

Family Name for Registration: _____



Good Shepherd Hospice Presents Bob Sweeney's Camp Hope

*Camp Alvernia, 105 Prospect Rd, Centerport, NY 11721
Saturday July 16th, 2022*

For children ages 5 to 17 who have experienced the death of an immediate family member, accompanied by a parent/legal guardian/caregiver.

Family Authorization - To be completed by parent/caregiver/legal guardian.

Parent/Caregiver Name:

Child #1	Last Name	First Name	Age	DOB
Child #2	Last Name	First Name	Age	DOB
Child #3	Last Name	First Name	Age	DOB
Child #4	Last Name	First Name	Age	DOB
Child #5	Last Name	First Name	Age	DOB

How many times have you attended Camp HOPE?	
Deceased's Name	Date of Death
Children's Relationship to the Deceased	
Caregiver's Relationship to the Deceased	
Was the deceased enrolled in Good Shepherd's Hospice Program?	

DEMOGRAPHIC INFORMATION

Parent/Caregiver Address	
Email Address	
Primary Phone Number	Secondary Phone number
Alternate Emergency Contact Name	Emergency Contact Phone Number

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ATTENDEE QUESTIONNAIRE – Child #1 *Child's Shirt Size/ Circle One: Child – S - M- L Adult – S – M – L*

Child's Name	
Have there been any significant changes in the child's life subsequent to the death?	
Are there any issues the child is struggling with right now?	
Is there anything about your child's needs, abilities, or limitations that would help us make this experience better?	
Does your child have any food allergies? If yes, please describe	
Is your child taking any medication we should be aware of? If yes, please describe	

ATTENDEE QUESTIONNAIRE – Child #2 *Child's Shirt Size/ Circle One: Child – S - M- L Adult – S – M – L*

Child's Name	
Have there been any significant changes in the child's life subsequent to the death?	
Are there any issues the child is struggling with right now?	
Is there anything about your child's needs, abilities, or limitations that would help us make this experience better?	
Does your child have any food allergies? If yes, please describe	
Is your child taking any medication we should be aware of? If yes, please describe	

ATTENDEE QUESTIONNAIRE – Child #3 *Child's Shirt Size/ Circle One: Child – S - M- L Adult – S – M – L*

Child's Name	
Have there been any significant changes in the child's life subsequent to the death?	
Are there any issues the child is struggling with right now?	
Is there anything about your child's needs, abilities, or limitations that would help us make this experience better?	
Does your child have any food allergies? If yes, please describe	
Is your child taking any medication we should be aware of? If yes, please describe	

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ATTENDEE QUESTIONNAIRE – Child #4 *Child’s Shirt Size/ Circle One: Child – S - M- L Adult – S – M – L*

Child’s Name	
Have there been any significant changes in the child’s life subsequent to the death?	
Are there any issues the child is struggling with right now?	
Is there anything about your child’s needs, abilities, or limitations that would help us make this experience better?	
Does your child have any food allergies? If yes, please describe	
Is your child taking any medication we should be aware of? If yes, please describe	

ATTENDEE QUESTIONNAIRE – Child #5 *Child’s Shirt Size/ Circle One: Child – S - M- L Adult – S – M – L*

Child’s Name	
Have there been any significant changes in the child’s life subsequent to the death?	
Are there any issues the child is struggling with right now?	
Is there anything about your child’s needs, abilities, or limitations that would help us make this experience better?	
Does your child have any food allergies? If yes, please describe	
Is your child taking any medication we should be aware of? If yes, please describe	

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Terms of Agreement

1. COVID precautions must be followed at all times. Proof of vaccination or negative test result within 48 hrs. of camp is required. Rapid testing will be available at registration. Masks are to be worn by all attendees, temperature and COVID screenings will be conducted prior to admission to Camp. All participants must follow social distancing guidelines and rigorous hand sanitizing practices. Any deviation from these guidelines may result in dismissal from Camp at any time.
2. Attendance at the Camp is mandatory for one parent/caregiver/legal guardian of children attending on July 16th 2022. There will be no exceptions to this requirement. The adult sessions will run concurrently with the children's sessions. Child care will NOT be available for younger children not registered for the camp. Please make arrangements for supervision concerning these children as their attendance at the camp will not be permitted.
3. For the safety and general welfare of all children attending, Good Shepherd Hospice reserves the unrestricted right to dismiss enrollees from the camp when their conduct or influence, in the opinion of the staff, is contrary to the best interests of the event or demonstrates that the enrollee is emotionally unable to sustain their attendance.
4. My permission is hereby granted for use of my photo in ongoing event activities. Good Shepherd Hospice has the right to use such photography and/or filming in agency newsletters and across all other communications media. Every effort will be made to preserve the confidentiality and anonymity of the enrollees in the event these photos are used publicly.

Parent/Caregiver/Legal Guardian Agreement

I have read the Enrollment Agreement Form. I understand its terms and I accept its conditions. With my signature below, I consent to attend Camp HOPE under these conditions.

In consideration of my agreement to attend the Camp, I absolve and release the Robert L. Sweeney Foundation, and Good Shepherd Hospice, and any of their agents for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and in equity, which I ever had or now have or may have against Good Shepherd Hospice, the Robert L. Sweeney Foundation and any of their agents for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my person or property during my attendance at the camp gathering at Camp Alvernia including but not limited to injury caused by or arising from the camp or any of its agents' own negligence.

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

Adult Signature

Date

**FORM MUST BE SIGNED AND RETURNED NO LATER THAN
June 30, 2022**

Space is limited. Children will be enrolled on a first come/first served basis.

Please return your completed form to:

**Maribeth McKeever, LCSW-R, ACHP-SW
Director of Bereavement
Good Shepherd Hospice
110 Bi-County Blvd, Suite 114
Farmingdale, NY 11735
Phone: 631-828-7628**