



# CAMP COURAGEOUS YOUTH REGISTRATION FORM

Registration Deadline:  
**September 26, 2008**

Return to: **HOPE HOSPICE**  
611 N. Walnut, New Braunfels, TX 78130  
Phone: 830-625-7500 Fax: 830-606-1388

Camp Courageous Youth will be held October 25-26, 2008 at John Knox Ranch. A screening interview is required for each child/teen participating for the first time. Campers are accepted on a first-come, first-serve basis after it is determined that they are emotionally ready to participate and benefit from the camp. Priority will be given to those who have not yet attended Camp Courageous.

**Basic Information:**

Name of Child/Teen \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size: Child: S M L Adult: S M L XL XXL

Name of Parent/Guardian(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Phones \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

Is your child currently receiving services from Hope Hospice or Connections? Y N

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

**Information Related to Grief:**

Name of person who died \_\_\_\_\_ Date of death \_\_\_\_\_

Relationship to child/teen \_\_\_\_\_

Cause of death \_\_\_\_\_ Sudden? Y N Traumatic? Y N

If yes, please describe \_\_\_\_\_

Was the person who died served by Hope Hospice? Y N

What has the child/teen been told about the death? \_\_\_\_\_

What kind of funeral & burial were chosen? \_\_\_\_\_



Did the child/teen attend the funeral?    Y    N

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

Have there been any other major changes for the family since the death? (Include divorce, moves, change of schools, new health problems, unemployment, financial hardship, loss of pet, friend moved, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle the symptoms that your child is currently experiencing:**

- |                            |                                 |                              |
|----------------------------|---------------------------------|------------------------------|
| Changes in Eating Patterns | Difficulty Concentrating        | Delusions/Hallucinating      |
| Difficulty Sleeping        | Daydreaming                     | Clinging Behavior            |
| Excessive Sleeping         | Excessive Absence from School   | Bed Wetting                  |
| Crying Frequently          | Change in School Performance    | Somatic Complaints (pain)    |
| Looking Sad                | Withdrawal from Activities      | Frequent Fights with Friends |
| Increased Anger            | Excessive Thoughts of Death     | Isolation from Friends       |
| Aggressiveness             | Discussing Suicide              | Nightmares                   |
| Hyperactivity              | Self-Abusive Gestures           | Excessive Worrying           |
| Separation Anxiety         | Runaway Episodes                | Fear of the Dark             |
| Excessive Homesickness     | Feels Responsible for the Death | Fear of Someone Else Dying   |
| Drug Use                   | Refuses to Talk about Deceased  | Other Fears                  |





## Bereavement Data Form

In order to qualify for essential funding which allows Hope Hospice and Connections Individual and Family Services, Inc. to provide the best possible services to all who need it in our community, we are required by local, state and federal guidelines to collect accurate statistical information about our clients. Your cooperation in providing this information is greatly appreciated. All personal information provided to us on this form is kept anonymous and confidential and will be used for statistical purposes only. Thank you.

**Please state the cause of death of your loved one:** \_\_\_ Disease \_\_\_ Auto Accident  
 \_\_\_ Heart Attack \_\_\_ Stroke \_\_\_ Murder \_\_\_ Suicide \_\_\_ Other: \_\_\_\_\_

**Number of people in your family requesting our bereavement services?** \_\_\_\_\_

**State statistics below for all members of your family requesting services:**

<b>Ethnic Origin</b>	<b>How Many?</b>	<b>Marital Status</b>	<b>How Many?</b>	<b>Age</b>	<b>Gender</b>
Am Indian/Alaskan Native	_____	Single	_____	_____	M F
Asian/Pacific Islander	_____	Married	_____	_____	M F
African American	_____	Divorced	_____	_____	M F
Hispanic	_____	Separated	_____	_____	M F
Caucasian	_____	Widowed	_____	_____	M F
Other: _____	_____	Life Partner	_____	_____	M F M F

**Is the primary adult a female head of household?** Y N

**Residence:**

Own Home \_\_\_\_\_ Rent/Lease Home \_\_\_\_\_ Group Home/Shelter \_\_\_\_\_  
 Board & Care \_\_\_\_\_ Skilled Nursing Home \_\_\_\_\_ Retirement Home \_\_\_\_\_  
 Apartment \_\_\_\_\_ Condominium \_\_\_\_\_ Homeless \_\_\_\_\_  
 RV \_\_\_\_\_ Other \_\_\_\_\_

**Employment for Head(s) of Household:**

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_  
 Disabled \_\_\_\_\_ Unemployed \_\_\_\_\_ Other: \_\_\_\_\_

**Total Combined Family Income for the Last Year Was: (circle one)** Under \$10,000  
 \$10,000-20,000 \$20,000-30,000 \$30,000-40,000 \$40,000-50,000 \$50,000-60,000  
 \$60,000-70,000 \$70,000-80,000 \$80,000-90,000 \$90,000-100,000 Over \$100,000

**County of Residence** \_\_\_\_\_

**Thank you for helping us grow bereavement services for our community!**



**Transportation Consent And Release**

I, \_\_\_\_\_, understand that transportation to and from John Knox Ranch for Camp Courageous will be provided for my child(ren), \_\_\_\_\_, by Connections Individual and Family Services, Inc., in collaboration with Hope Hospice, at my request. By my signature below, I give my authorization for my child(ren) to participate in and to be transported for the Camp Courageous weekend.

I understand that Hope Hospice, John Knox Ranch staff, Camp Courageous volunteers, and Connections Individual and Family Services, Inc., are not liable for any injury, loss, and/or damage that may occur during or resulting from the camp and/or during or resulting from transportation to and from the camp.

I am also aware that no alcohol, tobacco, illegal substances, or weapons are allowed on said trip.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Confidentiality Policy**

Connections Individual & Family Services, Inc. and Hope Hospice are happy that you and your family have decided to make Camp Courageous a part of your healing process. We would like you to be aware of the following Bereavement Program policies:

- 1. The Camp Courageous staff is made up of trained volunteers and counselors. Our goal is to make the camp experience a positive and healing one. One way we accomplish this goal is by protecting your confidentiality. Your communication with camp staff is strictly confidential. We must have your written permission to release or obtain any information concerning you.

Exceptions to this policy include:

- a. Mandatory reporting of any possible child/elder abuse.
- b. The clear possibility of harm to yourself or other persons.
- c. Court ordered release of records.

In these cases, Texas law requires that confidentiality be breached only to the extent necessary to comply with law enforcement or to ensure the safety of the individual(s) involved.

- 2. In addition, the counselors may disclose confidential information under the following circumstances:
  - a. For case consultation or supervision
  - b. For auditing purposes through the agency or funding sources
  - c. When a signed, written Release of Information is completed.
- 3. It is expected that during camp, personal information will be discussed. In order to make this comfortable for everyone, it is our policy to ask camp participants to honor confidentiality as well. It is imperative that whatever is discussed at camp not be repeated to anyone.

Please sign below indicating that you have read and understand the above policies. The signature of a parent or guardian indicates that you have explained the above policies to your child(ren) and will assist them in maintaining confidentiality.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



**Informed Consent, Release, and Indemnification Agreement**

- 1. I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to attend CAMP COURAGEOUS. I understand the camp’s goal is to help facilitate the bereavement process for my child and provide support in expressing feelings of grief.
- 2. I give permission for my child to be photographed and/or videotaped during CAMP COURAGEOUS. I understand that these photographs and/or videotapes will remain the property of the Connections Individual & Family Services, Inc. and Hope Hospice, and they may now or in the future be used for promotional and/or educational purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

- 3. I hereby authorize Kerry Dowler, MA, LPC, MT-BC, and/or her designated representative, to order any first aid and/or medical treatment which she deems necessary in case of sickness or injury of the above named child; and hereby agree to indemnify and hold her, Hope Hospice and/or Connections Individual & Family Services, Inc. harmless from any and all claims for any injury which could be sustained by said child during the Camp Courageous event.
- 4. In consideration of the above named child being granted permission to attend CAMP COURAGEOUS, I, for myself and on behalf of my child, release and discharge Connections Individual & Family Services, Inc. and Hope Hospice, their agents, employees, volunteers and officers, from any and all claims, demands, actions and judgments which I or my child ever had, now have, or may have against Hope Hospice for personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by me or my child’s person or property during our attendance at CAMP COURAGEOUS, whether the injury is caused by negligence or any other fault.
- 5. Also, in consideration of the above-named child being granted my permission to attend CAMP COURAGEOUS, I agree to indemnify and hold harmless Connections Individual & Family Services, Inc. and Hope Hospice for any and all claims, demands, actions, and judgments whatsoever of every name and nature, both in law and equity, which I or my child ever had, now have or may have against Connections Individual & Family Services, Inc and/or Hope Hospice for personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by me or my child’s person or property during our attendance at CAMP COURAGEOUS, due to injury caused by or arising from negligence.

I, the undersigned, have read this release and understand all of its terms.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date