Family Camp Application

Dear Families,

We are excited to announce that The WARM Place will be hosting our 8th annual Family Camp this fall! Camp Remember Me exists to provide an opportunity for WARM Place families to grow together in their grief journey. At Camp Remember Me, we provide a weekend camp environment where families participate in both typical camp activities and grief-related activities. Our hope is that families will experience healing, have fun, enjoy WARM Place community, and create special new memories while remembering their loved one.

Camp Remember Me Facts:

When	November 6 - 8, 2026
Where	**Camp El Tesoro** 7710 Fall Creek Hwy Granbury, TX 76049
Who may attend	Current WARM Place families who are enrolled and attending ongoing peer support. Campers include youth grades K-12 and adults. ***Spots are limited, and only complete applications will be reviewed on a first come first serve basis for acceptance.*** *The application deadline is October 2nd, 2026.*
Transportation	Families are responsible for their own transportation.
Arrival	**Friday, November 6, 5:00 p.m.**
Departure	**Sunday, November 8, 11:00 a.m.**
Cost	Free! A mandatory $100 refundable deposit MUST accompany your application to complete your registration. Your deposit will be returned to you upon arrival at camp. ONLY CHECKS OR CASH WILL BE ACCEPTED.

Cabin Information:

While Camp Remember Me is a WARM Place family experience, family members will not be assigned to the same cabins. At camp, we follow the model of our bi-weekly group programs, where children and adults are separated. Children sleep in same-sex cabins with their peers, while their parents/guardians sleep in separate cabins with their same-sex peers. The weekend will allow time for campers to enjoy time spent with both their cabinmates and their families.

A minimum of two volunteers will be assigned to each of the children's cabins. Adult cabins will have at least one volunteer. Just as our support groups are organized by ages, the cabin assignments will be, too. Campers will receive their cabin assignment upon check-in at camp. Cabins are equipped with beds, private showers, bathroom toilets, and sinks.

Packing:
Camp is a unique experience that requires planning when packing. Don't forget daily or as needed medication, as well as potential over-the-counter medications that you might need during the weekend. All prescription and OTC medications must be kept in their original containers with labels in your med baggie at the health center. Suggestions for OTC medications include:

- Pain/fever reducer, acid reducer/stomach meds, Neosporin, itch cream, allergy meds/decongestant

When packing, anticipate all kinds of weather. Remember to label all belongings with your name.

Packing Suggestions include:

- Basic bedding (pillow, blanket/sleeping bag)
- Towels/washcloths & toiletries (shampoo/conditioner, soap, toothpaste/brush, deodorant)
- Bag (plastic, cloth, or even a trash bag) for laundry and wet clothes
- Closed toe shoes only (tennis shoes, boat shoes)
- Extra pair of shoes (in case the first gets wet)
- Warm jacket and light jacket
- Pajamas
- Sunscreen and bug spray
- Flashlight
- Rain poncho

Schedule:
Camp Remember Me is a fun-filled, jam-packed weekend of activities such as ropes course elements, archery, arts & crafts, hiking, and more. The schedule does include some quiet time, but overall, the schedule is extremely full to accomplish as much as possible over the course of the weekend. Be ready!

WARM-ly,

Dana Minor

Dana Minor
Camp Remember Me Director

Raven Summers

Raven Summers
Camp Remember Me Coordinator

Camp Remember Me Registration

- Review all information in the Camp Information and Rules document.

When ready to register, download and print the Family Application:

☐ Fill out all information blanks on Basic Information page. If you do not have an answer to a question, you may put "N/A"

☐ Initial the Medication Policy

☐ Signature on The WARM Place: Medical Treatment Authorization Form

☐ Signature on The WARM Place: Camp Release Form

☐ Fill out Camp Remember Me Medical Form **for each camper**

Return completed Family Application to Raven Summers or your Group Director on or before October 2, 2026. Upon arrival, complete Camp El Tesoro Individual Use Agreement, Release of Liability for Challenge Course and Participant Release and Parental Authorization.

- Mail or in person: The WARM Place, 809 Lipscomb St., Fort Worth, TX 76104
- Email: raven@thewarmplace.org

For staff use only

Check #: ________

Cash Amnt: ________

Date Rcvd: ________

Staff Initials: _______

Camp Remember Me Family Application

You must submit a refundable $100 deposit to complete your application in person or by mail. ONLY CASH OR CHECK WILL BE ACCEPTED. Make check payable to the WARM Place. *Your deposit will be returned on the first day of camp.*

Basic Information (please print):

Parent/Guardian's Name (First and Last):____

____

Street address City/State Zip

____

Phone Number Email

Honored Loved One's Name & Relationship to the Children: ______________________________

Current WARM Place Group Night: ____

Please include names of all family members attending camp.

T- Shirt Sizes available are: Adult: AXXL, AXL, AL, AM, AS Children: YS(2-4), YM(6-8), YL(10-12), YXL(12-14)

First and last name of every family member attending camp	Camper's gender	Camper's age	Camper's T-Shirt Size *(circle below)*
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL
			YOUTH: YS YM YL YXL **ADULT:** AS AM AL AXL AXXL

Pajama sizes for children ONLY:

Child's Name	Pajama size *(circle below)*
	YOUTH: YXS(4/5) YS (6) YM (7/8) YL (10/12) YXL (14/16) **ADULT:** AS AM AL AXL AXXL
	YOUTH: YXS(4/5) YS (6) YM (7/8) YL (10/12) YXL (14/16) **ADULT:** AS AM AL AXL AXXL
	YOUTH: YXS(4/5) YS (6) YM (7/8) YL (10/12) YXL (14/16) **ADULT:** AS AM AL AXL AXXL
	YOUTH: YXS(4/5) YS (6) YM (7/8) YL (10/12) YXL (14/16) **ADULT:** AS AM AL AXL AXXL

EMERGENCY CONTACT INFORMATION

Please provide emergency contact information for two trusted individuals who will not be attending camp:

Name:_____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Name:_____ Relationship: _____

Home Phone Number:_____ Cell Phone Number: _____

MEDICATIONS: You are responsible for bringing to Camp Remember Me any daily and as needed prescription medications, as well as potential over-the-counter medications that your family will need. All prescription and OTC medications must be kept in their original containers with labels. Place all medications in a gallon bag with your last name written legibly on the front. Medication baggies will be kept at the health center. We ask that if anyone in your family regularly takes ADHD medication, or any other psychiatric medication in order to attend work or school, that you take this medication while at Camp Remember Me. At camp, the health center will have available Benadryl cream, Neosporin cream, Band-Aids, Pepto-Bismol, Tylenol, Advil/Aleve, and Benadryl.

____(Initial) I have read the above section on medication and understand that I must bring my own prescription and non- prescription medication and the limits of what will be available in the health center.

AUTHORIZATION AND CONSENT OF MEDICAL TREATMENT FOR CAMP PARTICIPANTS

I grant my authorization and consent for The WARM Place to administer general first aid treatment for any minor injuries or illnesses experienced by individuals listed on page 1 of this registration. If the injury or illness is life threatening or in need of emergency treatment, I authorize The WARM Place to summon any and all professional emergency personnel to attend, transport, and treat my family and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume fiscal responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of The WARM Place in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through November 30, 2026

Signature: _____

Printed Name: _____ Date: _____

THE WARM PLACE: CAMP RELEASE FORM

INFORMED CONSENT

I recognize that certain hazards and dangers are inherent in camp activities. I acknowledge that although The WARM Place Camp Remember Me and Camp El Tesoro have taken safety measures to minimize the risk of injury to camp participants, The WARM Place Camp Remember Me and Camp El Tesoro cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I understand all health issues are my responsibility. It is my responsibility to seek and obtain appropriate care for any health problems experienced by my family including medication, first aid, and emergency care. I understand that all medications must be turned into The WARM Place staff upon arrival at Camp El Tesoro. All medications will be stored in a locked room in the Health Facility.

I have read Camp El Tesoro's Rules and Regulations and Camp Guidelines. I agree that my family and I will comply with these Rules and Regulations/Guidelines. I understand the camp staff consists mostly of volunteers, not professional therapists. I understand that for group activities, confidentiality is observed and that individuals must respect the privacy of other group participants by not discussing the issues of others outside the group.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge The WARM Place and Camp El Tesoro, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury(ies), illness, or loss of any kind, known or unknown, including but not limited to injury(ies) to property or person, to me and my family during or related to our attendance at The WARM Place Camp Remember Me at Camp El Tesoro.

MEDIA RELEASE

I, the undersigned, understand that this authorization permits The WARM Place to take and use photographs and/or films (including film photography, digital photography, cinematography and videography), artwork, and audio of my family and I. I understand that photographs, video, films, audio, and artwork may be taken individually or as a part of a group. I also understand that in order to give participants access to these photographs and/or videos, they will be uploaded to The WARM Place social media accounts.

I understand and agree these photographs, films, (including photography, digital photography, cinematography, videography), artwork, and audio may be used by The WARM Place staff and representatives for any of the following purposes: educational, information, training, social media, promotional, fundraising or any other purpose deemed appropriate by The WARM Place including, but not limited to website/social media, videotapes, pamphlets and/or brochures. The WARM Place may use these photographs, and/or films, artwork, or audio without compensation of any kind to the person(s) named in this The WARM Place: Camp Release Form.

By signing this release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. The WARM Place shall have the right to use the photographs, other images of me and my family listed below, artwork, and audio in educational, promotional, or fundraising materials and to upload the photographs, other images of me and my family listed below, artwork, and audio to various social media platforms of The WARM Place. I acknowledge that The WARM Place will have all rights of copyright in and to such photographs, videos, audio, and artwork and may use such copyright fully. I also release The WARM Place and it's officers, directors, agents, and employees from all liabilities connected with the taking and use of these materials as is authorized by The WARM Place. In addition, I waive all rights or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of this institution or other lawful purposes.

I hereby acknowledge that I have read the above consents and I understand its contents and agree to the terms set forth therein for all family members listed on page 1 of this registration.

First and Last Name of Every Family Member Attending Camp:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Parent/Legal Guardian Date _____

_____

Printed Name of Person Signing

Camp Remember Me Medical Form

Full Legal Name: _____

Date of Birth: _____ Gender: Female_____ Male: _____

Home Address: _____

Physician's Name: _____ Physician's Phone #: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Medical Information:

Do you have any major or minor medical/mental health conditions(s) of which we need to be aware (ex: diabetes, ADD, anxiety, high blood pressure, asthma, etc,)? _____ Yes _____ No

Please specify: _____

Please list all current medications being taken:

_____

_____

Allergies to Medication: _____

Allergies (Other): _____

Food Restrictions (Vegetarian, etc.): _____

Please note all conditions for which the individual named above is currently receiving treatment:

_____

_____

Note any other significant medical information: _____

_____

Please explain and provide guidance on any accommodations The WARM Place staff and your co-counselors might make to ensure a positive experience for you at Camp Remember Me.

_____

_____

Camp Guidelines

1. Stay within the camp boundaries.

2. Do not go anywhere alone; stay with the group at all times. Your counselors should always know where you are.

3. Respect camp property.

4. Respect other campers' belongings.

5. Non-assigned females are not allowed in the male cabins and non-assigned males are not allowed in the female cabins (including parents/guardians, kids, volunteers, and staff).

6. Leave personal sports equipment (skateboards, roller blades, etc.) at home.

7. Clean up after yourself.

8. Follow all WARM Place Traditions:

    - Respect WARM Place/Camp Property
    - Respect Each Other
    - Respect All Feelings
    - There Are Times to Listen
    - Most Times Are for Talking and Sharing Concerns
    - It's OK to be Happy and Laugh
    - It's OK to be Sad and Cry
    - What Is Said in Group Is Private

Camp El Tesoro Rules & Regulations

1. No pets, alcoholic beverages, illegal drugs or firearms are allowed on the property.
2. El Tesoro is a smoke free property.
3. Quiet hours are from 10:30 p.m. – 7 a.m. Visitors should refrain from disturbing others during these times.
4. Please remember lodges might be shared, and quiet hours must be observed inside buildings as well.
5. Swimming is not allowed in Fall Creek or the Brazos River. Wading in Fall Creek is permitted with adult supervision and at the discretion of the adult in charge of the group.
6. All visitors must wear shoes at all times.
7. Cabins are reserved for the exclusive use of that individual or group. Entering a cabin while another group occupies it is strictly prohibited.
8. Each person or group is responsible for cleanup of the buildings in which they have stayed as well as any community areas used such as the lodges and grounds around your area. If you are using a building you are responsible to see that it is left clean and in order.
9. Upon arrival, you will be given our fire-building guidelines. If needed, fire safety equipment will be checked out to you. No propane stoves, lanterns or heaters may be used in cabins or lodges. Propane stoves are allowed at the fire circles.
10. Camp Fire First Texas assumes no responsibility for any damage to or theft of personal items including but not limited to computers, cameras, vehicles, sports and other equipment. All sports equipment should be used only for its intended purpose and stored in a secure manner when not in use
11. Visitors are not permitted unless approved by the Camp Remember Me Camp Director and/or the Camp El Tesoro host. All visitors must check-in at the main office upon arrival.
12. Access to specialized program activity areas, including Archery and Challenge Course, are restricted to scheduled times and only when accompanied by a properly trained Camp El Tesoro staff member.
13. Vehicles are not permitted beyond designated parking areas. Vehicles must be parked in designated areas. A maximum limit of 5mph must be observed on camp property.
14. Only authorized staff as assigned by the Camp Remember Me Camp Director and/or Camp El Tesoro host may use the golf carts. All drivers must be at least 16 years old and understand the written rules of the road.
15. Meals are served on a schedule. The kitchen is closed after dinner clean-up until breakfast the next day. No one is permitted in the kitchen at any time. No food, glasses, dishes or utensils should be taken out of the dining hall facility. Food is not allowed in cabins as it attracts rodents and bugs. Special dietary needs should be arranged prior to arrival at Camp Remember Me. Sunflower butter and jelly will be available throughout the day in the dining hall.
16. The main camp phones are for authorized business use only. Incoming calls cannot be connected directly, but messages may be left at the Camp El Tesoro main number – (817) 576-6349 and will be relayed through the Camp Remember Me Director
17. All Camp El Tesoro Facilities must be left clean and free from debris at the end of Camp Remember Me.