8TH ANNUAL

Registration deadline—Tuesday Apr. 10, 2012

Presented by Hospice Advantage EAMC

A FREE day camp for children ages 5-17 who have suffered the loss of a loved one through death.
Saturday, April 21, 2012
7:45 a.m.—3:30 p.m.
Opelika SportsPlex
1001 Andrews Rd.
Opelika, AL 36801
334-826-1899
334-502-0216
E-mail: jfilush@hospiceadvantage.com

Schedule of Activities

7:45-8:30 —Registration

8:30-9:00 —Welcome/Group Intro

9:00-10:00– Starburst game

10:00-12:00– Obstacle Course

12:00-1:00—Lunch provided

1:00-1:30– Guest Speaker

1:30-2:30– Grief Puzzle/Shelter Build

2:30-3:00—Group Share

3:00-3:30—Wrap Up/Balloon Release

3:30—Dismissal

2:00-2:45—Parent/Caregiver Education Group **(for parents and caregivers only)**

*** PLEASE INCLUDE A PHOTO OF YOUR CHILD FOR SAFETY PURPOSES AND COUNSELOR REFERENCE.**

Dealing with the loss of a loved one is difficult for everybody, but for children and teens, it can be especially tough. The emotions they feel can be overwhelming and confusing.

So, to help, Hospice Advantage EAMC has a Children's Bereavement Program, which offers a variety of services geared toward helping children and adolescents navigate the grieving process.

One of these services is Camp Good Grief, a day camp offered once a year that provides therapeutic activities and groups to help children process the complex feelings that a loss can bring.

Camp Good Grief's special volunteer staff consists of individuals who share an interest in grieving children. All staff are carefully screened and receive special training on children and grief issues.

Camp Good Grief is free to campers, but registration is required since space is limited. To ensure that Camp Good Grief is the right choice at the right time for your child, applications will be reviewed by grief counselors. Campers are accepted based on this review and spaces available.

An information packet with detailed instructions will be mailed to each registered camper approximately one week prior to camp.

Look for the penguins!

**** Due to group placement, it is important that your child arrive to camp on time and be present for all sessions. We appreciate your cooperation.***

REGISTRATION DEADLINE: Tuesday, April 10, 2012

Please mail or fax to:
Camp Good Grief
Hospice Advantage EAMC
665 Opelika Rd.
Auburn, AL 36830
334-826-0756 (fax)

* Please include a picture of your child for counselor reference.

Camper's Name _____
Grade _____ School _____
Date of Birth ___/___/___ Age _____
Gender Male __ Female _____
T-shirt size (circle one) Youth M (8-10) Youth L(12-14) Youth XL(16-18) Adult S Adult M Adult L Adult XL Adult 2X
Attending Camp Good Grief in memory of:
Name _____ Relation to camper _____
Name _____ Relation to camper _____
Cause of death _____ Date of death _____
Was the death expected or unexpected? _____
Use the following space to describe any changes in your child's thoughts, feelings or behaviors you have noticed since the death.
If more space is needed, please continue on the back. _____
_____
_____
Is your child a 1st time camper at Camp Good Grief? _____
If not, list other years he/she attended _____
Please list any siblings who are attending camp this year _____
Home Address: _____**Mailing Address** _____
City: _____ State:_____ Zip: _____

Parent/Guardian: _____
Home phone: _____ Work: _____Cell: _____ E-mail: _____

By signing below, I consent to the following:

I give Hospice Advantage EAMC and Camp Good Grief staff permission to photograph, video and/or interview me or my child and to use these images, recordings and/or quotes in training staff and in promoting the camp to the community via brochures, ads and newspaper articles and other means of publication.

* Each child will receive a camp group photo. Signed: _____

Camp Good Grief
Medical Consent Form

I, _____ guardian of _____, give my consent for the camp nurse to render necessary first aid in the event of accident or sickness.

In case of emergency, notify:

Name: _____Telephone: _____Additional numbers: _____

In the event of an emergency, I do hereby authorize Hospice Advantage EAMC and Camp Good Grief to provide emergency treatment to my child. In the event that appropriate treatment cannot be provided at the campsite, I consent for my child to be taken to EAMC emergency department where the physician will exercise his/her best judgment as to the diagnosis and treatment. I further consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered. I understand that should the need for medical care arise, I will be financially responsible for all costs incurred in rendering or providing medical attention to my child and Hospice Advantage EAMC and Camp Good Grief is not obligated to provide insurance nor will it assume financial responsibility for medical assistance provided.

Signature: _____ Date: _____

Allergies: _____