

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:	☐ J ULY 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	Relati	onship:
Daytime Phone	Evening Pl	none
Address (if different from above):		
City:	Postal Co	de:
Email Address:		
INFORMATION		
Emergency Contact (if other than p	parent/legal guardian):	
Relationship to the Child:	Dayti	me 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

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- 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.

In case of emergency. I hereby give permission to Hospice King-Aurora staff to call 911

ı	, have read this waiver. I have explained the contents
	and then the emergency contact listed in the application form.

to my child (other) and we agree to all of its items. We acknowledge this by signing below.

Signature of Parent/Guardian Date	Date	 Signature of Parent/Guardian

Indemnification Agreement

l,	, hereby give permission for my child,
to atte	end 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 the	eir feelings; as well as having a fun and
enjoyable experience within a peer support da	ay camp setting.
I give permission for my child to be photograph	ned or interviewed (by HKARH or volunteers)
during Grief Busters Day Camp under <u>s<i>taff su</i></u>	pervision. This material may be used
exclusively by HKARH for future publicity of the	e Grief Busters Day Camp, or for HKARH
program awareness, including the news Media	l .
Yes No	
Signature of Parent/Guardian	Date

Camp Donation Form

Hospice King-Aurora-Richmond Hill welcomes all families to our services regardless of financial circumstances. We know that suffering the loss of a loved one creates many stresses; emotional, physical, spiritual and financial. We receive support from our community; however donations and pledges are always welcome from participants in the amount and frequency at the discretion of each family.

Amount of Pledge						
□ \$20 □ \$30 □ \$50 □	□ \$75	□ \$100	□ Other Amount			
Method of Payment						
☐ Cash ☐ Cheque (payable to Hos	□ Visa □ MasterCard spice King-Aurora)					
Ongoing Pledges						
♥ Ongoing pledges may be made usi		-				
processed the first of the month. ♥ At	-		<u> </u>			
discontinuing your contributions or y cancelled at any time.	ou may sp	ecify an end	date below. ♥ Ongoing pledges may be			
□ Monthly		Quarterly	□ Semi-Annually			
Name on card Phone						
Card #:						
Expiry Date:/ Signature of Card Holder:						
If interested, please indicate an end date for your ongoing pledge/						
Tax Receipt Information						
☐ Please send a charitable tax receipt to the following address to acknowledge our contribution to Hospice King-Aurora. (Donations \$20 and over)						
Please Fill out information below						
Name:	Address	:				
City:	Province	9:	Postal Code:			
Phone #: Home ()	•	Work ()			

HOSPICE KING-AURORA 350 Industrial Pkwy South Aurora, ON L4G 3V7 905-727-6815 Charitable Registration # 13451 7820 RR0001