



Dear Parents/Guardians:

We are excited about your interest in Camp Erin® South Florida!

Camp Erin is a free weekend bereavement camp for children and teens ages 6 to 17 who are grieving the death of a significant person in their lives. At Camp Erin, children and teens experience a weekend that combines grief education and emotional support with fun traditional camp activities. Our grief professionals and trained volunteers provide a caring environment for campers to explore their grief, learn essential coping skills, and make friends with peers who are also grieving.

In order to participate in Camp Erin, we require the following:

1. **Application** – An application must be completed for each child prior to being considered for camp.

Submit completed applications to:

**By Mail/In person:**

Catholic Hospice, Attn: Camp Erin South Florida  
2900 W. Cypress Creek Road, Suite 7  
Fort Lauderdale, FL 33309

**Or Fax:** 954-944-2697

**Or E-mail:** [CampErin@catholichospice.org](mailto:CampErin@catholichospice.org)

2. **Interview** – A Camp Erin team member will contact you to help get you and your child(ren) familiar with the camp. It is also important for us to get to know your child(ren). The interview will help determine your child's readiness for camp and if Camp Erin fits their needs. After this process, a letter will be sent to provide additional information about camp and other camp activities, such as Save Your Spot.
3. **Save Your Spot** – At "Save Your Spot," you will get to meet the Camp Erin team, volunteers and other campers who will be with your child(ren) at camp, while confirming your spot(s) at camp. Your attendance is required to confirm your child(ren)'s spot(s) at camp.

If you have any questions about Camp Erin South Florida, please contact our **Camp Manager** at **954-944-2709** or by e-mail at [camperin@catholichospice.org](mailto:camperin@catholichospice.org).

Sincerely,

**Gian Carla Santayana, MS, NCC, LMFT**

***Bereavement Camp Manager***

Catholic Hospice, Inc.

2900 W. Cypress Creek Road | Suite 7 | Fort Lauderdale, FL 33309

O. 954-944-2709 | F. 954-944-2697 | [gsantayana@catholichospice.org](mailto:gsantayana@catholichospice.org)

[www.camperinsouthflorida.org](http://www.camperinsouthflorida.org)



CATHOLIC HOSPICE  
PART OF THE ELUNA NETWORK

## CAMPER APPLICATION CHECKLIST

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: (Please indicate if child or adult size) \_\_\_\_\_

Race: (Circle)      Black      White      Asian      Multiracial

Ethnicity: \_\_\_\_\_

Principal concerns: \_\_\_\_\_

Attended Camp Erin before? (Circle one)      Yes      No      Year/Location: \_\_\_\_\_

Military Affiliation: (Circle one)      Yes      No      \*If Yes, which Branch? \_\_\_\_\_

Income Level below \$36,900/year? (Circle one)      Yes      No

Person Completing Application: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about Camp Erin? \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date materials received: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Staff conducting interview: \_\_\_\_\_

Attended SYS? (CIRCLE ONE)      Yes      No

Date/Location of SYS: \_\_\_\_\_

Transportation? (CIRCLE ONE)      Direct      Fort Lauderdale Bus      Miami Lakes Bus

Accepted place? (CIRCLE ONE)      Yes      No      Attended camp? (CIRCLE ONE)      Yes      No

Additional Comments: \_\_\_\_\_



## BEREAVEMENT HISTORY

**Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.**

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Full name of deceased \_\_\_\_\_ Relationship to child \_\_\_\_\_

Date of death \_\_\_\_\_ Age of deceased at time of death \_\_\_\_\_

Was the death anticipated or sudden? \_\_\_\_\_ Cause of death \_\_\_\_\_

Please describe how the death was explained to the child: \_\_\_\_\_

How you describe your family's communication style regarding the death? (Check one)

- Open     
  Adequate     
  Very Little     
  Avoided     
  None

Please check if either of the following statements are **TRUE**:

- Child/Adolescent was present at time of death.  
 Child/Adolescent does not understand the facts about the deceased's cause of death.  
 Child/Adolescent currently receives professional support. If so, explain: \_\_\_\_\_  
 This is not child's first experience with death. If so, explain: \_\_\_\_\_

Please indicate other changes/stresses in child/adolescent's life (i.e., illness, relocation, divorce, history of abuse, remarriage, finances, other losses) \_\_\_\_\_

Please explain how your child indicates that he/she is grieving. Do they speak openly about the person who died?

\_\_\_\_\_

Reaction to Loss: (Check all the behaviors your child has exhibited following the death of the loved one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Withdrawn/Isolation    | <input type="checkbox"/> Drug/Alcohol Use            | <input type="checkbox"/> Fearful of _____                      |
| <input type="checkbox"/> Depression/Sadness     | <input type="checkbox"/> Causing harm to self/others | <input type="checkbox"/> Believes that death was his/her fault |
| <input type="checkbox"/> Suicidal thoughts/talk | <input type="checkbox"/> Anger/Aggressiveness        | <input type="checkbox"/> Believes that death is punishment     |
| <input type="checkbox"/> Nightmares             | <input type="checkbox"/> Crying Spells               | <input type="checkbox"/> Separation Anxiety                    |
| <input type="checkbox"/> Other: _____           |  |  |

Difficulty with: (Circle all that apply)      Energy      Weight      Attendance in school      Self-esteem

Describe your child/adolescent's personality and any special needs (language, disability, and/or religious needs), family customs, cultural aspects, concerning behaviors/moods that we should be aware of to better serve your child.

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



CATHOLIC HOSPICE  
PART OF THE ELUNA NETWORK

## CAMP INFORMATION

Child's Name \_\_\_\_\_ Child's age \_\_\_\_\_

Has your child ever: (Circle one)

Attended day camp?	Yes	No
Attended overnight camp?	Yes	No
Spent the night away from home?	Yes	No

Does your child know how to swim?

Yes No

Please indicate level: (Circle one)

Beginner Intermediate Advanced

Does your child: (Circle one)

Enjoy music?	Yes	No	*If yes, what kind? _____
Play an instrument?	Yes	No	*If yes, what kind? _____
Enjoy/play sports?	Yes	No	*If yes, what kind? _____
Enjoy art?	Yes	No	*If yes, what kind? _____

What is your child's favorite food(s)? \_\_\_\_\_

What is your child's least favorite food(s)? \_\_\_\_\_

Please list any special interest/hobbies your child has: \_\_\_\_\_

Is there anything that we should know to better serve your child? \_\_\_\_\_

Have you and your child talked about the possibility of him/her attending Camp Erin? Yes No

What would you hope that your child would gain from attending Camp Erin? \_\_\_\_\_



## MEDICAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child: (Circle one)

Have physical limitations? Yes No \*If yes, specify: \_\_\_\_\_

Wear glasses/contacts? Yes No

Have allergies? Yes No \*If yes, specify: \_\_\_\_\_

Dietary Restrictions? Yes No \*If yes, specify: \_\_\_\_\_

Have significant medical history? Yes No \*If yes, specify: \_\_\_\_\_

Take medication? Yes No \*If yes, specify: \_\_\_\_\_

Is your child under the care of a Primary Care Physician (PCP)? (Circle one) Yes No

Child's PCP Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Is there a hospital that your insurance mandates? (Circle one) Yes No

If yes, what is your hospital of choice: \_\_\_\_\_

In case of an emergency, please contact the following persons (in order):

Emergency Contact Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_



## Consent for Medical / Surgical Care, Emergency Treatment and Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following **health issues and/or problems**: \_\_\_\_\_

---



---

List **all medications** (prescription and/or non-prescription) that your child will need to take while at camp:

Name of medication	Dose	Frequency	Prescribing Physician	Reason for taking

**\*All medications must be in their original containers.**

Child's **allergies** (i.e., food, medication, and all other allergies) and indicate reactions: \_\_\_\_\_

---

Does your child have **medical insurance**: (Circle) Yes    No    **\*If yes, please complete below.**

Name of Health Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy & Group Number: \_\_\_\_\_

Signature of Policy Holder: \_\_\_\_\_ Date: \_\_\_\_\_

***\*PLEASE MAKE COPY OF INSURANCE CARD AND ATTACH TO FORM***



## Custody Release Form

Name of Child Camper: \_\_\_\_\_

Birth Date of Child Camper: \_\_\_\_\_

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Catholic Hospice, Inc. Privacy Release Statement

I, the undersigned, am guardian of \_\_\_\_\_ and do hereby voluntarily participate and give authorization for the minor child to appear in photographs and/or interviews with respect to Camp Erin® and its activities.

I do hereby consent to the use of the above materials in any form of media (publications, radio, television or internet). I also understand that my identity may be disclosed in connection with the photographs and/or interviews.

I do hereby release, Catholic Hospice, Catholic Health Services and the Archdiocese of Miami, its agents and employees from all liability in connection with the above. I waive any right to inspect or approve the finished product, the advertising or other copy that may be used in connection with the above.

I hereby consent to the above, without expectation or remuneration to me now or in the future. The agreement shall be binding upon my heirs, personal representatives and assigns.

\_\_\_\_\_  
Print Name/Parent or Legal Guardian

\_\_\_\_\_  
Print Name/Catholic Hospice Rep.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## 2019 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_, understand that Eluna and Catholic Hospice Inc. desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to Eluna and Catholic Hospice Inc. and release Eluna and Catholic Hospice Inc. from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my and my child's grant of rights and our agreement as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Catholic Hospice Inc., and each of their respective employees, agents, representatives, contractors, successors, and assigns Eluna and Catholic Hospice Inc. the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna or Catholic Hospice Inc. using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Catholic Hospice Inc. all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Catholic Hospice Inc. therefor.

**2. Contact.** I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Catholic Hospice Inc. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Catholic Hospice Inc. for such purposes.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Catholic Hospice Inc., and each of their respective directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

(over please)

**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Catholic Hospice Inc. herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, Catholic Hospice Inc., me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Catholic Hospice Inc. and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Catholic Hospice Inc., and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Catholic Hospice Inc. may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND CATHOLIC HOSPICE INC. ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a:  Camper  Volunteer  Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Camper Email (optional – to receive camper newsletter): \_\_\_\_\_

Parent or Guardian / Volunteer / Staff Member Name: \_\_\_\_\_

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

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

Phone Number:  Mobile  Home \_\_\_\_\_

Guardian/Volunteer/Staff Email: \_\_\_\_\_

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

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)