



# Camp Love and Loss

(youth bereavement camp)  
Application for Participation

*Please complete application by typing or printing legibly.*

Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

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

Emergency Contact

Name/Relationship: \_\_\_\_\_

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

*The following will help acquaint our camp staff with your youth's experience with death.*

1. Name of person who died: \_\_\_\_\_

2. What was the youth's relationship to the deceased? \_\_\_\_\_

3. When did the death occur? \_\_\_\_\_

4. How did the death occur? \_\_\_\_\_

5. How has your youth attempted to cope with his/her grief? \_\_\_\_\_

\_\_\_\_\_

6. Has the youth experienced any behavior problems at home or school that you believe are related to the death? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

7. Have there been other significant changes in the youth's life? \_\_\_\_\_

\_\_\_\_\_

(For example: divorce, moving to a new home or school, or other deaths?)

8. Please provide us with any other information that will be helpful in providing a supportive camp experience. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Is your youth currently taking medicine that he/she will need to take during camp? If yes, please list name of medication, dose and time to be taken. (Bring it with you. A nurse will administer the medication.) \_\_\_\_\_  
 \_\_\_\_\_
10. Please list any allergies your youth has: \_\_\_\_\_  
 \_\_\_\_\_
11. How did you hear about Camp Love and Loss? (check all that apply)  
 Newspaper     Radio     Website     Friend     Flyer/Brochure  
 School     Calendar of Events     Other \_\_\_\_\_

**Permission of Participation & Release of Liability/Emergency/Publicity**

I understand and agree that Hospice of the Rock River Valley, and its Board of Directors, employees and volunteers are released from any legal responsibility and/or liability arising out of any accidents, illnesses or loss of personal property which occur while attending Camp Love and Loss, the youth bereavement camp on June 8, 2017. By signing this application I am granting permission for my youth to participate in the camp activities along with granting permission for my youth to receive emergency treatment if needed. I also give permission to photograph or videotape my youth during the camp for use in Hospice of the Rock River Valley promotional materials.

\_\_\_\_\_  
 Name of Youth

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

\_\_\_\_\_  
 Date

**Please return completed application by June 2 to**  
 Hospice of the Rock River Valley  
 Camp Love 'n Loss  
 2600 N. Locust St., Suite B  
 Sterling, IL 61081  
**Questions may be addressed to Hospice of the Rock River Valley**  
 (815) 625-3858