

My Masked Expressions Summer Camp Registration Form 2026

For Office Use Only:

Date Received:

Confirmation Sent:

Missing Info:

Section 1: Camper Information

First Name/Preferred Name: _____ Last Name: _____

Pronouns: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Grade in Fall 2026: _____ School attending Fall 2026: _____

Section 2: Parent/Guardian Information

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Primary Email: _____

Main Contact Phone Number: _____

Section 3: Alternate Emergency Contact

Name: _____ Phone Number: _____

Relationship to Camper: _____

Name: _____ Phone Number: _____

Relationship to Camper: _____

Section 4: Accommodations/Special Needs

Please list any accommodations your child may need. _____

Section 5: Health Information

Primary Doctor Name: _____ Phone Number: _____

Please list any allergies your child has: _____

Please list any medical and mental health conditions your child has _____

Please list any medications your child is currently taking or has taken within the last 2 weeks: _____

Has your child ever harmed themselves? _____ If yes, please list most recent date: _____

Has your child ever attempted suicide? _____ If yes, please list most recent date: _____

Has your child ever received counseling services? _____ If so, please list most recent date and what they were seen for: _____

Section 6: Camper Pick-up Authorization

Please print the names of anyone authorized to pick up your child (including yourself/other parents or guardians, child's sibling, etc.): _____

***Note: If an unauthorized person attempts to pick up your child, I will not release the child to that person without your authorized consent via phone. If you have someone not on the authorized list picking up your child, please call me and notify me before 11:00 AM that day. You can reach me at 541.668.7613.*

Is your child at least 16 years old and have a valid driver's license? _____yes _____no

If yes, will there be days your child will drive themselves home from camp? _____yes _____no

If yes, please fill out the following section:

I, _____, give, _____, permission to transport themselves to and from camp. My child understands that it is their responsibility to check out with camp leader, Heather Wheeler, before departing each day. My child also understands that under NO circumstances are they allowed to transport another camper away from camp at any point during the day or after camp without first obtaining written permission from the parents of all parties involved and Heather Wheeler must be notified in advance by phone by all parents/guardians.

Parent/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____

Section 7: Payment

Please check each day that your child will be attending camp:

___ Monday, August 10th through Wednesday, August 12th: **\$115.00**

**If you or your child is a current client of Healing Hearts, please take \$10 off!*

Total Payment Due: _____

Payment is due upon registration and will be processed by July 15th!

Credit Card Type: Visa Mastercard Discover Amex

Credit Card Number: _____

Expiration Date: _____ CVV Code (the 3 digit number on the back): _____

Name on Card: _____

Billing Address, City, State, Zip: _____

**By signing below, I authorize Heather Wheeler and Healing Hearts Counseling to process my credit card for the total payment due on the date Heather Wheeler receives this registration form.*

Signature: _____ Date: _____

Section 8: Policies Agreement

Release/Waiver: I hereby agree to indemnify and hold harmless Heather Wheeler and Healing Hearts Counseling from and against all claims for personal injuries or damages of any kind arising from participation in My Masked Expressions Summer Camp. Furthermore, I authorize Heather Wheeler to seek emergency medical help if it becomes necessary. I realize that every effort will be made by Heather Wheeler to contact me and/or the emergency contact in the event of a medical emergency involving my child and I agree to indemnify and hold harmless Heather Wheeler and Healing Hearts Counseling in seeking care for my child.

Refund Policy: In the event a child must withdraw from camp, Heather Wheeler and Healing Hearts Counseling will refund 100% of camp fee through July 31, 2026 and 50% of camp fee after August 1, 2026. No refunds or credits will be given due to a student missing a day due to illness, personal scheduling conflicts or other reasons.

Parent/Guardian Signature: _____ Date: _____

For any questions or concerns, please contact Heather Wheeler at (541) 668-7613. You may fax the forms to (855) 870-7502 or email the forms to heatherwheeler@healingheartscounselor.com.