



# GOOD GRIEF TWEEN RELIEF

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FOR THE **EXPRESSION & HEALING** OF GRIEF

## Good Grief Tween Relief Intake Survey

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

This information is **STRICTLY CONFIDENTIAL**. Please answer the following questions with your 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 (13-15): \_\_\_\_\_ Shirt size: \_\_\_\_\_  adult  youth

What name does the camper like to be addressed: \_\_\_\_\_

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

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

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

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

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

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

Name of school camper attends: \_\_\_\_\_ Religious preference: \_\_\_\_\_

Has the camper been away from home before?  Yes  No

Has the camper been to any Good Grief Camps before?  Yes  No If Yes, how many times? \_\_\_\_\_

Name of loved one(s) who died: \_\_\_\_\_

Relationship(s) to camper of the person who died? \_\_\_\_\_

How old was the camper at the time? \_\_\_\_\_

Anything else to share about the death experience / circumstances / effect on the camper? \_\_\_\_\_

\_\_\_\_\_

Any worries / concerns coming to camp? \_\_\_\_\_

\_\_\_\_\_

What do you hope the camper will gain from this camp? \_\_\_\_\_

\_\_\_\_\_

How does the camper show respect to others? \_\_\_\_\_

\_\_\_\_\_

How can others show respect to the camper? \_\_\_\_\_

\_\_\_\_\_

What are the camper's special talents / skills / interests (musical, artistic, sports, outdoors, etc.) \_\_\_\_\_

\_\_\_\_\_

Anything else to share about the camper or additional comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Good Grief Tween Relief 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 my tween's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.
- I do NOT give my permission to have my tween's pictures taken as part of the camper's photography activities and creating scrap books for campers.
- I give my permission to have my tween'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.
- I do NOT give my permission to have my tween'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.

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

Please check all that applies to the camper:

History of physical abuse    History of running away    History of bed wetting

History of sexual abuse    History of sleep walking

History of destructive behavior to:  self    others    property

If your tween 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:

Therapist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Good Grief Tween Relief Camper Liability Release and Medical Treatment Consent

In consideration for (Camper's Name) \_\_\_\_\_ to participate in Good Grief Tween Relief on date(s) \_\_\_\_\_ 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 Tween Relief 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 Tween Relief. Furthermore, the under signed expressly agrees to indemnify and hold harmless Good Grief Group, it's 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.

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

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

## Good Grief Tween Relief Understanding of Behavior Consequences

### I understand I may get "Time Out" for the following behaviors:

- Refusing to participate (unless permission from someone in authority)
- Refusing to do assigned chores
- Being in an out of bounds area
- Leaving an assigned area without permission
- Inappropriate language
- Refusing to follow requests from adults

*Time out will be with an adult in clear view of other campers and staff.*

*Sometimes one-on-one attention may be needed to help with behavior concerns.*

### I understand my family will be called and I may have to leave Good Grief Tween Relief for the following behavior incidents:

- Running away
- Stealing
- Intentionally starting a fire
- Destructive behavior to self, others or property
- Inappropriate touching
- Having or using drugs, cigarettes or smokeless tobacco
- Having a weapon such as a knife or gun or threatening to use an object as a weapon
- Refusing to accept assigned "time outs"

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

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THANK YOU

For completing this application and especially for gifting us your tweens for camp!