



Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814  
Hozhoni@angelonmysoulder.org | 1-800-860-3431

We are very pleased to offer our annual Summer Camp Hozhoni which will take place the weekend after Labor Day at **Wisconsin Lions Camp, Rosholt**, Wisconsin.

This weekend retreat is for children who have experienced cancer and their families. Our goal is to offer fun summer activities to our families while providing them with opportunities to share experiences and network with other families in similar situations.

**Definition of Family Unit.** A family unit consists of parents or guardians, the child with cancer (active or in remission) through his/her 18th year, and siblings through their 18th year. Any exceptions to this must be approved on an individual basis.

**Attendance.** Families may attend either Camp Hozhoni four times. If there is space, families will be able to attend more often but newer families will take precedence. Every effort will be made to include all interested families. We are only restricted by the number of available beds. We have never had to turn down any families.

**APPLICATION DEADLINE IS THREE WEEKS PRIOR TO CAMP.** Applications after that date could be declined due to lack of space and shirts and other special arrangements cannot be guaranteed. **PLEASE FILL IN THE DATE OF THE CAMP YOU ARE APPLYING FOR IN THE UPPER RIGHT CORNER OF THE FORM. Also be sure to sign and return all waivers.**

Space is limited for this exciting camp so we urge you to get your registration in early to avoid disappointment. We hope to make this camp a great experience for camp families and volunteers alike.

Thank you for your interest and hope to see you at camp.

Kathy Mathie  
Director of Programming  
*Angel On My Shoulder*

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Angel On My Shoulder | P.O. Box 747 | St. Germain, WI 54558 | 800-860-3431 | info@angelonmysoulder.org | www.angelonmysoulder.org

Angel On My Shoulder™ Angel On My Shoulder is a registered 501(c)(3) non-profit organization and donations are tax-deductible. • Federal Tax ID # 39-1858288

Please provide a reliable email address. Being able to communicate through email saves us time, helps with record keeping and minimizes postage and printing costs.



# SUMMER Camp Hozhoni Family Registration Form

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814  
Hozhoni@angelonmysoulder.org | 1-800-860-3431

Date of Camp you are applying for:



**WHAT IS CAMP HOZHONI:** A weekend camp for children who have or have had cancer and their families  
**WHO CAN ATTEND:** Children age 18 and younger who are experiencing cancer and their families  
**WHEN IS CAMP HOZHONI:** The first weekend after Labor Day

Please join us for a weekend of winter fun and excitement! *Angel On My Shoulder's* Camp Hozhoni programs provide a supportive and recreational environment for children age 18 and younger and their families dealing with childhood cancer.

**Application deadline is three weeks prior to camp.** Late registration cannot be guaranteed shirts or special accommodations. Space is very limited, so EARLY REGISTRATION is encouraged. We ask that you fill out this packet of forms and return it as soon as possible. Families attending camp for the first time are given first priority.

SUMMER Camp Hozhoni will be held at Wisconsin Lions Camp in Rosholt, Wisconsin which is about 18 miles east of Stevens Point. Registrations are on a first come, first served basis to qualifying families

Please print clearly

|   |  |             |   |   |
|---|--|-------------|---|---|
| Child's Name (Warrior)                                    | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Age at Camp | Birthdate: MM/DD/YYYY   | Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies.<br><b>Child:</b> <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20<br><b>Adult:</b> <input type="checkbox"/> Small3(34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-8) <input type="checkbox"/> XX-Large (50-52) |
| Diagnosis   |  |             |   |   |
| Date of Diagnosis   |  |             |   |   |
| Parents' (Guardian) Name                                  | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |             | Birthdate: MM/DD/YYYY   | Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies.<br><b>Adult Size:</b> <input type="checkbox"/> Small (34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)  |
|   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female           |             |   | <b>Adult Size:</b> <input type="checkbox"/> Small (34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)   |
| Home Address  |  |             | Home Phone  |   |
| City  |  |             | Cell Phone <span style="float: right;"><b>Do you accept texts?</b><br/><input type="checkbox"/> Yes</span>        |   |
| State/Zip   |  |             | Email   |   |
|   |  |             | For purposes of efficiency, we would prefer to correspond via e-mail. Please include a reliable e-mail address. → |   |
| Physician Name  |  |             | Physician Address   |   |
| Physician Phone   |  |             | City  | State <span style="float: right;">Zip</span>  |
| Brother or Sister Name who will be attending Camp Hozhoni | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Age at Camp | Birthdate: MM/DD/YYYY   | Please order one T-shirt per family member attending Camp Hozhoni. T-Shirts are 100% Cotton<br><b>Child:</b> <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20<br><b>Adult:</b> <input type="checkbox"/> Small3(34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)            |
|   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female           |             |   | <b>Child:</b> <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20<br><b>Adult:</b> <input type="checkbox"/> Small3(34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)   |
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|   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female           |             |   | <b>Child:</b> <input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20<br><b>Adult:</b> <input type="checkbox"/> Small3(34-36) <input type="checkbox"/> Medium (38-40) <input type="checkbox"/> Large (42-44) <input type="checkbox"/> X-Large (46-48) <input type="checkbox"/> XX-Large (50-52)   |

New Campers  Returning Campers Number of years your family has attended Camp Hozhoni Winter \_\_\_\_\_ and Summer \_\_\_\_\_.

**Food Allergies or Dietary Restriction: (all family members)**

Cabins are dormitory style. There are typically 10 beds per room. You will be sharing a cabin with other families.

**Please bring your own bedding** (pillows, sheets, blankets, sleeping bags, etc. - twin size)

Please indicate if you have any special needs (any family member):  Wheelchair  feeding Tube  Other

Please indicate if you need assistance with transportation:  No  Yes (details to follow)

Please fill out this form completely and email to [Hozhoni@angelonmysoulder.org](mailto:Hozhoni@angelonmysoulder.org) or mail to:  
Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814



# Camp Hozhoni Medical Information Form

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814  
Hozhoni@angelonmysoulder.org | 1-800-860-3431

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Please complete this form for the child with cancer.

|   |  |                                     |   |                               |
|---|--|-------------------------------------|---|-------------------------------|
| Child's Name  | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Age at Camp                         | Birthdate: MM/DD/YYYY   | Date of Diagnosis: MM/DD/YYYY |
| Diagnosis   |  |                                     |   |                               |
| Status of Disease:  |  | Date of Last Chemotherapy: MM/DD/YY | Did Your Child Receive Radiation Therapy:   |                               |
| <input type="checkbox"/> Newly Diagnosed<br><input type="checkbox"/> Remission; on therapy<br><input type="checkbox"/> Remission off therapy (completed date _____)<br><input type="checkbox"/> Relapse; on therapy |  |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Site of Radiation: _____<br>Date, MM/DD/YY: _____ |                               |
| List ALL MEDICATIONS your child will be taking at camp:   |  |                                     |   |                               |
| Drug  | Dose   |                                     | Dates of Administration   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
| Does your child have any ALLERGIES to food, medication or environment? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify:   |  |                                     |   |                               |
|   |  |                                     |   |                               |
| Does your child need a SPECIAL DIET? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify:   |  |                                     |   |                               |
|   |  |                                     |   |                               |
| Does your child have any special medical equipment (wheelchair, hearing aid, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify:  |  |                                     |   |                               |
|   |  |                                     |   |                               |
| Is there anything else you would like us to know about?   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |
|   |  |                                     |   |                               |

Please print clearly

Please fill out this form completely and email to Hozhoni@angelonmysoulder.org or print and mail to:  
Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021





# Camp Hozhoni Hold Harmless & Media Release Form

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814  
Hozhoni@angelonmyshoulder.org | 1-800-860-3431



## Camp Hozhoni /Angel On My Shoulder Hold Harmless and Participation Agreement

I have read, understand and agree to the facility use rules of the Wisconsin Lions Camp as indicated on the Facility Rules and Procedures handout presented to me. Our family agrees to abide by the facility use rules as indicated while in attendance at Camp Hozhoni held at the Wisconsin Lions Camp while upon or about the premises or using any facilities or equipment or participating in any program held in connection with Camp Hozhoni.

I fully understand that after reasonable precautions are taken, there are certain hazards connected with camping and activities during Camp Hozhoni, including the use of the Wisconsin Lions Camp facilities and participation in Camp Hozhoni programs. In consideration of participating in Camp Hozhoni, I hereby assume full responsibility for and risk of bodily injury, death, or property damage or loss, regardless of severity, that I or my minor child(ren) may sustain from my or my minor child(ren)'s participation in Camp Hozhoni and/or at the Wisconsin Lions Camp, without respect to location or while being transported to and/or from locations outside the Wisconsin Lions Camp.

I, for myself, any personal representatives, assigns, heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue Angel On My Shoulder, their respective officers, directors, members, volunteers, employees and agents (the "Releasees") and each of them from any and all claims for injuries, damages, death or loss that I or my minor child(ren) may have or which may accrue to me or my minor child(ren) from my or my minor child(ren)'s participation in Camp Hozhoni and/or at the Wisconsin Lions Camp, without respect to location or while being transported to and/or from locations outside the Wisconsin Lions Camp, except for any injury which is caused solely by the gross negligence of any Releasee.

I hereby agree to release, absolve, indemnify and hold harmless the Releasees and each of them from any liability, loss damage or cost they may incur from my or my minor child(ren)'s participation in Camp Hozhoni and/or at the Wisconsin Lions Camp, without respect to location or while being transported to and/or from locations outside the Wisconsin Lions Camp, except for any injury which is caused solely by the gross negligence of any Releasee.

I further expressly agree that the foregoing assumption of risk, release, waiver and indemnity agreement is intended to be as broad and inclusive as possible as is permitted by the laws of the State of Wisconsin and if any portion thereof is invalid, it is agreed that the balance shall continue in full legal force and effect.

I have read and voluntarily signed this assumption of risk, release, waiver and indemnity agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Hozhoni Weekend Participants' Names (List all family members)

Signature(s) of Parent(s)/Guardian(s)

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Date \_\_\_\_\_

I do hereby authorize the interview and taking of pictures and/or motion/television pictures of my children and/or other family members and consent to the use of any or all such pictures and/or resulting stories in the media.

Childrens' Names

Name of Person Granting Consent

Position in Family

Signature of Person Granting Request

Date

X

Please fill out this form completely and email to [Hozhoni@angelonmyshoulder.org](mailto:Hozhoni@angelonmyshoulder.org) or print and mail to:

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