



350 Industrial Pkwy South  
Aurora, ON L4G 3V7  
905-727-6815

# APPLICATION FORM

## GRIEF BUSTERS DAY CAMP

JULY 10 -14, 2017 OR JULY 17-21, 2017

PLEASE INDICATE PREFERENCE:     JULY 10 -14, 2017                      OR                       JULY 17-21, 2017

### CHILD/TEEN

Name \_\_\_\_\_

Gender:    Male     Female    Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### INFORMATION

Emergency Contact (if other than parent/legal guardian): \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is the child taking any medication? \_\_\_\_\_

Relevant medical conditions: \_\_\_\_\_

\_\_\_\_\_

**HISTORY**

Name of the person who died or who has a terminal illness? \_\_\_\_\_

How is this person related to the child? \_\_\_\_\_

What is/was the cause of illness or death? \_\_\_\_\_

What was the date that the person was diagnosed or died? \_\_\_\_\_

If the person is terminally ill, please describe their current condition: \_\_\_\_\_

\_\_\_\_\_

Please describe how your child is reacting to the terminal illness: \_\_\_\_\_

\_\_\_\_\_

If the person has died please check one:  Home  Hospice  Hospital  Other \_\_\_\_\_

Was the child present at the time of death? Explain circumstances: \_\_\_\_\_

\_\_\_\_\_

9. Did the child attend the funeral/memorial service? If yes, what was your child's reaction?

\_\_\_\_\_

10. Have there been other deaths of loved ones that your child has experienced?

\_\_\_\_\_

11. Have there been any other stresses in your child's life? (e.g. Separation or divorce, relocation, illness, etc.)

\_\_\_\_\_

\_\_\_\_\_

12. Reason you feel your child needs to attend this camp: \_\_\_\_\_

\_\_\_\_\_

## Waiver

1. In consideration of the above named child being granted permission by Hospice King-Aurora-Richmond Hill (HKARH) to attend Grief Busters Day Camp. I, for myself and on behalf of my child, release and discharge HKARH staff, Board of Directors, Officers or Volunteers, from all claims, demands, actions and judgments, which I or my child ever had or now have or may have against HKARH 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.
2. Also, in consideration of the above named child being granted permission by HKARH to attend Grief Busters Day Camp: I agree to indemnify and hold harmless HKARH for any and all claims, demand 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 HKARH 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 Grief Busters Day Camp, including but not limited to, injury caused by or arising from Grief Busters Day Camp own negligence.
3. I also understand that as part of Grief Busters Day Camp agenda, activities will be scheduled off site. Knowing such, I give my permission for the staff and/or volunteers of Hospice King-Aurora to accompany my child on a bus or or by walking, to such activities.
4. In case of emergency, I hereby give permission to Hospice King-Aurora staff to call 911 and then the emergency contact listed in the application form.

I \_\_\_\_\_, **have read this waiver. I have explained the contents to my child (other) and we agree to all of its items. We acknowledge this by signing below.**

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Signature of Parent/Guardian

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Date

## Indemnification Agreement

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_ to attend Grief Busters Day Camp in July 2017. I understand that the Grief Busters Day Camp goal is to facilitate my child's journey of grief by providing support for her/him in expressing their feelings; as well as having a fun and enjoyable experience within a peer support day camp setting.

I give permission for my child to be photographed or interviewed (by HKARH or volunteers) during Grief Busters Day Camp under **staff supervision**. This material may be used exclusively by HKARH for future publicity of the Grief Busters Day Camp, or for HKARH program awareness, including the news Media.

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

