



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. Camp Erin 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.

Due to the current COVID-19 pandemic, we are going **VIRTUAL** this upcoming fall 2020. Everyone's health and safety are our priority, including that of your campers. All steps in the application process will be done online or over the phone.

In order to register your child(ren) for 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 via e-mail to **CampErin@catholichospice.org**.
2. **Interview** – A Camp Erin team member will contact you to help familiarize you and your child (ren) with camp programming. 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.
3. **“Save Your Spot” Orientation** – At “Save Your Spot,” you and your campers will get to meet the Camp Erin team and other campers and their families, while confirming your spot(s) at camp. Your attendance is **required**.

If you have any questions about Camp Erin South Florida, please contact me at **786-920-2991** or by e-mail at **gsantayana@catholichospice.org**.

Sincerely,

**Gian Carla Santayana, MS, 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)





## CAMPER APPLICATION CHECKLIST

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

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

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

Race/Ethnicity: (Circle)

Black/African American

White/Caucasian

Hispanic/Latino

Asian

Multiracial

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

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

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

Does the camper applicant qualify for or receive free or reduced lunch at school? (Circle one)    Yes    No

Was the deceased a significant caregiver of the camper? (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 of interview: \_\_\_\_\_

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

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

Attended SYS? (CIRCLE ONE)    Yes    No

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

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)

Withdrawn/Isolation

Drug/Alcohol Use

Fearful of \_\_\_\_\_

Depression/Sadness

Causing harm to self/others

Believes that death was his/her fault

Suicidal thoughts/talk

Anger/Aggressiveness

Believes that death is punishment

Nightmares

Crying Spells

Separation Anxiety

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## CAMP INFORMATION

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

Child's Address \_\_\_\_\_

Has your child ever: (Circle one)

Attended camp? Yes No

Attended overnight camp? Yes No

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)? \_\_\_\_\_

Does your child have any food allergies? If yes, to what? \_\_\_\_\_

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? (Circle one) Yes No

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

### **\*FOR RETURNING CAMPERS ONLY**

If your child has attended Camp Erin in the past, what would you like your child to gain this time from attending Camp Erin? \_\_\_\_\_





## 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





## 2020 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® as a camper, employee or volunteer. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. By this Consent and Release Agreement (“**Consent and Release**”) 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 confirms my child's and my grant of rights and our agreement is 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 directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, 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**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”).

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 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.** Unless I opt out below, 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, unless I opt out below.

**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, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation 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 use 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.

**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

(over please)

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 the subject matter of this Consent and Release. 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.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and 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, 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: \_\_\_\_\_

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

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)