

Registration Form

When: *Monday July 18, 2022*
Where: *Georgia Aquarium*
Who: *Individuals & Families who have experienced the loss of a loved one*
Cost: *\$25 administration fee per family*
Website: *Wellstar.org/hospice*
Email: *Camp Tranquility@wellstar.org*

Parent/Guardian(s) Information:

Primary Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Mobile Phone: _____ Alternate Phone: _____

Mailing address: _____

Will this person be attending the event? ☐ Yes ☐ No

Relationship to deceased: _____

Alt. Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Mobile Phone: _____ Alternate Phone: _____

Mailing address: _____

Will this person be attending the Event? ☐ Yes ☐ No

Relationship to deceased: _____

****Name of Parent/Guardian(s) with whom child/children live(s):** _____

Relationship to child: _____ Contact number: _____

EMERGENCY CONTACT – Person to contact in case of emergency if parents/guardian cannot be reached:

Name: _____ Day Phone: _____

Relationship to child: _____ Mobile Phone: _____

I have read and understand the contents of this application.

Signature of Parent/Guardian _____

Date _____

Registration Information:

All campers must have current health/accident insurance. Please mail the completed registration form, copy of front and back of medical insurance card, along with \$25 per family administration fee in pre-paid return envelope to:

WellStar Community Hospice/Camp Tranquility

475 Dickson Avenue Marietta, GA 30066.

****Campers will not be allowed to attend Camp Tranquility without a completed registration form. For more information, call 470.245.9959, or email Barbara.Ingram@wellstar.org To print a registration form on-line please go to Wellstar.org/hospice**

You must submit an application for each child ages 6 to 17 years who will attend Camp Tranquility. You may complete the Parent/Guardian section (page 1) one time, and then submit all applications as a family. Please provide as much information as possible for each camper.

****Children with delayed developmental/cognitive abilities will be assessed on an individual basis prior to camp.****

#1 Child/Your Child's Bio

Child's Name: _____ Date Of Birth: _____ Age at Time of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child attended Camp Tranquility in the past? _____ If yes, what year? _____

Will other participants related to your child also attend? _____ If so list full names _____

Child's Emotional Health

Please provide as much detail as possible on the loss your child has experienced.

Date of Death: _____ Age of child at time of Death: _____

Indicate the relationship of the deceased to your child: Parent, Sibling, Grandparent, Aunt/Uncle, Cousin, Other _____

Describe the relationship between your child and the deceased: _____

Describe the circumstances surrounding the death: _____

Please indicate any other medical and/or emotional or behavioral needs that the camper is experiencing that you feel we should know (i.e. ADHD, Sees psychologist/psychiatrist regularly, traumatic events, etc.)

Has your child experienced any of these common grief responses? Please check any that may apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Difficulty sleeping/frequent nightmares | <input type="checkbox"/> Self-blame or guilt | <input type="checkbox"/> Aggressive with others |
| <input type="checkbox"/> Unusually clingy or regressive/immature behavior | <input type="checkbox"/> Bedwetting or soiling | <input type="checkbox"/> Behavior problems in school |
| <input type="checkbox"/> Difficulties with peers/friends | <input type="checkbox"/> Changes in grades | <input type="checkbox"/> Change in eating habits |
| <input type="checkbox"/> Hurts self on purpose/talks of wanting to die | <input type="checkbox"/> Frequent tantrum | <input type="checkbox"/> Excessive fear |

Camp Tranquility

You must submit an application for each child ages 6-17 years who will attend Camp Tranquility: Pathways to Healing. You may complete the Parent/Guardian section (page 1) one time, and then submit all applications as a family. Please provide as much information as possible for each child.

****Children with delayed developmental/cognitive abilities will be assessed on an individual basis prior to camp.****

#2 Child/Your Child's Bio

Child's Name: _____ Date Of Birth: _____ Age at Time of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child attended Camp Tranquility in the past? _____ If yes, what year? _____

Will other participants related to your child also attend? _____ If so list full names _____

Child's Emotional Health

Please provide as much detail as possible on the loss your child has experienced.

Date of Death: _____ Age of child at time of Death: _____

Indicate the relationship of the deceased to your child: Parent, Sibling, Grandparent, Aunt/Uncle, Cousin, Other _____

Describe the relationship between your child and the deceased: _____

Describe the circumstances surrounding the death: _____

Please indicate any other medical and/or emotional or behavioral needs that the camper is experiencing that you feel we should know (i.e. ADHD, Sees psychologist/psychiatrist regularly, traumatic events, etc.)

Has your child experienced any of these common grief responses? Please check any that may apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Difficulty sleeping/frequent nightmares | <input type="checkbox"/> Self-blame or guilt | <input type="checkbox"/> Aggressive with others |
| <input type="checkbox"/> Unusually clingy or regressive/immature behavior | <input type="checkbox"/> Bedwetting or soiling | <input type="checkbox"/> Behavior problems in school |
| <input type="checkbox"/> Difficulties with peers/friends | <input type="checkbox"/> Changes in grades | <input type="checkbox"/> Change in eating habits |
| <input type="checkbox"/> Hurts self on purpose/talks of wanting to die | <input type="checkbox"/> Frequent tantrum | <input type="checkbox"/> Excessive fear |

Camp Tranquility

You must submit an application for each child ages 6-17 years who will attend Camp Tranquility: Pathways to Healing. You may complete the Parent/Guardian section (page 1) one time, and then submit all applications as a family. Please provide as much information as possible for each camper.

****Children with delayed developmental/cognitive abilities will be assessed on an individual basis prior to camp.****

#3 Camper/Your Child's Bio

Child's Name: _____ Date Of Birth: _____ Age at Time of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child attended Camp Tranquility in the past? _____ If yes, what year? _____

Will other participants related to your child also attend? _____ If so list full names _____

Child's Emotional Health

Please provide as much detail as possible on the loss your child has experienced.

Date of Death: _____ Age of child at time of Death: _____

Indicate the relationship of the deceased to your child: Parent, Sibling, Grandparent, Aunt/Uncle, Cousin, Other _____

Describe the relationship between your child and the deceased: _____

Describe the circumstances surrounding the death: _____

Please indicate any other medical and/or emotional or behavioral needs that the camper is experiencing that you feel we should know (i.e. ADHD, Sees psychologist/psychiatrist regularly, traumatic events, etc.)

Has your child experienced any of these common grief responses? Please check any that may apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Difficulty sleeping/frequent nightmares | <input type="checkbox"/> Self-blame or guilt | <input type="checkbox"/> Aggressive with others |
| <input type="checkbox"/> Unusually clingy or regressive/immature behavior | <input type="checkbox"/> Bedwetting or soiling | <input type="checkbox"/> Behavior problems in school |
| <input type="checkbox"/> Difficulties with peers/friends | <input type="checkbox"/> Changes in grades | <input type="checkbox"/> Change in eating habits |
| <input type="checkbox"/> Hurts self on purpose/talks of wanting to die | <input type="checkbox"/> Frequent tantrum | <input type="checkbox"/> Excessive fear |

Camp Tranquility Consent Form

The following consent agreement must be signed by a parent or legal guardian of the minor child/children ages 6 - 17 years in order for the child/children ages 6 – 17 years to attend Wellstar Bereavement Camp.

Your signature below indicates approval of the following:

1. In the event that my family, _____, participate at Wellstar Bereavement Camp during the Camp session, I hereby attest that this health history is correct so far as I know and the family/children named above have permission to engage in all prescribed camp activities except as noted. The staff Wellstar Bereavement Camp exercise caution in the conduct of all camp activities; however, they do not assume responsibility for accidents, injury or illnesses suffered by its participants.

I further understand that serious accidents occasionally occur during Camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to my children or to me (or to my heirs or assigns) for damages.

2. Wellstar Bereavement Camp accepts no responsibility for the loss, damage or theft of your family/children's property.
3. If you have any health and accident insurance coverage, please list:

Name of insurance company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy No: _____ Medicaid No: _____

4. Notwithstanding Paragraph 1, I recognize and understand that Wellstar Bereavement Camp is a charitable organization. My child and I are receiving all of the benefits of Wellstar Bereavement Camp with minimal or no costs to us and recognize that Wellstar Bereavement Camp is immune from suit under Georgia's Charitable Immunity Doctrine.
5. In case of medical and/or surgical emergency, you authorize Wellstar Bereavement Camp's medical staff to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia. I also grant permission for a licensed nurse to administer over-the-counter medication, such as ibuprofen, acetaminophen, and antihistamine, as needed.
6. I acknowledge that reporters, photographers, videographers and other members of the media may attend Wellstar Bereavement Camp in order to increase the awareness about Wellstar Community Hospice and its programs. I grant permission for my family/children to be interviewed, photographed, and filmed by any member of the media at Wellstar Bereavement Camp. I understand that Wellstar Community Hospice is not responsible for the content of the media coverage and that my family/children will not be paid for any media work.
7. Wellstar Community Hospice and its representatives have absolute permission to use my family/children's image in a photograph or video or my child's artwork that pertains to the lawful programs and activities of the Camp.
8. All information is correct so far as I know and the child being described has permission to engage in all prescribed Camp activities, except as noted by me and the examining physician.
9. I/We acknowledge that all COVID restrictions will be followed and not hold Wellstar Community Hospice or its staff/volunteers liable if I or my family contract COVID from attending Camp Tranquility.

Signature: _____ Date: _____

Print Name: _____ Relationship to Participant(s): _____

All Campers' Names who are attending Camp Tranquility: _____