



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 Winter Camp Hozhoni which will take place **Friday, February 24 to Sunday, February 26, 2017 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. Families who have attended more than four times can register and will be put on a reserve list. Final confirmation will be given by February 6th, 2017 through email. Every effort will be made to include all interested families. We are only restricted by the number of available beds.

**Family registrations: *Registration deadline is February 3, 2017.*** Family registrations received after February 3rd 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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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.



**CAMP HOZHONI**

# 2017 WINTER Camp Hozhoni Family Application

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Angel On My Shoulder™

Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021

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

**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:**

**Friday, February 24 to Sunday, February 26, 2017**

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.

**Applications will be accepted through February 3rd, 2017.** 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. As a general guideline, families who have attended either the Summer or Winter Camp Hozhoni more than 4 times will be placed on a waiting list and will receive confirmation by February 6, 2017 through email. This is strictly due to a limitation of available beds. Late registration cannot guarantee shirts or special accommodations.

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.

Please print clearly

Child's Name (Warrior)		Gender	Age at Camp	Birthdate: MM/DD/YYYY	Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies. <b>Child:</b> <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 <b>Adult:</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 <input type="checkbox"/> Female			
Diagnosis					
Date of Diagnosis					
Parents' (Guardian) Name		Gender		Birthdate: MM/DD/YYYY	Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies. <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 <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <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 <b>Do you accept texts?</b> <input type="checkbox"/> Yes		
State/Zip			Email		
			<b>For purposes of efficiency, we would prefer to correspond via e-mail. Please include a reliable e-mail address.</b> →		
Physician Name			Physician Address		
Physician Phone			City	State	Zip
Brothers or Sisters who will be attending Camp Hozhoni		Gender	Age at Camp	Birthdate: MM/DD/YYYY	Please order one sweatshirt per family member attending Camp Hozhoni. Sweatshirts are pullover hoodies. <b>Child:</b> <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 <b>Adult:</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 <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Child:</b> <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 <b>Adult:</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 <input type="checkbox"/> Female			<b>Child:</b> <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 <b>Adult:</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 <input type="checkbox"/> Female			<b>Child:</b> <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 <b>Adult:</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 <input type="checkbox"/> Female			<b>Child:</b> <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 <b>Adult:</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"/> New Campers <input type="checkbox"/> Returning Campers Number of years your family has attended Camp Hozhoni _____ If you have attended one of our Camp Hozhoni weekend more than 4 times, you will be put on a waiting list and you will be notified by February 6, 2017 if space is available.					

**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

RETURN FORM



# 2017 WINTER Camp Hozhoni Medical Information Form

Camp Hozhoni | P.O. Box 5021 | Wausau, WI 54402-5021  
Hozhoni@angelonmysoulder.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: <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 mail to:  
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# Medical Provider Form

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

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

Your patient, \_\_\_\_\_, will be attending WINTER Camp Hozhoni the weekend of February 24-26, 2017. 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.

<b>Child's Name</b>		<b>Gender</b>	<b>Birthdate: MM/DD/YYYY</b>	<b>Diagnosis</b>
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>BLOOD TEST RESULTS: Date:</b>				
_____ Hct/Hgb	<b>NOTE:</b> Blood counts within one week of camp is preferred in patients receiving chemotherapy.	_____ Child's Height		
_____ Platelet Count		_____ Child's Weight		
_____ White Blood Count		_____ Child's B/P		
_____ Neutrophil Count				
<b>CODE: V = Satisfactory X = Not Satisfactory (Explain)</b>				
_____ 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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# 2017 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
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 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.

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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