



Hospice and Palliative Care Foundation – Katherine’s Camp
 At Ripley’s Aquarium of Myrtle Beach
Child Application
 March 2-4, 2012

Please print and use ink or complete this form electronically and email. Please also include a photo of your child/children. This can be an electronic photo or an actual photo that will be returned to you. **Fill out all forms completely.** If you have questions or need assistance, contact the Hospice and Palliative Care Foundation at 864-641-8227 or info@hpcfoundation.org. Registration fee is \$50 per family.

Child Camper Name:

_____ (First) _____ (M.I.) _____ (Last)

Name and Relationship to Child of Adult (s) Attending With Child:

Address:

Street: _____

City: _____

Zip Code: _____

Phone Numbers:

Home: (____) _____

Parent/Guardian Work Number: (____) _____

Parent/Guardian Cell Number: (____) _____

Email address for family: _____

Child’s T-Shirt Size:

Children: ____ S (6-8) ____ M (10 -12) ____ L (14 – 16)

Teens and Adults: ____ S ____ M ____ L ____ XL ____ XXL ____ XXXL

General Information:

Age: _____ School Grade: _____ Date of Birth: ____/____/____

Sex: ____ Male ____ Female

Race: ____ White ____ African American ____ Hispanic ____ Other

What school does your child attend? _____

Emergency Contact Information:

Please list the name of 2 persons you would like us to contact in case of an emergency.

	<u>Name</u>	<u>Phone Number</u>	<u>Relationship to child</u>
Contact #1:	_____	_____	_____
Contact #2:	_____	_____	_____

Allergies (Please list any allergies or medical conditions):

Bereavement History

Please include as many details as possible when answering the following questions. Feel free to write on the back of this form or attach additional pages if necessary.

1. Who was the person who died (name):

2. How was the person related or associated/related to the child?

3. What was the cause of death?

4. When did the death occur? (date) _____

5. Age of your child when the death occurred: _____

6. Where did this person die? _____ Home? _____ Hospital? _____ Other
Please explain:

7. Was the child present at the time of death? _____ Yes _____ No
Explain the circumstances if child was present at time of death.

8. Did the child attend the funeral/memorial service? _____ Yes _____ No
If yes, what was your child's reaction to the service? What were their comments about it?

9. Has your child received any profession support to help with the grieving process?
(i.e., school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)

Yes No

If yes, is support currently being provided to your child? Yes No

If counseling is no longer in progress how long was the period of support provided?

10. Please explain how your child indicates that he/she is still grieving?

11. Have there been multiple deaths of loved ones experienced by this child?

Yes No

If yes, please describe the nature of death and the child's relationship to the person that died.

12. Have there been any other changes or stresses in your child's life?

(i.e., divorce, remarriage, relocation, illness, etc)

13. If your child has previously attended Katherine's Camp please tell us how your child has been doing since camp:

14. Please list or explain any information you would like to share about your child and the way they handled the recent loss of their family member or friend.

**Katherine's Camp
Indemnification Agreement**

I, _____, hereby give permission for my child, _____
to attend Katherine's Camp as specified on the attached application.

I understand that the camp's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

I give permission for my child to be photographed, videotaped, or interviewed during Katherine's Camp under staff supervision. This material may be used by the Hospice & Palliative Care Foundation for future publicity of Katherine's Camp, including the news media. _____ Yes _____ No

Release

I, for myself and on behalf of my child, release and discharge the Hospice & Palliative Care Foundation, its agents, board of directors, officers and volunteers from all claims, demands, actions, and judgments which I, or my child, ever had or now have or may have against the Hospice & Palliative Care Foundation for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her negligence or any other fault.

Signature: _____

Indemnification Agreement

I agree to indemnify and hold harmless the Hospice and Palliative Care Foundation for any and all claims, demands, and actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Hospice and Palliative Care Foundation for all personal injuries, either physical or emotional known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Katherine's Camp, including but not limited to, injury caused by or arising from the Hospice and Palliative Care Foundations' own negligence.

I, the undersigned, have read this release and understand all of its items.

Signature of Parent/Guardian

Date

After signing where indicated, please mail the entire completed application by February 11th, 2011.

**Katherine's Camp * PO Box 151 * Drayton, SC 29333
Phone (864) 334-0019
www.hpcfoundation.org**