



# GOOD GRIEF GROUP

406-755-6760 • PO Box 7896 • Kalispell, MT 59904 • goodgriefcamp.org • goodgriefcamp@gmail.com

FOR THE **EXPRESSION & HEALING** OF GRIEF

## Day Camp Registration Form

*(To be completed by Camper/Parent/Guardian)*

This information is **STRICTLY CONFIDENTIAL**. Please answer the following questions for the camper. By providing this information, you are assisting us in keeping Good Grief Tween Relief safe and beneficial for all who participate.

Please complete requested information, sign and return application to: PO Box 7896, Kalispell, MT 59904  
or email to: [goodgriefcamp@gmail.com](mailto:goodgriefcamp@gmail.com)

Date of Application: \_\_\_\_\_

Name of Camper (First, Last): \_\_\_\_\_

Age: \_\_\_\_\_ Shirt size: \_\_\_\_\_  adult  youth

Name of Guardian(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Work (If ok to contact): \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings Name & Age: \_\_\_\_\_

Insurance Company (For grant writing purposes only): \_\_\_\_\_

Name & relationship(s) to camper of the person who died? \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Please share your concerns or significant changes in your child has had due to the loss of their loved one: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Case of emergency, if a parent or guardian is not reachable, list someone you would like us to contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

If your child is seeing a mental health professional, could a member of the camp team contact that therapist if necessary? Confidentiality will be maintained at all times. Please sign the attached release of information. Please provide their name and contact information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Good Grief Group Medical Survey

Symptoms	PRN Medication used*
Menstrual cramps, ankle sprains, other minor soft tissue injuries	Ibuprofen, Tylenol
Headache	Ibuprofen, Tylenol

\* All dosages are based on weight and/or age per manufacturer's instructions.

Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Good Grief Group Camper Liability Release and Medical Treatment Consent

In consideration for (Camper's Name) \_\_\_\_\_ to participate in Good Grief Group Day Camp on \_\_\_\_\_ at \_\_\_\_\_

and understanding that there exists a risk of personal injury during such event, I hereby allow my son/daughter/ward to participate in Good Grief Day Camp and release Good Grief Group, officers and volunteers from any and all liability claims, injury, damage and demands that may occur as a result of their participation in Good Grief Day Camp. Furthermore, the undersigned expressly agrees to indemnify and hold harmless Good Grief Group, its officers and volunteers against loss from any and all further claims and actions that may hereafter at any time be brought by my son/daughter/ward for the purpose of enforcing a claim for damage on account of injuries sustained by reason of son/daughter/ward medical treatment as needed.

This release shall be binding upon my heirs and personal representative of the undersigned.

Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Good Grief Group Photo Consent for Campers

Good Grief Group will have photography activities and there will be volunteers taking pictures that will be used for their scrapbook that each camper will take home to remember their time at camp and share their experiences with family, friends, and others. I understand that photos may be taken home by campers and/or used as training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

- I give my permission to have camper/self pictures taken as part of the camper's photography activities and creating scrapbooks for campers.
- I do NOT give my permission to have camper/self pictures taken as part of the camper's photography activities and creating scrap books for campers.
- I give my permission to have camper/self pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.
- I do NOT give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

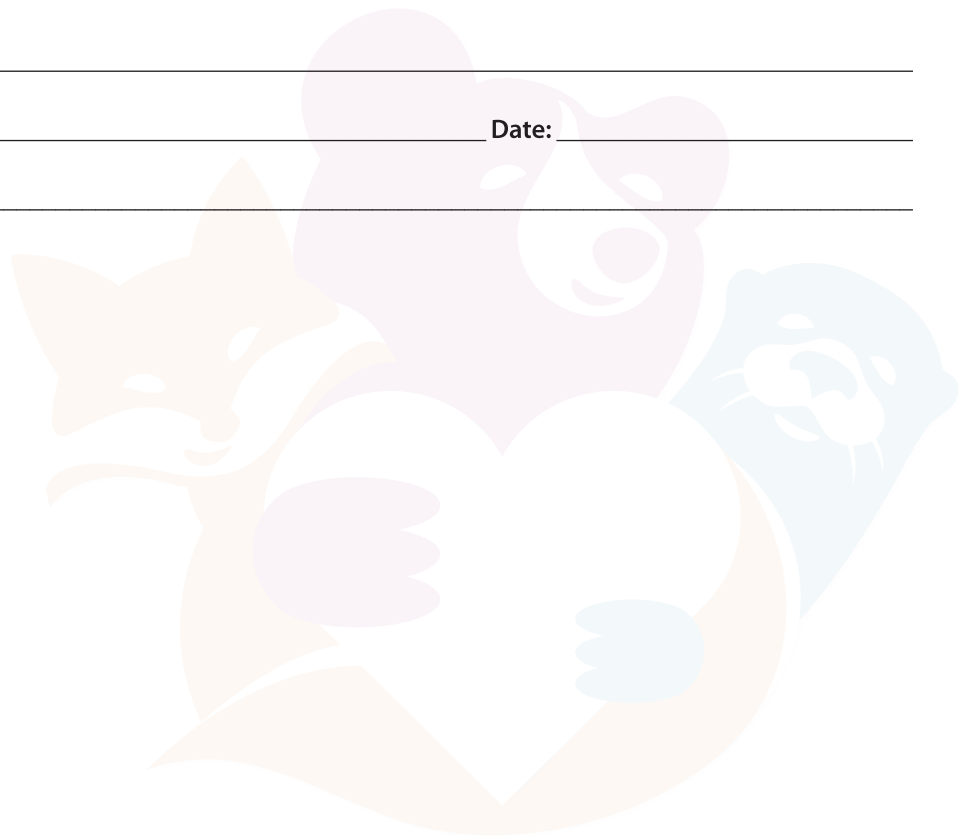
Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is there anything else that would be helpful for us to know about this camper: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Self or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print signed name: \_\_\_\_\_



**THANK YOU**

For sharing the day with us!