



Camp Erin Montgomery County, Maryland 2021 Camper Application

Dear Parent/Guardian,

Thank you for your interest in Camp Erin® Montgomery County. Camp Erin is a free weekend-long experience for children and youth ages 6-17 who are grieving the death of someone close to them. CaringMatters has been supporting children and youth grieving loved ones who died *from a variety of causes* for the past 16 years. The weekend activities are led by CaringMatters staff and trained volunteers.

Camp Erin Montgomery County 2021 will be held virtually. Camp begins **Friday, May 21 and concludes Sunday, May 23, 2021**. Space is limited to a first come, first served basis with priority going to new campers.

Please complete this form and submit the entire packet, along with a picture of camper as soon as possible. A separate application must be completed for each applicant. We will process applications as they are received and **will contact you to arrange a virtual intake interview**. Intake interviews allow the camper and family to understand what they can expect from Camp Erin and help the camp staff learn how we can best serve the camper. Our intent is to include all applicants in the camp experience; but we will have a waitlist for overflow applicants.

****Please upload/attach a picture of the camper and the loved one(s) who died with the application.**

- The Camp Erin Kickoff Event will be held Friday, **May 21st at the Bar-T Ranch, 6530 Dorsey Road, Gaithersburg/Laytonsville, MD 20882**. Every family will stay in their cars and drive by to receive camp supplies for each camper. Event time is To Be Announced. **It is important that all campers and families attend this event**. The purpose of the kickoff is to allow campers and families to pick up their supplies, and see the camp staff.

**CaringMatters
Camp Erin
518 South Frederick Avenue
Gaithersburg, MD 20877-
2325
Office: (301) 990-0852
Cell: (301) 412-4110
Pennyg@caringmatters.org**

Should you have any questions or concerns about Camp Erin or the application process, please call or email per above. We look forward to working with you and your camper!

Warmly,
Penny Gladhill
Pennyg@caringmatters.org

**CaringMatters 518 South Frederick Avenue, Gaithersburg, MD 20877-2325
Phone: 301-869-HOPE (4673) | Fax: 301-990-4909 | CaringMatters.org
United Way #8365 | CFC #42512**

CAMP ERIN CAMPER APPLICATION

In order to provide a safe, healthy, learning environment for campers, it is important that you respond to all questions accurately to the best of your knowledge.

- **Please upload/attach a picture of camper and loved one(s) who died with application**

1. PERSONAL INFORMATION (PLEASE PRINT)

Camper Name _____ Gender Identity: _____ Age _____

Nickname _____ Date of Birth ____/____/____ Phone # _____

Address _____

Street _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) Names _____

Address _____

(if different from above) Street _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) Home Phone # _____ Cell # _____

Work # _____ Best time of day to reach you _____

Parent(s)/Guardian(s) e-mail address(es) _____

Relationship to camper _____

Is either parent/guardian an active, reserve, National Guard, military member, or military veteran?

Yes No If yes, what branch? _____

Siblings: Please list the names and ages of the applicant's siblings _____

Special Needs (i.e. physical limitations, language limitations, emotional, behavioral): _____

Emergency Contact – You or another person must be available while your child is at camp.

Name _____ Phone # _____

Work # _____ Cell # _____

Address _____

Relationship to child _____

Camper's School _____ Grade at time of camp (20120-2021 school year) _____

Language spoken at home _____

Is the applicant fluent in English? Yes No If no, which language? _____

Camper's T-Shirt Size: Youth S M L XL Adult S M L XL

Demographics – The following information is solely for grant writing purposes.

Race/Ethnicity:

American Indian or Alaska

Hispanic/Latino

Native Asian

Middle Eastern/Arab

Black or African American

Native Hawaiian or Other Pacific
Islander Multiracial

White/Caucasian

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

Camper's Name: _____

2. INFORMATION ABOUT YOUR CHILD'S LOSS

Name of the deceased _____ Age at death ____ Date of Death _____

Relationship to the child: Parent Sibling Grandparent Other _____

Cause of Death
Cancer
Heart Disease
Suicide
Motor Vehicle
Homicide
Drug and Alcohol Disease/Overdose
Natural Causes
Stroke
Drowning
Military
COVID
Other

Place of death: Home Hospital Hospice

Other _____

Did the deceased receive hospice care? Yes No

If yes, was the hospice care at home? Yes No

Was your child present at the time of death? Yes No

Does your child know the details of the death? Yes No

Was the deceased an active, reserve or National Guard military member or military veteran? Yes No

If yes, what branch? _____

Was the deceased the primary caregiver/guardian to the child? Yes No

Did the child live with the deceased? Yes No

Did your child attend the funeral/memorial? Yes No

If no, please explain _____

If yes, please explain the child's reaction to the service _____

Was this your child's first experience with death? Yes No

Does the child avoid talking about the death? Yes No

Does the child feel responsible for the death? Yes No

Does the child express desire to die in order to join the deceased? Yes No

Is there any additional information about the death you wish to share? _____

3. PREVIOUS LOSSES

Relationship	Date of Death	Cause of Death

Have there been other changes or stressors in the child's life?

- Divorce Illness Home Relocation
 School Relocation Remarriage Pet Death Other: __

Additional comments: _____

Camper's Name: _____

4. GENERAL QUESTIONS ABOUT YOUR CHILD’S PRESENT BEHAVIOR

If your child has shown any of the following behaviors, please place a “✓” in the column. Check all that apply. This will not disqualify a camper. This allows us to better serve the camper.

General Observations/Behaviors	✓
Interacts well with peers	
Interacts well with adults	
Believes that death is a punishment	
Demonstrates aggressive behavior (i.e. hitting, biting, kicking)	
Hostile verbal behavior towards others (i.e. yelling, swearing)	
Poor impulse control	
Lies often	
Lack of concentration or memory	
Negative change in school performance (i.e. poor concentration, memory, lower grades)	
Sleep difficulties – sleep walking, disturbing dreams, bed wetting, inability to sleep	
Self-inflicted injuries or accidents (i.e. cutting, head banging, hair pulling)	
Worries about his/her safety or the safety of loved ones	
Feels nervous or anxious	
Alcohol or drug use	
Lack of interest in day-to-day activities	
Expressing thoughts of loneliness, isolation, etc.	
Cries often	
Expressing thoughts of suicide (if yes, please explain below)	

Please explain any behavior of concern _____

Which of the following activities have been helpful to your child:

- Talking with a friend
- Writing or drawing
- Physical activity/sports
- Talking with family
- Talking or writing to the deceased
- Visiting the gravesite
- Talking with other supportive person (i.e., faith leader, teacher, coach, nurse, etc.)
- Other

Has your child ever attended a bereavement camp? Yes No

If yes, where and when? _____

Has your child attended a Good Grief Group in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child attended a Family Night at CaringMatters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever spent a night away from home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been in therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you hear about Camp Erin? _____

Camper's Name: _____

To the best of my knowledge, the above information is correct and accurate.

Signature of Parent/Guardian

Date

Camper's Name: _____

Parent/Guardian Permission Statement RELEASES

I certify that I am the parent/guardian of the above named child. The health history provided in this application is complete and correct to the best of my knowledge. The child described herein has my permission to engage in all prescribed virtual Camp activities except as noted. I hereby grant permission to Camp Erin staff to share information contained in this application with the volunteer (s) working with the child

Release of Liability

I understand and agree that CaringMatters, its Board of Directors, Staff, and Volunteers are released from any legal responsibility and/or liability for negligence real, implied, or imagined, arising out of any accidents or illnesses which occur while my child is attending Camp Erin. Camp Erin is not intended to be a substitute for specific individual advice or counseling. Accordingly, consultation with a competent professional advisor is strongly recommended, if needed.

Signature of Parent/Guardian Date

Publicity Permission

Upon occasion, videotaping, and/or photography may occur during camp activities. This material may be used for future publicity for Camp Erin and CaringMatters. Personal comments and interviews may also be published by local media. With prior approval, I agree to my child being interviewed and having his/ her comments and/ or picture used for such purposes.

Signature of Parent/Guardian Date



2021 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna desires 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**”), I hereby grant certain rights to Eluna and release Eluna 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 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 and its 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 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 therefore.

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. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and (or) my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its 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.

(over please)

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 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 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, 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 been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna 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 IS 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 campernewsletter): _____

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)

Camper's Name: _____

CAMP ERIN CAMPER CONTRACT

Virtual Camp Shared Agreements

- You are part of a peer support group
 - Everyone at camp has had someone that they really loved die
 - Everyone 's grief is a "10"
 - Nobody's grief is worse than another's
 - WE GRIEVE BECAUSE WE LOVED SOMEONE AND THEY HAVE DIED AND WE MISS THEM
- We show support for each other by coming to each session on time and staying for the whole session
- We **listen** to each other with respect, without interrupting, letting each person finish what they are saying, and "share the air" with others.
- Crying is OK. Silence is OK.
- This is a trust circle. We respect the confidentiality of the group and what is said in the group stays in the group. *"Nothing about me without me."*
- When we are ready for each session, we put away our phones, other electronic devices without being reminded and we shut down all other programs running on the device we are using.
- There will be no screen shots taken unless guided to do so by the facilitator and we ask that you refrain from side "chats". Stay with the group.
- In the event that you disappear from the screen without any explanation, the Caring Matters staff will follow through with a call to your emergency contact person.

Please sign this agreement and return it with the camper's application.

Camper's Signature: _____ Date _____

Parent or Responsible Adult's Signature: _____ Date _____

Phone number(s) where parent or responsible adult can be reached during camp: _____