



Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021
Hozhoni@angelonmyshoulder.org | 1-800-860-3431

Thank you for your interest in Camp Hozhoni. We are eagerly looking forward to this year's camp. *Angel On My Shoulder* took over the governing role for Camp Hozhoni from the American Cancer Society in 2014. Having completed a successful camp in 2014 thanks to our great returning committee and volunteers, we have reviewed some of the policies and guidelines and want to share them with our volunteers and participants. Most of these policies are the same or similar to past practices but we feel it would be good to have them presented again so everyone is aware.

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 any siblings through their 18th year. Any exceptions to this must be approved on an individual basis.

Attendance. Families may attend Camp Hozhoni for four years. If there is space, families will be able to attend more often but newer families will take precedence. Families who have attended more than four times can register and will be put on a reserve list. Final confirmation will be given by August 15. Every effort will be made to include all interested families.

Family registrations: Initial registration deadline is August 1.
*Followup packets and all waivers etc. **must be returned prior to camp*** – deadline is August 15.

Volunteers/Counselors: All volunteers/counselors must be at least 18 years of age unless accompanied by a parent volunteer who will work directly with the minor at camp. Minimum age for volunteers is 16.

All volunteers 18 and over must agree to a background check.

Application deadline for volunteers is August 1. Applications after that date may be declined and t-shirts are not guaranteed.

In order to present the best camp and avoid confusion at check-in, we are going to adhere to the deadlines this year, so please get your applications in early. We hope to continue to grow and improve this camp and make it a great experience for campers and volunteers.

Thank you for your cooperation 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@angelonmyshoulder.org | www.angelonmyshoulder.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



CAMP HOZHONI

2015 Camp Hozhoni Family Application

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WHAT IS CAMP HOZHONI:

A weekend camp for children with cancer and their families

WHO CAN ATTEND:

Children age 18 and younger who are experiencing cancer and their families

WHEN IS CAMP HOZHONI:

September 5-7, 2014

Please join us for a weekend of fun and excitement! Angel On My Shoulder's Camp Hozhoni children's cancer camp provides a supportive and recreational environment for children and their families dealing with childhood cancer.

Applications will be accepted through FRIDAY, AUGUST 1, 2014. Space is limited, so EARLY REGISTRATION is encouraged. We ask that you fill out this form and return it as soon as possible. Registration forms are also available [online at angelonmyshoulder.org/programs](http://angelonmyshoulder.org/programs). Families attending camp for the first time are given first priority. As a general guideline, families will be limited to attending camp no more than four times. This is strictly due to a limitation of available cabin space. Late registration cannot guarantee t-shirts or special accommodations.

Camp Hozhoni is held at the Wisconsin Lions Camp in Rosholt, WI which is 18 miles east of Stevens Point. Upon receipt of this registration, a packet will be sent to you which will include information on camp, a physician consent form, and other important information.

Child's Name		Gender	Age at Camp	Birthdate: MM/DD/YYYY	Please order one T-shirt per family member attending Camp Hozhoni. T-Shirts are 100% Cotton Child: <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 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			
Diagnosis					
Date of Diagnosis					
Parents' Name		Gender		Birthdate: MM/DD/YYYY	Please order one T-shirt per family member attending Camp Hozhoni. T-Shirts are 100% Cotton 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) 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			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Address			Home Phone		
City	County		Cell Phone		
State	Zip		Email		
Physician Name			Physician Address		
Physician Phone			City	State	Zip
Brother or Sister Name who will be attending Camp Hozhoni		Gender	Age at Camp	Birthdate: MM/DD/YYYY	Please order one T-shirt per family member attending Camp Hozhoni. T-Shirts are 100% Cotton Child: <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 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			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> New Campers <input type="checkbox"/> Returning Campers Number of years your family has attended Camp Hozhoni _____ If you have attended more than 4 times, you will be put on a waiting list and you will be notified by August 15th if space is available.					
Food Allergies or Dietary Restriction: (any family member)					
Cabins are dormitory style. There are typically 10 beds per room, so you may be sharing a cabin with another family. Please bring your own bedding (pillows, sheets, blankets, sleeping bags, etc. - twin size)					
Please indicate if you have any special needs (any family member): <input type="checkbox"/> Wheelchair <input type="checkbox"/> feeding Tube <input type="checkbox"/> Other					
Please indicate if you need assistance with transportation: <input type="checkbox"/> No <input type="checkbox"/> Yes (details to follow)					

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



2015 Camp Hozhoni Medical Information Form

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

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Please complete this form for the 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: <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		Date of Last Chemotherapy: MM/DD/YY		Did Your Child Receive Radiation 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?				

Please fill out this form completely and email to Hozhoni@angelonmysoulder.org or print and mail to:
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2015 Camp Hozhoni Media Release Form

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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	

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.