and staff. The applicants named above MAY be included in these promotional materials unless you contact us prior to camp.

Release Signatures Attendance Release: I hereby give my permission for the applicants named above, to participate in True Friends (TF) and/or LIVIN Foundation sponsored and supervised programs. I certify that the information on the application is true, accurate and complete. TF and the LIVIN Foundation emphasize safety first; however participation in camp programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless TF, LIVIN Foundation and their employees, and agents.

Emergency Release: In the event that parent or guardian cannot be reached in an emergency I hereby give permission to the non-medical staff selected by TF or the LIVIN Foundation to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. I hereby give permission to the physician selected by TF or the LIVIN Foundation to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. TF and the LIVIN Foundation cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

(REQUIRED) _____
Signature of parent/guardian, applicant if own guardian, or authorized person Date signed

USE AGREEMENT FAMILY CAMP POLICIES

1. Use of alcohol and illegal drugs is prohibited at camp.
2. Use of tobacco products at camp is discouraged and only allowed in designated areas. Tobacco use inside any structures or outside designated areas is not allowed.
3. Firearms are prohibited on camp property.
4. All campers are expected to respect the trees, land, buildings and equipment. Individuals, families or groups registered will be held responsible for any damage to the grounds, property, building, and/or equipment.
5. Parents or designated caregivers are responsible for the supervision of their children at all times.
6. Domestic animals are not permitted at camp. Service dogs are welcome if they have been formally trained by a recognized service animal organization. Documentation of certification is required. Managing service animals is the responsibility of the caregiver.
7. Any recreational activity carries with it normal levels of physical risk. Any injuries to campers while participating in activities at camp are the responsibility of that camper or caregiver. Lifeguards must be on duty for all waterfront or pool activities. I understand and agree that my group will abide by these policies.

(REQUIRED) _____
Signature of parent/guardian, applicant if own guardian, or authorized person Date signed