



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

We are very pleased to offer our annual Winter Camp Hozhoni which will take place in February at **Camp Luther in Three Lakes**, Wisconsin.

This weekend retreat is for children who have experienced cancer and their families. Our goal is to offer fun winter 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.

Family registrations: *Registration deadline is three weeks prior to camp.* Family registrations received after that date will be accepted only if space is available and shirts and any special arrangements cannot be guaranteed. *All forms and waivers **must be returned prior to camp.***

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

Please return the four marked forms and the rest are for your reference.

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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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.

WINTER Camp Hozhoni Family Registration Form

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814
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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 last weekend in February

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.

WINTER Camp Hozhoni will be held at Camp Luther in Three Lakes, Wisconsin which is about 8.5 miles southeast of Eagle River off Hwy. 45. Registrations are on a first come, first served basis to qualifying families.

Child's Name (Warrior)	Gender <input type="checkbox"/> Male <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. Child: <input type="checkbox"/> 2T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20 Adult: <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)
Diagnosis				
Date of Diagnosis				
Parents' (Guardian) Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: MM/DD/YYYY	Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies. Adult Size: <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 <input type="checkbox"/> Female			Adult Size: <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 Do you accept texts? <input type="checkbox"/> Yes	
State/Zip	For purposes of efficiency, we would prefer to correspond via e-mail. Please include a reliable e-mail address. →			Email
Physician Name			Physician Address	
Physician Phone			City	State Zip
Brothers or Sisters who will be attending Camp Hozhoni	Gender <input type="checkbox"/> Male <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. Child: <input type="checkbox"/> 2T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20 Adult: <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 <input type="checkbox"/> Female			Child: <input type="checkbox"/> 2T <input type="checkbox"/> 4T <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> 18-20 Adult: <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)
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☐ New Campers ☐ Returning Campers Number of years your family has attended Camp Hozhoni Winter _____ and Summer _____.

Food Allergies or Dietary Restriction: (all family members)

Each family will have a dormitory-style room with 2 bunk beds (4 twin beds). Larger families will get two rooms.

Please bring your own bedding (pillows, sheets, blankets, sleeping bags, etc. - twin size) There is room for a pack-n-play for families with babies.

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 or mail to:

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814

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RETURN
FORM

Please print clearly



CAMP HOZHONI

WINTER Camp Hozhoni Medical Information Form

Camp Hozhoni | P.O. Box 1814 | Wausau, WI 54402-1814

Hozhoni@angelonmyshoulder.org | 1-800-860-3431

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Please complete this form for your child with cancer.

Child's Name	Gender <input type="checkbox"/> Male <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 <input type="checkbox"/> Remission; on therapy <input type="checkbox"/> Remission; off therapy (completed date _____) <input type="checkbox"/> Relapse; on therapy				<input type="checkbox"/> Yes <input type="checkbox"/> No Site of Radiation: _____ 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?				

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Medical Provider Form

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Hozhoni@angelonmysoulder.org | 1-800-860-3431

Please have this form completed by your MEDICAL PROVIDER for the child with cancer.

Please note: If your child has been cancer free for more than 4 years, you do not have to have this form filled out.

Your patient, _____, will be attending WINTER Camp Hozhoni the weekend of _____. As a participant, they will have the opportunity to engage in many different types of indoor and outdoor winter activities. Please provide the following information which will be shared with the medical team at camp.			
Child's Name	Gender	Birthdate: MM/DD/YYYY	Diagnosis
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
BLOOD TEST RESULTS: Date:			
_____ Hct/Hgb _____ Platelet Count _____ White Blood Count _____ Neutrophil Count	NOTE: Blood counts within one week of camp is preferred in patients receiving chemotherapy.	_____ Child's Height _____ Child's Weight _____ Child's B/P	
CODE: V = Satisfactory X = Not Satisfactory (Explain)			
_____ Eyes	_____ Nose	_____ Spine	_____ Extremities
_____ Throat	_____ Lungs	_____ Skin	_____ Genitalia
_____ Ears	_____ Heart	_____ Abdomen	_____ Allergies
EXPLAIN:			
COMMENTS ON GENERAL CONDITION:			
I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.			
Examining Physician			Date
Telephone			
Address			

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WINTER Camp Hozhoni Hold Harmless and Media Release

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By signing below, the undersigned expressly agrees and understands that family members listed below are participating in all camp activities at their own risk: **including, but not limited to: cross country skiing, tubing, broom ball, snow shoeing and other outdoor and indoor activities.**

The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understand these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold *Angel On My Shoulder*, its employees, volunteers and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Signature _____

Date _____

Printed _____

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of

Please list names and ages of family members: _____

to participate in the above-mentioned recreational activities. I understand that since *Angel On My Shoulder* does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold *Angel On My Shoulder*, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

I further agree that *Angel On My Shoulder* shall be the exclusive owner of all rights in any images (defined as all photographs, videos, recordings or other media) taken of me in connection with *Angel On My Shoulder*. I hereby give *Angel On My Shoulder* permission to use, alter and/or license the images for any lawful purpose. I grant this release with no expectation of payment and acknowledge that my inclusion in *Angel On My Shoulder* activities constitutes sufficient consideration. I agree to make no claim against *Angel On My Shoulder* and to indemnify and hold *Angel On My Shoulder* harmless from any and all claims that I may have related to the images. I agree that the authorization and release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Wisconsin. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. If this authorization and release pertains to a minor, the parent or guardian signing below represents and warrants that he/she has the full legal authority to enter into this authorization and release on behalf of the minor.

Signature of Parent(s) or Guardian(s):

Signature _____

Date _____

Printed _____

Initials

By typing your initials here and sending this form back to us in electronic format, you certify and understand that all of the information in these forms is true and correct to the best of your information and knowledge and that you have the authority to execute these forms. Your type-written initials to the left constitute your electronic signature and will be treated as though you actually signed the form.

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What to Bring Checklist

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Following is a list of suggested items to bring to WINTER Camp Hozhoni. Please remember, you will need warm clothing to participate in the outdoor winter activities. Check off items as you pack!

- | | |
|--|---|
| <input type="checkbox"/> Jackets, Snowpants, Boots | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Pajamas | <input type="checkbox"/> Special Medical Supplies |
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Sleeping bag** |
| <input type="checkbox"/> Lots of Socks | <input type="checkbox"/> Twin Sheets** |
| <input type="checkbox"/> Pants | <input type="checkbox"/> Pillows** |
| <input type="checkbox"/> Shirts | <input type="checkbox"/> Special Utensils |
| <input type="checkbox"/> Sweatshirts | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Hats and mittens | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Personal Hygiene Products | <input type="checkbox"/> Cribs, playpens or other furniture
needs for babies |
| <input type="checkbox"/> Comb/Brush | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Soap | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shampoo/Conditioner | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Washcloths | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bath Towels | <input type="checkbox"/> _____ |

****BEDDING IS NOT PROVIDED —**

please remember to bring your twin size sheets, blankets, and pillows, or sleeping bags!
Please also bring your own portable crib or pack-n-play for infants.

In-between meal snacks will be provided in the game room.
We request there be no food in the dorm rooms other than infant formula.

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Rules & Expectations

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1. Children/teens must be supervised at all times by either a volunteer or parent/guardian.
2. During free time, adults are responsible for their children. The grounds are very large and children should not be outdoors without the supervision of a parent or designated volunteer.
3. Please drop your children/teens off at their group's activity meeting spot on time and pick them up afterwards.
4. Please notify your child/teen's group leader if he/she will not be participating in an activity.
5. For security and safety reasons, any member of your family needing to leave camp must sign out at the registration table in the Fellowship Room and must sign in upon their arrival back at camp.
6. Quiet Time. ALL family members must be in their assigned room by Quiet Time (10:30 pm on on both Friday and Saturday evenings). Keep noise levels down in your rooms after you've checked in for the night.
7. Respect Camp Luther's building and grounds. Make sure to keep your rooms and surrounding areas clean during the weekend and before you leave. Make sure they look like they did when you arrived!
8. No bikes, scooters, skateboards, wheelies or anything else with wheels is allowed at Camp (with the exception of strollers for infants, walkers or wheelchairs).
9. Be safe and responsible.
11. Have a great weekend!

FOR EMERGENCY:

Kathy Mathie, AOMS Director of Programs, 715-573-6624

Camp Emergency contact numbers will also be posted throughout the lodge.

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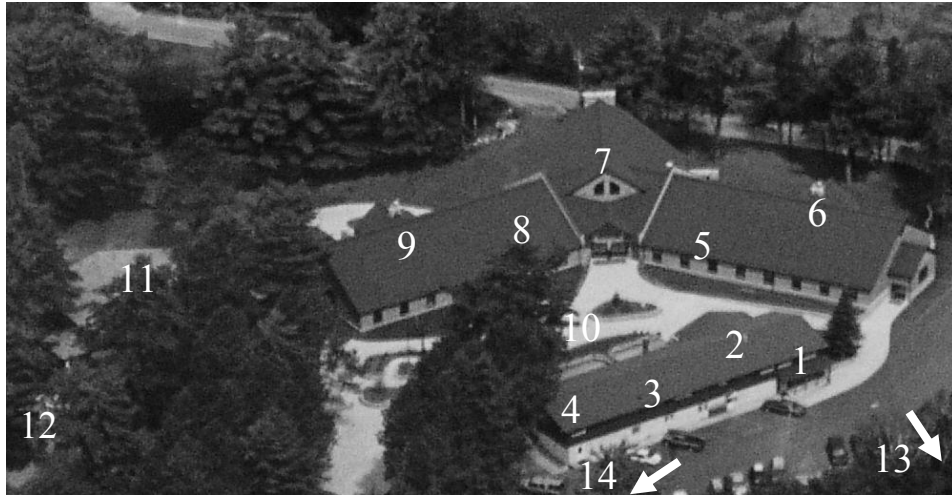
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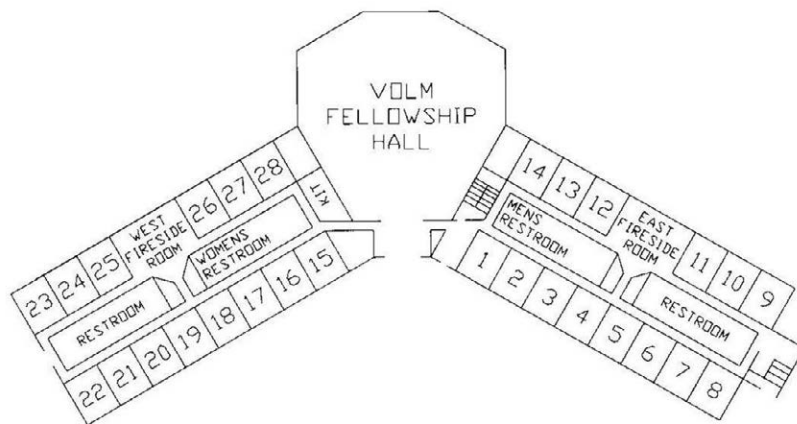


Camp Luther Facilities

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1. Welcome Center
2. Upper Room Meeting Area
3. Arts and Crafts Meeting Room
4. Canteen (Gift Shop)
5. Rooms 1 – 8 (courtyard side) 9-14 (channel side)
6. East Fireside Room (between rooms 11 & 12)
7. Volm Fellowship Hall / Rec Room in Lower Level
8. Rooms 15-22 (courtyard side) 23-28 (channel side)
9. West Fireside Room (between rooms 25 & 26)
10. Courtyard and Bell Tower
11. Lodge and Dining Hall
12. Beach
13. Hike, and Snowshoe Trails, Villages, Cottages
14. Cottages and Ski Trail.



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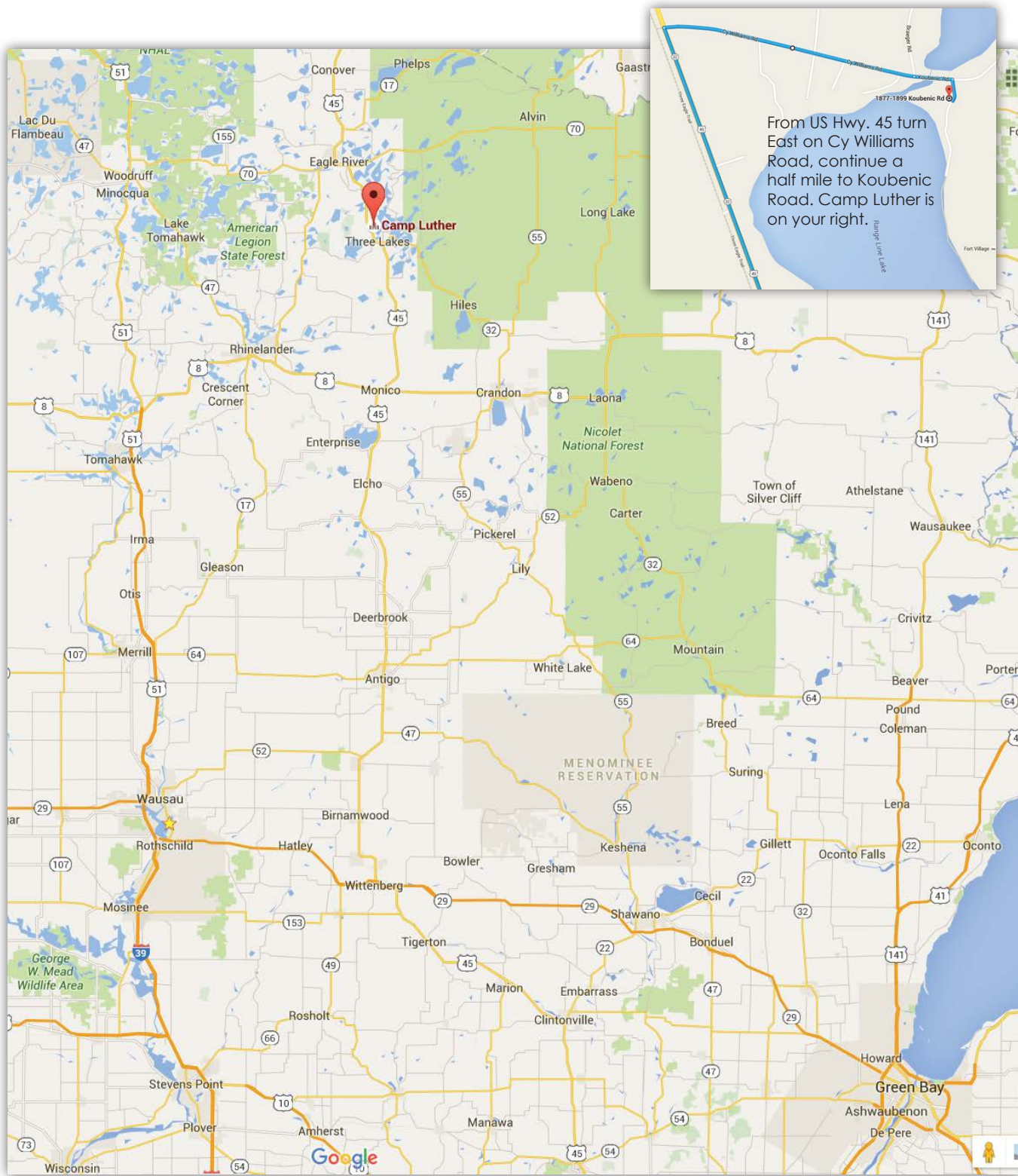
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Camp Luther Directions

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