



FRIENDS of Caroline presents CAMP CAROLINE, a FREE, one day bereavement camp for students who have completed Kindergarten through grade 11. The camp is designed to provide a safe, compassionate environment where students who have lost a loved one can learn to live without their loved one. Students learn how to share their grief experience with each other, to recognize the support systems around them and to positively cope with their grief emotions. Students will also participate in fun activities. The camp concludes with family members joining the students to celebrate the lives of the loved ones lost.

Camp Caroline 2018 will be held at the Port Royal Sound Foundation's Maritime Center  
310 Okatie Hwy, Okatie, SC 29909  
*at the foot of the Lemon Island Bridge*  
Monday, June 25, 2018. 8:30am – 4:00pm  
Camp is limited to the first 30 applicants  
Applications must be postmarked by **June 8<sup>th</sup>**

**Mail Applications to:**  
**Friends of Caroline**  
**1110 13<sup>th</sup> Street**  
**Port Royal, SC 29935**



# Camp Caroline Camper Registration Application

## Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to appear on student's name badge: \_\_\_\_\_

Birthdate (Month/Date/Year): \_\_\_\_\_

Gender: Female      Male

Child's t-shirt size: Children S M L      Adult sizes: S M L XL XXL

School attending: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Does Camper have any siblings attending Camp Caroline?    \_\_\_Yes      \_\_\_No

## Parent/Legal Guardian Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

How did you find out about Camp Caroline? \_\_\_\_\_

Other relatives living in the home, and their relationship to the Camper:

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**Emergency Contact (other than Parent/Guardian)**

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

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

Relationship to Camper: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

**Camper Health Information**

Name of student's physician: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Food Allergies (Please provide severity of food allergies, reactions and any other information):

Drug Allergies (Please provide severity of drug allergies, reactions and any other information):

Other significant allergies: \_\_\_\_\_

Does student have an Epi-pen?

Does student have asthma?

If yes, does the student have a prescription for an inhaler or nebulizer? Y N

Please list any medications your student is currently taking that will need to be administered by the Camp Nurse during Camp Caroline:

Please list any dietary restrictions (physician recommended/religious, etc.):



Please list any additional information (i.e. problems with eating, getting along w/friends and peers or family members, school attendance, physical limitations, separation anxiety, etc.):

**Bereavement History (this information will better assist our Camp facilitators in how to address your student with his or her grief needs)**

Please include as many details as possible pertaining to the two most significant losses to your student when answering the following questions.

How many deaths of loved ones has your student experienced?

Name of the deceased: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Age of the deceased: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to camper: 1. \_\_\_\_\_ 2. \_\_\_\_\_

When did the death occur (date)? 1. \_\_\_\_\_ 2. \_\_\_\_\_

What was the cause of death? 1. \_\_\_\_\_ 2. \_\_\_\_\_

Where did this person die? 1. \_\_\_\_\_ 2. \_\_\_\_\_

Was the student present at the time of death? 1. Y N

Explain the circumstances and student's reaction

1.

2.

Did the student attend the funeral/memorial service? 1. Y N

If yes, what was your student's reaction to or comments about the service?

1.

2.



Please describe any grief support your student has received, including participation in a grief support group or visiting with a bereavement counselor.

Please explain how your student indicates that he or she is still grieving (sadness, anger, acting out, etc.)

Have there been any other stress-related changes in your student's life? (divorce, remarriage, relocation, illness, etc.)

Other information you believe might be helpful for Camp Caroline staff to know:

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Parent/Guardian Signature

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Date



## Waiver and Release of Liability Form

\* This form must be completed by a parent/guardian and turned in to Friends of Caroline prior to your student's participation at Camp Caroline.

Camper's Name: \_\_\_\_\_

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

Camp Caroline (hereafter known as CC) is a service of Friends of Caroline Hospice (hereafter known as FOCH). In consideration of my minor child/ward ("my child") being permitted to participate in the CC program, its related events and activities, and utilize the community facilities at the Port Royal Sound Foundation's Maritime Center (hereafter known as PRSF) and materials of CC and FOCH, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance FOCH and PRSF, their officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

### **Parental Consent** (Complete if applicant is under 18)

I give consent for my child/ward \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that neither FOCH nor PRSF will provide medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Media Release Form for Minor Children

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I, Parent/Legal Guardian of (student's name) \_\_\_\_\_ hereby grant permission to Friends of Caroline and Port Royal Sound Foundation's Maritime Center, their agents and assigns, to use above named minor's photo or video, and likeness for the purpose of promotion by Friends of Caroline for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the minor child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and Friends of Caroline owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release Friends of Caroline and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

Signed: \_\_\_\_\_

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

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

Relationship to minor child: \_\_\_\_\_



Excursion Description: Field Trip
Date: _____
School: _____

**WAIVER AND HOLD HARMLESS AGREEMENT**

In consideration of being permitted to visit the Maritime Center and/or participate in activities provided, sponsored or promoted by the Port Royal Sound Foundation, I, or on behalf of the below-named minor participant, in full recognition and appreciation of the dangers and risks inherent in water based activities, do hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Port Royal Sound Foundation, its Board of Trustees, officers, agents, volunteers and/or employees (hereinafter referred collectively as "PRSF") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or the below-named minor participant, or to any property belonging to me or the below-named minor participant, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF PRSF, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS PRSF from any loss, liability, damage, or costs, including court costs and attorneys' fees that I or my minor child may incur due to participation in said activities.

**ASSUMPTION OF RISK.** I am fully aware of the risks and hazards connected with the activities in which I (or the below-named minor participant) am participating and I am aware that such activities include the risk of injury and even death. I understand that water based activities may pose a higher probability of injury or death on account of hazards that differ from the hazards of other activities in which I, or the below-named minor participant, may participate, including, but not limited to, wet or slippery surfaces, instability of water vessels, enhanced health risks to overexertion, over exposure to the sun or cold, and drowning. I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property, me and/or the below-named minor participant. I understand that PRSF does not require participation in this activity. I voluntarily assume all risks and full responsibility for any personal injury, including death, which may be sustained by me and/or the below-named minor participant, or any loss or damage to property owned by me, as a result of being engaged in such activities.

**COVENANT NOT TO SUE.** It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE PRSF. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of South Carolina and that any mediation, suit, or other proceeding must be filed or entered into only in South Carolina and/or the federal or state courts of South Carolina. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. This waiver may be entered as evidence in any such court as a total and absolute defense to any claims made.

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.**

Participant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Parent or Guardian Additional Indemnification (for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless PRSF from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_