



## A weekend overnight camp June 19th-21st 2026

Open to Ages 7-12

Camp Sunrise is founded on the understanding that every child deserves the opportunity to grieve in a safe, supportive and understanding environment. With loving support, children grieving a death can share their experience with acceptance as they move through the healing process.

Support for parents and caregivers will further enhance the grieving child's journey to health.

### Camp Sunrise Registration Form

Complete and email to [kat@clearpathhealthcare.org](mailto:kat@clearpathhealthcare.org) or mail to

Camp Sunrise—732 SW 23rd St Redmond, OR 97756

Camper's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Camper's address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Camper's gender/pronoun: \_\_\_\_\_

Camper's tee shirt size (please specify child or adult size): \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Relationship with Child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

See reverse



Parent/Legal Guardian name: \_\_\_\_\_

Best way to contact Parent/Guardian: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about Camp Sunrise? \_\_\_\_\_

Check all that apply:

*I am willing and desire my child/ward to participate in Camp Sunrise and authorize him/her to participate in all camp activities including hiking*

*I authorize my child/ward to receive emergency medical care as needed at Camp Sunrise*

*I authorize Camp Sunrise to use photos of my child/ward in the promotion and publicity of Camp Sunrise, with the understanding that my child/ward's name will be withheld*

**By signing below, I understand that it is required of me to go through a pre-camp interview, and I am required to attend Parent Orientation before Camp Sunrise.** These dates are May 31st, 4:30 pm - 5:30 pm or June 1st, 5:30 pm - 6:30 pm

**By signing below, I also understand that I am responsible for transporting my camper to and from Camp Sunrise held at Cascade View Retreat Center, located in Powell Butte, Oregon**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

To ensure your child's reservation, please return this application as soon as possible. Camp Sunrise is filled on a first come, first served basis.