

CAMP HAVENHEART YOUTH (ages 7-17)

REGISTRATION FORM

Registration Deadline:
September 20, 2024

Return to: HOPE HOSPICE
611 N Walnut Ave., New Braunfels, TX 78130
grief@hopehospice.net
Phone: 830-358-5300

Camp HavenHeart Youth will be held on **October 12-13, 2024** at John Knox Ranch in Fischer, TX. A screening interview is required for each youth participating. Campers are accepted on a first-come, first-serve basis after it is determined that they are emotionally ready to participate in and benefit from the camp. **Priority will be given to those who have not yet attended one of our camps. Space is limited. All families will be contacted by September 23, 2024. If you sent in a registration form and have not heard from us by then, please call the Grief Center at 830-358-5300.**

CHILDREN attending camp

Name	Gender	DOB	Age	School/Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents/Guardians

Name	Gender	DOB	Age	Relationship to child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mailing address: _____

City, State, Zip code: _____

Is this address within New Braunfels city limits? ___ Yes ___ No ___ Unsure

County of Residence: _____

Phones: (h) _____ (w) _____ (c) _____

Custody:

Are you the legal guardian of the above-named child/children? Yes No*

Has there been a divorce or custody agreement involving the child/children? Yes* No

*We will need a copy of the divorce decree, and any relevant custody paperwork before we can begin services. We also need the signatures of the legal guardians to complete camp paperwork.



T-shirt sizes (please list youth attending camp and circle t-shirt size):

_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL
_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL
_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL
_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL
_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL
_____	Child: S M L Adult: S M L XL XXL XXXL XXXXL

How did you hear about Camp HavenHeart? _____

What do you want your child to gain from the camp experience? _____

Information Related to the Death

Name of person who died _____

Date of Death _____ Age _____ Date of Birth (if known) _____

Relationship to family members (i.e., father/husband): _____

Cause of death _____

Was the death: Sudden Lingered Traumatic

Was the person who died served by Hope Hospice? Yes No

Where did the person die? Home Hospital Other Location: _____

Did the deceased live with your family? _____

Was anyone in the family present when the death occurred? If so, who? _____

What have the children been told about the death? _____

What end-of-life traditions were practiced (i.e., wake, funeral, burial, cremation, etc.)?

Did the children attend? Yes No

If not, why not? _____

Family beliefs/religious affiliation: _____



Is there any other information about the death you would like for us to know? _____

Please share any additional information that would help us to work with your family (i.e., special needs, medical concerns, personality traits, etc.): _____

Have there been any other major changes for your family **since** the death? (Include divorce, moves, change of schools, new health problems, unemployment, financial hardship, loss of pet, friend moved, etc.) _____

Have there been any other traumatic events **prior** to the death (include deaths of other family members, divorce, moves, history of abuse, etc.) _____

Are any family members seeing a counselor? If yes, what is the counselor's name?

Are any family members taking medication? (Please list whom, the medications, and the purpose): _____



How would you describe your family's communication style regarding the death?

- Open
- Adequate
- Very little
- Avoided
- None

Please list **each** family member in a column below and indicate how they are coping with the loss.

Name of family member (children & adults)						
Able to talk about the person who died						
Refusing to talk about the deceased						
Avoiding any reminders of the deceased						
Expressing suicidal feelings & ideation						
Engaging in self-harm behavior						
Reaching out to others for support and comfort						
Isolating from others/withdrawal from activities						
Acknowledging and expressing grief-related feelings as they arise						
Increased aggression towards self or others						
Separation anxiety						
Changes in behavior (sleeping, eating, etc.)						
Conflict in relationships with friends or family						
Other (Please describe)						

BEREAVEMENT DATA FORM

In order to qualify for essential funding which allows Hope Hospice to provide the best possible services to all who need it in our community, we are required by local, state and federal guidelines to collect accurate statistical information about our clients. Your cooperation in providing this information is greatly appreciated. All personal information provided to us on this form is kept confidential and will be used for statistical purposes only. Thank you.

Ethnic Origin

- African American
- Hispanic
- Caucasian
- Mixed (Hispanic/Caucasian)
- Mixed (African American/Caucasian)
- Mixed (Other)
- Other

Please list all family members attending camp:

Including all adults and children, how many people reside in your household? _____

Cause of death of loved one:

- Cancer
- Heart disease/attack
- Stroke
- COPD
- Auto Accident
- Homicide
- Suicide
- Undetermined
- Other: _____

**Total Combined Family Income
for the Last Year: _____**



The health and bereavement history forms included in this packet are completed correctly so far as I know, and the children herein described have my permission to participate in the planned camp activities, except as noted. If one of these children appears to be ill, I will not send him/her to the program. I give permission for general first aid to be administered to these children. I give permission to Hope Hospice to share the information contained in this registration packet with Camp HavenHeart counselors and volunteers who will be working with these children/adults.

I understand that submission of an application does not guarantee acceptance into this program.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Email Consent:

I would like to receive information from the Center via email. I understand that email is not a form of confidential communication. I acknowledge that I have received a copy of Hope Hospice's Use of Electronic Mail form which explains the risks and guidelines for email communications. If at any time, I wish to discuss a concern with staff, I will call rather than email. If I have an emergency or urgent situation, I will call 911 or go to the nearest emergency room for immediate help.

Please initial one: Yes _____ No _____

Email address: _____

Telephone Calls and Voicemails:

I consent to allow an employee or representative from Hope Hospice to telephone my home or another designated location and leave a message on voice mail or in person in reference to any item that may assist the agency in carrying out treatment and operations.

Yes _____ No _____

PLEASE LIST SOMEONE ASIDE FROM PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY:

Name: _____ **Relationship to child:** _____

Phone Number: _____



Confidentiality Statement

Hope Hospice is happy that you and your family have decided to make Camp HavenHeart a part of your healing process. We would like you to be aware of the following Bereavement Program policies:

The Camp HavenHeart staff is made up of trained volunteers and counselors. Our goal is to make the camp experience a positive and healing one. One way we accomplish this goal is by protecting your confidentiality. Your communication with camp staff is strictly confidential. We must have your written permission to release or obtain any information concerning you. Exceptions to this policy include:

- Mandatory reporting of any possible child/elder abuse.
- The clear possibility of harm to yourself or other people.
- Court ordered release of records.

In these cases, Texas law requires that confidentiality be breached only to the extent necessary to comply with law enforcement or to ensure the safety of the individual(s) involved.

In addition, the counselors and volunteers may disclose confidential information under the following circumstances:

- For case consultation or supervision
- For auditing purposes through the agency or funding sources
- When a signed, written Release of Information is completed.

It is expected that during camp, personal information will be discussed. In order to make this comfortable for everyone, it is our policy to ask camp participants to honor confidentiality as well. It is imperative that whatever is discussed at camp not be repeated to anyone.

Please sign below indicating that you have read and understand the above policies. The signature of a parent or guardian indicates that you have explained the above policies to your child(ren) and will assist them in maintaining confidentiality.

Signature of Parent or Legal Guardian	Date
Signature of Parent or Legal Guardian	Date



Informed Consent, Release, and Indemnification Agreement

1. I, _____, hereby give permission for my/our child(ren), _____, to attend Camp HavenHeart. I understand the camp’s goal is to help facilitate the bereavement process for my family and provide support for us in expressing feelings of grief.

2. I give permission for my family to be photographed and/or videotaped during Camp HavenHeart. I understand that these photographs and/or videotapes will remain the property of Hope Hospice, and they may now or in the future be used for promotional and/or educational purposes. In addition, Hope Hospice may make selected group photos available as a gift to the families at the conclusion of Camp HavenHeart.
Yes _____ No _____

3. I hereby authorize Summer Sahd, LPC, and/or her designated representative, to order any first aid and/or medical treatment which she deems necessary in case of sickness or injury of the above named child(ren) or adults; and hereby agree to indemnify and hold her and/or Hope Hospice harmless from any and all claims for any injury which could be sustained by said child(ren) or adults during the Camp HavenHeart event.

4. In consideration of the above named child(ren) being granted permission to attend Camp HavenHeart, I, for myself and on behalf of my child(ren), release and discharge Hope Hospice, their agents, employees, volunteers and officers, from any and all claims, demands, actions and judgments which I or my child(ren) ever had, now have, or may have against Hope Hospice for personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by me or my child(ren)’s person or property during our attendance at Camp HavenHeart, whether the injury is caused by negligence or any other fault.

5. Also, in consideration of the above-named child(ren) being granted my permission to attend Camp HavenHeart, I agree to indemnify and hold harmless Hope Hospice for any and all claims, demands, actions, and judgments whatsoever of every name and nature, both in law and equity, which I or my child(ren) ever had, now have or may have against Hope Hospice for personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by me or my child(ren)’s person or property during our attendance at Camp HavenHeart, due to injury caused by or arising from negligence.

6. I understand that if any child(ren) is to become disruptive at any time throughout the duration of camp, that the camper in question may be asked to leave camp. Guardians or emergency contact must be available to pick up the camper within two hours of being notified.

I have read this release and understand all of its terms.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

