



# Camp Sunrise



## Children's Bereavement Camp

Galilee Camp & Conference Center

August 28-30, 2009

Camp Sunrise is a **FREE** grief camp designed for children who have experienced the death of a family member. Children receive grief education and support through a variety of fun-filled activities and programs throughout the weekend. The camp begins late Friday afternoon and ends midday on Sunday.

**To receive a registration form for this year's camp, please call the Barton Hospital Foundation office at (530) 543-5614, pick up the form at the Foundation office at 2092 Lake Tahoe Blvd., Ste. 600, South Lake Tahoe, CA 96150 or go online at [www.bartonhealth.org/events](http://www.bartonhealth.org/events).**



*Entry to the camp is subject to an interview with a camp counselor. Interviews will be scheduled after receipt of a completed registration form. Residents of the South Lake Tahoe, Minden, Gardnerville and Carson Valley/City areas may apply.*



Barton Hospital Foundation is pleased to “Camp Sunrise”, a Children’s Bereavement Camp. We intend to offer your child positive direction in working through any bereavement issues and leave them with a positive outlook for the future. Camp Sunrise is founded on the understanding that every child deserves the opportunity to grieve in a safe, supportive and understanding environment. With loving support, children grieving can share their experience with acceptance as they move through the healing process. Support for parents and caregivers will further enhance the grieving child’s journey to health.

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## Camp Sunrise Registration Form

*Please fill out form and return by June 15, 2009 to:*

**Barton Memorial Hospital Foundation Office**  
**2092 Lake Tahoe Blvd., Suite 600, South Lake Tahoe, CA 96150**  
**Fax: (530) 541-2071**

Camper’s Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Parent’s Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Best Way to Contact Parent/Guardian:  Phone  Fax  E-mail \_\_\_\_\_  Other \_\_\_\_\_

How you heard about Camp Sunrise: \_\_\_\_\_

Name of Deceased & Relationship to Child: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Gender:  Male  Female

T-Shirt Size:  Small  Medium  Large  X-Large  Adult Large

**YES! (Check all that apply)**

- I am willing and desire my child/ward to participate in Camp Sunrise and authorize him/her to participate in camp activities including hiking and swimming.
- I further authorize my child/ward to receive emergency medical care as needed.
- Lastly, I authorize Camp Sunrise to use photographs of my child/ward in the promotion and publicity of Camp Sunrise with the understanding that my child/ward’s last name will be withheld.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)