



2020 FAMILY CAMP APPLICATION

Please fill out, sign and return this form with a (refundable) check of \$50.00 deposit per family member attending Camp Connect to:

ND Post Adopt Network, 1202 Westrac Drive S., Fargo, ND, 58103
(Attention: Post Adopt Supervisor)

Family Name: _____ # of Adults: _____ # of Children: _____
Address: _____
City, State/Province, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

- **Camp will be held August 7th- 9th at Crystal Springs Baptist Camp located at 4848 36th St SE, Medina, ND 58467.**
- **We are limited to having 12 adoptive/guardianship families participate. Adoption must be finalized in order to participate in camp. Current foster youth or youth in adoptive placement are not eligible to attend.**
- **Family selection for camp attendance will be at the discretion of the ND Post Adopt Network.**
- **Applications must be postmarked by July 7, 2020.**

Parent 1: _____ Cell Phone: _____
Sex: _____ Birth Date: _____ Shirt Size: _____
Dietary Restrictions/Allergies: _____

Parent 2: _____ Cell Phone: _____
Sex: _____ Birth Date: _____ Shirt Size: _____
Dietary Restrictions/Allergies: _____

Child 1: _____ Sex: _____ Grade: _____
Birth Date: _____ Shirt Size: _____
Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth Child Adoptive Child Guardianship Child
(Date of finalization) _____ (Date of guardianship) _____

Behavioral or medical needs to be aware of (if any):

Child 2: _____ Sex: _____ Grade: _____

Birth Date: _____ Shirt Size: _____

Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth Child

Adoptive Child

Guardianship Child

(Date of finalization) _____

(Date of guardianship) _____

Behavioral or medical needs to be aware of (if any):

Child 3: _____ Sex: _____ Grade: _____

Birth Date: _____ Shirt Size: _____

Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth Child

Adoptive Child

Guardianship Child

(Date of finalization) _____

(Date of guardianship) _____

Behavioral or medical needs to be aware of (if any):

Child 4: _____ Sex: _____ Grade: _____

Birth Date: _____ Shirt Size: _____

Dietary Restrictions/Allergies: _____

How did child join my family? (Please circle one of the following)

Birth Child

Adoptive Child

Guardianship Child

(Date of finalization) _____

(Date of guardianship) _____

Behavioral or medical needs to be aware of (if any):

(Please use another page if necessary, to include additional children)

Family goals, hopes, expectations of attending camp:

Our goal is to provide a well-rounded camping experience for all participants. To aid us in accomplishing this goal, we ask participants to inform us of any additional special needs or limitations.

Please check the boxes below if you agree with each statement

- I understand that *ND Post Adopt Network Adoption Camp* is designed for families that **have adopted either privately, internationally, through the foster care system (AASK), or provide guardianship to a youth in their home.**
- I understand that my family must include one (1) minor adopted/guardianship child currently living with my family to be eligible to attend camp.**
- I understand that *ND Post Adopt Network Adoption Camp* is welcoming and inclusive of all families and life situations.
- I understand that submitting an application and deposit does not guarantee my family's participation in camp. After the *ND Post Adopt Network* receives a family's application, they will be contacted to discuss next steps for completing the application process.
- I understand that if I have a current foster child(ren) in the home, they are not able to attend.
- Our primary concern is the health and safety of every member of the camp community. *ND Post Adopt Network Adoption Camp* is a smoke-free, alcohol-free, drug-free, and weapon-free community.
- There will not be a nurse at *ND Post Adopt Network Adoption Camp*, so families will need to bring and administer any necessary medications for their own family.
- I hereby give myself and my child(ren) permission to participate in *ND Post Adopt Network Adoption Camp* activities.
- I understand that a \$50 deposit per family member attending Camp Connect is required to process my application, but is refundable per information on page 4 of application.
- I understand that part of the camp experience involves activities and group interactions that may be new to me and my child(ren), and that they come with uncertainties beyond what my child(ren) may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself and my child(ren). I realize that no environment is risk-free, therefore I understand and have instructed my child on the importance of abiding by the camp's rules, and my child(ren) and I both agree that we are familiar with these rules and will obey them.
- I agree that *ND Post Adopt Network Adoption Camp* has my permission to use photographs, video or likenesses of my child(ren) and/or me for promotional purposes, unless I indicate otherwise in writing.
- I agree that *ND Post Adopt Network Adoption Camp* may share my family's contact information with other camp families for communication purposes only, unless I indicate otherwise in writing.
- I understand that the *ND Post Adopt Network Supervisor* reserves the right to remove any participant who:
 - a) Willfully disregards camp rules, or who endangers his/her or others' safety;
 - b) Harms himself/herself or other members of the community;
 - c) Destroys camp property or the property of another member of the camp community;
 - d) Requires greater supervision than can reasonably be offered by the camp;
 - e) Does not follow the camp rules;
 - f) Acts in any way which the *ND Post Adopt Network Supervisor*, at his/her sole discretion, finds to be detrimental to the camp environment.

PAYMENT INFORMATION

2020 FAMILY CAMP FEES *A deposit of \$50.00 per family member is required to process your application. Your deposit will be returned to you at registration at Camp Connect.*

I have enclosed an application deposit check.

- **A deposit of \$50.00 per family member is required to process your application.** (Example: 3 people in your family = \$150 OR if you have 5 people in the family = \$250) Deposit is 100% refundable under the following conditions:
 - 1) Your family is not eligible for the retreat.
 - 2) You are registered for the retreat but cancel within 30 days prior to your retreat session.
 - 3) You are registered for retreat and attend the retreat.
- **Deposit will not be refunded if family cancels less than 30 days prior to scheduled camp session.**
- The time frames will be enforced to ensure a family on the waiting list is able to attend.

Please enclose a deposit check made payable to **ND Post Adopt Network**.

For questions or more information contact:

ND Post Adopt Network
Morgan Nerat, Post Adopt Supervisor
Phone: 701-551-6328
Email: postadopt@pathinc.org