

REGISTRATION FORM

Registration Deadline: Saturday, April 15, 2023

Today's Date:

CAMPER INFORMATION

Camper's Last Name:

First Name:

Home Address:

City: State: Zip Code:

Is this your first time attending camp? ☐ Yes ☐ No

Name of School: Current Grade:

Date of Birth: Sex: ☐ Male ☐ Female

Special Needs/Learning Disability:

Food Allergies:

CONTACT INFORMATION

Parent/Guardian:

Home Phone: Cell Phone: Work Phone:

Parent/Guardian E-mail:

ATTENDING CAMP IN MEMORY OF

First and Last Name of Deceased:

Relationship to Camper:

Cause of Death: Date of Death:

Was the death expected? ☐ Yes ☐ No

Please attach a separate sheet of paper to describe any changes in your child's thoughts, feelings, or behaviors that you have noticed since the death.

T-SHIRT SIZING

Youth: YM (8-10) YL (10-12) YXL (14-16)

Adults: S, M, L, XL, 2XL, 3XL

Parents/Guardians welcome to an open discussion session from 3:30pm to 4:30pm addressing questions concerning child grief support.



CONTACT US

If you know someone who would benefit from Camp Good Grief's services or if you or your company would like to learn more about volunteering or making a donation, please contact us today.

CAMP CONTACTS

Nicole Barkley

Email: nicole.barkley@compassus.com

Phone: 334-826-1899

MAIL REGISTRATION FORM

Camp Good Grief/Compassus
333 Samford Village Ct., Suite B
Auburn, AL 36830

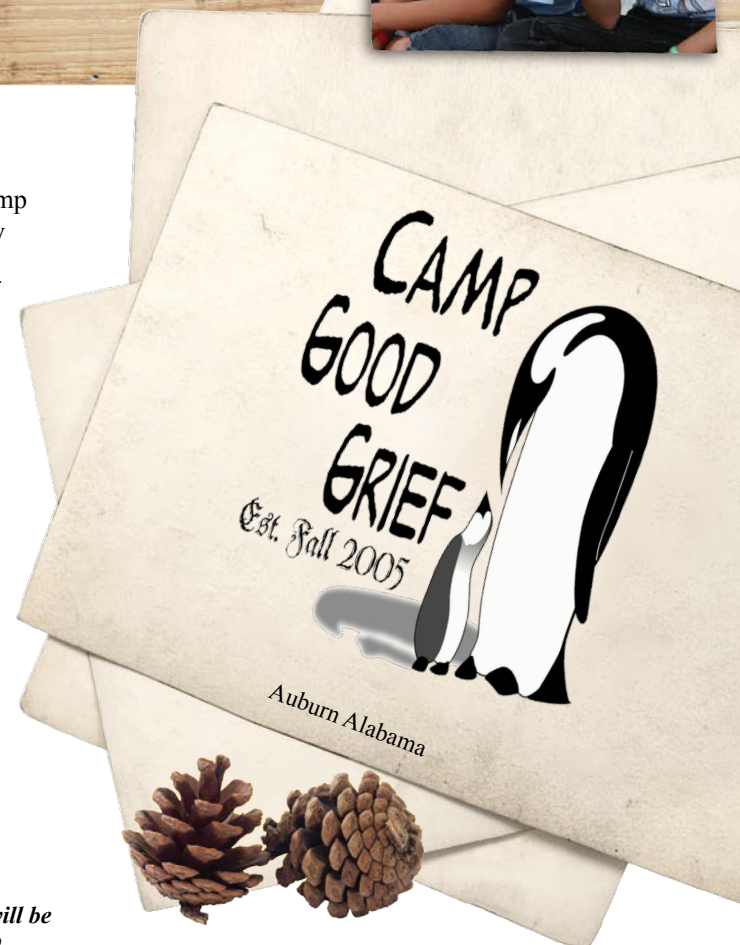
FAX REGISTRATION FORM

(334)-826-0756

If faxing, please call to confirm registration form has been received

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A Parent/Guardian letter containing needed details will be mailed to you approximately 1 week before camp.



ABOUT CAMP GOOD GRIEF:

HELPING CHILDREN TO HEAL

Camp Good Grief is a free day camp for children in 1st grade through 17 years of age who have experienced the loss of a parent, sibling, grandparent, aunt, uncle, or anyone who has been important in their life.

Losing a loved one is difficult at any age. But it is especially hard on a child. Founded in 2005, Camp Good Grief helps children who are struggling with the difficult emotions of a loss. At camp, children are able to express themselves and meet others their age dealing with similar situations.

Camp includes confidence building programs and age based support that helps kids to break the isolation that grief often brings. At camp, children find a place where they have a voice and can start to heal in a safe and fun environment.


In affiliation with Compassus
Living Foundation





CAMP SUMMARY

MEALS

Lunch and snacks will be provided to all campers.

STAFF

Camp Good Grief's volunteer staff, which is led by a team of grief and loss professionals, is carefully screened and receives specialized training on children's grief issues. Group leaders encourage children to process their grief in a healthy and constructive way.

DATE AND TIME

Camp will be held on Saturday, April 22, 2023
Check-in begins at 9:30am CST
Camp 10:00am - 4:00pm CST

Parents/Guardians welcome to an open discussion session from 3:30pm to 4:30pm addressing questions concerning child grief support.

LOCATION

Grace United Methodist Church
720 E. Glenn Ave.
Auburn, AL 36830

REGISTRATION DEADLINE:

Saturday, April 15, 2023

"I believe that these children will carry the love and concern that was shown to them for the rest of their lives."

-Grandmother of Camper

IN CASE OF EMERGENCY

Name:

Relationship to Camper:

Phone Number:

Please list any allergies and/or dietary restrictions that your child may have:

In the event of an emergency or sickness, I authorize the camp nurse to render necessary first aid. In the event that appropriate treatment cannot be provided at the campsite, I consent for my child to be taken to the Emergency Department where the physician will exercise his or her best judgment as to the diagnosis or treatment and hospital service that may be rendered. I understand that, should the need for medical care arise, I will be financially responsible for all costs incurred in rendering and providing medical attention to my child and neither Compassus, Hospice Angels Foundation nor Camp Good Grief is obligated to provide insurance or assume financial responsibility for medical assistance provided.

Parent/Guardian Signature

Date

CONSENT

*By signing below, I consent to the following:
I give Compassus, Hospice Angels Foundation and Camp Good Grief staff permission to photograph, video and/or interview my child and to use these images, recordings, and/or quotes in staff training and in the promotion of camp in the community via brochures, ads, newspaper articles, and other forms of publication.*

Parent/Guardian Signature

Date



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