



Dear Parents/Guardians:

We are excited about your interest in Camp Erin® South Florida!

Camp Erin is a free weekend bereavement camp for children and teens ages 6 to 17 who are grieving the death of a significant person in their lives. Camp Erin combines grief education and emotional support with fun traditional camp activities. Our grief professionals and trained volunteers provide a caring environment for campers to explore their grief, learn essential coping skills, and make friends with peers who are also grieving.

Due to the on-going COVID-19 pandemic, we are not doing overnight camps until further notice. We have developed a program where our campers can still receive support, process their grief and make meaningful connections, while ensuring the health and safety of our campers, volunteers and staff. All steps in the application process will be done virtually online or over the phone.

In order to register your child(ren) for Camp Erin, we require the following:

1. **Application** – An application must be completed for **each child** prior to being considered for camp. Submit completed applications via e-mail to **CampErin@catholichospice.org**.
2. **Interview** – A Camp Erin team member will contact you to help familiarize you and your child (ren) with our camp programming. It is also important for us to get to know your child(ren). The interview will help determine your child's readiness for camp and if Camp Erin fits their needs.
3. **"Save Your Spot" Orientation** – At "Save Your Spot," you and your campers will get to meet the Camp Erin team and other campers and their families, while confirming your spot(s) at camp. Your attendance is **required**.

If you have any questions or need assistance, please contact me at **(786) 920-2991** or by e-mail at **gsantayana@catholichospice.org**.

Sincerely,

Gian Carla Santayana, MS, LMFT
Manager, Special Programs

Catholic Hospice, Inc.

2900 West Cypress Creek Road | Suite 7 | Fort Lauderdale, FL 33309

O. 954-944-2709 | F. 954-944-2697 | gsantayana@catholichospice.org

www.camperinsouthflorida.org





CAMPER APPLICATION CHECKLIST

Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Child's Mailing Address: _____

T-Shirt Size: (Check one) Child Small Child Medium Child Large
 Adult Small Adult Medium Adult Large Adult XL

Race/Ethnicity: (Check all that apply)
 Black/African American White/Caucasian Hispanic/Latino Asian Multiracial

Principal concerns: _____

What would you hope that your child would gain from attending Camp Erin? _____

Attended Camp Erin before? (Check one) Yes No **If Yes, Year/Location?* _____
If yes, what would you like your child to gain this time from attending Camp Erin? _____

Have you talked to your child about the possibility of attending Camp Erin? (Check one) Yes No

Military Affiliation: (Check one) Yes No **If Yes, which Branch?* _____

Does the camper applicant qualify for or receive free or reduced lunch at school? (Check one) Yes No

Was the deceased a significant caregiver of the camper? (Check one) Yes No

Person Completing Application: _____ Relationship to Child: _____

E-mail: _____ Phone Number: _____

How did you hear about Camp Erin? _____





BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.

Child's Name _____ Child's age _____

Full name of deceased _____ Relationship to child _____

Date of death _____ Age of deceased at time of death _____

Was the death anticipated or sudden? _____ Cause of death _____

Please describe how the death was explained to the child: _____

How you describe your family's communication style regarding the death? (Check one)

Open
 Adequate
 Very Little
 Avoided
 None

Please check if either of the following statements are **TRUE**:

Child/Adolescent was present at time of death.

Child/Adolescent does not understand the facts about the deceased's cause of death.

Child/Adolescent currently receives professional support. If so, explain: _____

This is not child's first experience with death. If so, explain: _____

Please indicate other changes/stresses in child/adolescent's life (i.e., illness, relocation, divorce, history of abuse, remarriage, finances, other losses) _____

Please explain how your child indicates that he/she is grieving. Do they speak openly about the person who died? _____

Reaction to Loss: (Check all the behaviors your child has exhibited following the death of the loved one)

Withdrawn/Isolation	Drug/Alcohol Use	Fearful of _____
Depression/Sadness	Causing harm to self/others	Believes that death was his/her fault
Suicidal thoughts/talk	Anger/Aggressiveness	Believes that death is punishment
Nightmares	Crying Spells	Separation Anxiety
Other: _____		

Difficulty with: (Circle all that apply) Energy Weight School Attendance Self-esteem

Describe your child/adolescent's personality and any special needs (language, disability, and/or religious needs), family customs, cultural aspects, concerning behaviors/moods that we should be aware of to better serve your child.





MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Does your child:	(Check one)		
<i>Have physical limitations?</i>	Yes	No	<i>* If yes, specify:</i> _____
<i>Wear glasses/contacts?</i>	Yes	No	
<i>Have allergies?</i>	Yes	No	<i>* If yes, specify:</i> _____
<i>Dietary Restrictions?</i>	Yes	No	<i>* If yes, specify:</i> _____

<i>Have significant medical history?</i>	Yes	No	<i>*If yes, specify:</i> _____

<i>Take medication?</i>	Yes	No	<i>*If yes, specify:</i> _____

Is your child under the care of a Primary Care Physician (PCP)? (Check one) Yes No

Child's PCP Name: _____ Phone Number: _____

Physician Address: _____

Is there a hospital that your insurance mandates? (Check one) Yes No

If yes, what is your hospital of choice: _____

In case of an emergency, please contact the following persons (in order):

Emergency Contact Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Name: _____

Home Phone Number: _____ Cell Phone Number: _____





Consent for Medical / Surgical Care, Emergency Treatment and Medical Information

Child's Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Relationship to Child: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin® staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/or problems: _____

List all medications (prescription/non-prescription) that your child will need to take while at camp:

Name of medication	Dose	Frequency	Prescribing Physician	Reason for taking

***All medications must be in their original containers**

Child's allergies (i.e., food, medication, and all other allergies) and indicate reactions: _____

Does your child have medical insurance: Yes No **If yes, please complete below*

Name of Health Insurance Carrier: _____ Phone Number: _____

Policy Holder's Name: _____ Policy & Group Number: _____

Signature of Policy Holder: _____ Date: _____

***PLEASE MAKE COPY OF INSURANCE CARD AND ATTACH TO FORM**





Custody Release Form

Name of Camper: _____

Camper Date of Birth: _____

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin®, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper:

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

E-mail: _____

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

Signature of Parent/Guardian

Date





Catholic Hospice, Inc. Privacy Release Statement

I, the undersigned, am guardian of _____ and do hereby voluntarily participate and give authorization for the minor child to appear in photographs and/or interviews with respect to Camp Erin® and its activities.

I do hereby consent to the use of the above materials in any form of media (publications, radio, television or internet). I also understand that my identity may be disclosed in connection with the photographs and/or interviews.

I do hereby release, Catholic Hospice, Catholic Health Services and the Archdiocese of Miami, its agents and employees from all liability in connection with the above. I waive any right to inspect or approve the finished product, the advertising or other copy that may be used in connection with the above.

I hereby consent to the above, without expectation or remuneration to me now or in the future. The agreement shall be binding upon my heirs, personal representatives and assigns.

Print Name/Parent or Legal Guardian

Print Name/Catholic Hospice Rep.

Signature

Signature

Date

Date





2021 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement (“**Consent and Release**”), I hereby grant certain rights to Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release confirms my child's and my grant of rights and our agreement is as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”).

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

2. Contact. Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, officers, employees and advisors (collectively, the “**Released Parties**”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

(over please)

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant is a: Youth Camper Family Member Volunteer Visitor Camp Erin Leadership/Staff

Is Participant an employee of the organization hosting Camp Erin? Yes No

Please initial if individual signing is the parent or legal guardian of the Participant: _____

Participant Name: _____ Date of Birth: _____ / _____ / _____

Parent or Guardian Name (if applicable): _____

Address: _____

City, State and Zip: _____

Phone Number: Mobile Home _____

Participant Email (optional for Youth Campers*): _____

Parent or Guardian Email (if applicable): _____

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: _____ Date: _____

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

*Eluna will only use Youth Camper email address to send Youth Camper the Camper Newsletter.



Assumption of Risk and Liability Release Agreement

The novel coronavirus, which causes the disease COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Catholic Hospice, Inc. ("Local Camp") has put in place measures designed to reduce the spread of COVID-19. However, Local Camp and Eluna **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this Liability Release Agreement, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Local Camp and their respective directors, officers, employees, agents, volunteers, or program participants and their families.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities ("Claims"). On behalf of myself and my children, heirs, representatives and assigns, I hereby release, hold harmless and discharge Local Camp and Eluna, and their respective directors, officers, employees, agents, and volunteers ("Released Parties") from, and covenant not to sue the Released Parties for, any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto that I, or my children and I, may have or acquire. I understand and agree that this Liability Release Agreement includes but is not limited to any Claims based on the actions, omissions, or negligence of the Released Parties. If any provision of this Liability Release Agreement is held to be invalid or unenforceable, then that provision shall be severed, and all remaining provisions shall be given full force and effect.

Print Name of Participant: _____

Check the appropriate box: Youth Participant Family Member Volunteer Staff

Signature of Parent/Guardian of Youth Participant

Date

Printed Name of Parent/Guardian of Youth Participant

Date

Signature (Volunteer/Staff/Family Member)

Date