



Adult & Children
Camp Hope Registration & Bereavement Participation Form
 Each participant must complete this form.
 Minors must have the form completed and signed by parent(s)/guardian(s).

Name _____ Age _____ DOB _____ Female ____ Male ____
 Home Phone _____ Cell _____ Work _____ Email _____
 Address _____ City/State/Zip _____
 Parent/Guardian _____ Phone _____
 Who did you lose? _____ How long ago? _____
 If this loss caused any specific effects, such as nightmares, depression, etc., please list: _____

In EMERGENCY: Parent/Guardian _____
 Phone Numbers: Home _____ Work _____ Cell _____
 Person (relationship) _____
 Family Physician _____ Phone _____
 Address _____
 Dentist _____ Phone _____
 Address _____

Your signature below serves as signature for Statement of Understanding, Release of Liability, and Photo/Video release (if not checked in box). (Parent or legal guardian must sign for all persons under 18 years of age.)

 Signature—Date: _____ Witness—Date: _____

ALLERGIC TO:
 ___ Foods (specify) _____ Medications (specify all types) _____
 ___ Serious ivy, oak or sumac poisoning _____ Bee or insect stings. Prescribed treatment _____
 List all present medical and allergic conditions (contact lenses, braces, diabetes, etc.) which require medication, treatment, or special restrictions or considerations in participation.

Condition(s):

Medication(s):

Specify any restrictions in activities:

STATEMENT OF UNDERSTANDING

I have been informed about and understand that I and/or my child(ren) have the opportunity to participate in any of the bereavement programs specified above and have checked those services in which I would be interested.

RELEASE OF LIABILITY

I understand and agree that Hospice of Knox County, its Board of Directors, officers, employees, volunteers and camp sponsors are released from any legal responsibility and/or liability for negligence arising out of any accident or illnesses that occur while my child (name of camper on form) or myself attends any/all programs provided.

PHOTO/VIDEO RELEASE

I give permission to Hospice of Knox County to use photographs voice and video images of the participant named above, and photographs voice and video images of any activities in which participant is involved in any and all public awareness programs of Hospice of Knox County.

____ **Please check if you do not agree.**

MEDICAL RELEASE

My child _____ has my permission to participate in Children’s Bereavement Groups (with the exception of those restricted activities listed). I understand that the participants will be supervised. I understand that employees and volunteers of Hospice of Knox County are not responsible in the event of accidental injury or illness nor for the compounded injury or illness to the participant’s present medical conditions listed. I further understand in case of serious injury or illness, I will be notified. I give my permission for my child to be transported to the nearest hospital facility. If I cannot be contacted, I give my permission to the family physician or to the emergency room physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature—Date:

Witness—Date:

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence or the negligence of the participant.

Hospice of Knox County charges no fee to the individual for counseling services; however, a donation to Hospice of Knox County is welcome, but not required.

Return to:

*Hospice of Knox County
17700 Coshocton Road
Mount Vernon OH 43050*

Questions, please call:

740-397-5188

Hospice of Knox County offers many diverse bereavement programs for families and community members. Please check the program(s) in which you are interested in participating. Programs include, but are not limited to:

Children’s Programs:

- ____ Individual & Family Counseling
- ____ Camp Hope
- ____ School Visits

- ____ Grief Works
- ____ Angel Talk

Adult Programs:

- ____ Passage
- ____ Healing Hearts
- ____ Caregiving Isn’t for Cowards

- ____ Expressions
- ____ Adult Orphan Workshop
- ____ Loss of a Child Workshop

Other Programs:

- Memorial Service at _____
- Presentation at _____
- Other _____

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For Office Use Only: (any other services requested)