



HOME & HOSPICE CARE OF RHODE ISLAND
2010 CAMP BRAVEHEART
REGISTRATION FORM

Today's Date: _____

Child's Name: _____ Child's Birthdate: _____

Child's Address: _____ City: _____ State: _____ Zip Code: _____

Child's School and Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Numbers: Home: _____ Cell Phone: _____

Work: _____ Emergency: _____

Name of person who died: _____ Relationship to child: _____

Was your loved one a patient with Home & Hospice Care of Rhode Island? Yes No

Age of person at time of death: _____ Date of death: _____

Cause of death: _____

Did the child live with the person who died? Yes No

Describe their relationship: _____

Specific concerns or helpful information such as aggressive behaviors or incidents, remarriage of surviving parent, relocation of child after death to another community, difficulty in school or in a relationship with others, etc. Please explain:

Has the child been in any support group or counseling? Yes No

If yes, please explain: _____

Any health problems, allergies, medications, or dietary restrictions? _____

How did you hear about the camp? _____

What do you hope your child will gain from attending camp?

Please check the box that best indicates your child's swimming level:

Can't swim

Beginner

Intermediate

Advanced

Child's T-shirt Size (check one):

Youth size:

Small (6-8)

Medium

(10-12)

Large

(14-16)

Adult size: Small

Medium

Large

*****PLEASE READ AND SIGN*****

I hereby release and forever discharge Home & Hospice Care of Rhode Island and YMCA Camp Fuller, their employees and others associated with this program for any damages whatsoever resulting or which may result from participation in the activities conducted at camp.

I give permission to Home & Hospice Care of Rhode Island and YMCA Camp Fuller:

- To take and use photographs of my child for brochures, articles, etc.
- To treat my child with emergency medical care/first aid if necessary.

Parent or guardian's name: _____

Parent or guardian's signature: _____

The cost of the camp is free through the generosity of individuals and businesses that have donated to the camp fund. If you would like to make a donation to this worthy cause, please include your check with this registration form or go online to our Web site at www.hhcRI.org and click How To Give and the Donate button. Your contributions are appreciated.

Children ages 5 and 6 years old MUST be accompanied by a parent or guardian.

Space is limited. Home & Hospice Care of Rhode Island (HHCRI) families must register by July 30th in order to be given first priority. Registration for non-HHCRI families is August 13th.

For more information, contact Deanna Upchurch, Home & Hospice Care of Rhode Island Bereavement Counselor at (401) 415-4300.

