

INSTRUCTIONS FOR SUBMISSION:

Thank you for registering for our STARS Event! We are excited to welcome you and your loved ones. This free, 4-day camp for children and teens ages 8-18 years old, who have experienced a loss due to death. Attendees will be divided into groups based on grade and will include age-appropriate activities and games to promote healing from loss due to death.

Please note that your registration is not complete unless this Consent Packet has been signed and received, for EACH child who will be attending. Please do not combine multiple children on one form.

Please submit your completed forms via email to stars@stelizabeth.com.

STARS EQUINE CAMP REGISTRATION DETAILS:

Child's first and last name:

Child's age and grade:

Child's Sex and/or Preferred Pronouns:

Guardian First/Last name:

What is your relationship to the Child?

Guardian Email:

Childs Primary Address:

Enter a good phone number beginning with area code for you/the child:

(Please note that emergency contact information will be provided elsewhere on this form.)

Enter the name, relation **and** age of the person who has died, for the attendee.

This death was:

- Expected because of circumstances
- Not expected, not surprising
- Totally unexpected

T-Shirt Sizes:

- Y Small
- Y Medium
- Y Large
- A Small
- A Medium
- A Large
- A XLarge
- Other _____

Tell us a briefly about the cause or circumstances of their death.

To help us prepare, briefly list your concerns or what you hope to gain by participating in this program.

Enter the date of death for the person who has died.

Lunch is provided. Please indicate below if your child has any allergies or dietary restrictions.

Please complete all pages in this packet for each child!

ACKNOWLEDGEMENT:

I hereby acknowledge that I am aware that this event is offered free to grieving children and teens. In order to be responsible with funds provided from generous sponsors, I agree to notify St. Elizabeth’s STARS if we can no longer attend the event as soon as possible so that another person/ family may take that spot. Spots will be filled on a first-come, first-served basis, and space may be limited due to Covid-19 safety guidelines. Based on factors related to Covid-19, STARS reserves the right to cancel this program if local regulations or St. Elizabeth Healthcare policy dictates the need to do so. I agree that my child and I will adhere to the rules and guidelines that are in place.

Printed Parent/Guardian Name	Signature of Parent/Guardian	Date

CONSENT:

I hereby consent to allow my child, to participate in the STARS Event on (dates) for the purposes of addressing issues related to the death of a loved one. I also understand this Stars group experience is intended to provide encouragement and assistance for my child indealing with the death of a loved one. I acknowledge that this is not a therapy group, and not intended to address issues which could be identified as a disorder, pathology or syndrome.

I also acknowledge that it is required by law that any suspicion or evidence of child abuse that comes up during this Stars group session must be reported to the proper authorities. If your child is not benefitting from this program or is consistently disruptive, we will work with you , the guardian of on how this can be rectified.

In case of emergency please notify at .

RISK AND RELEASE:

I understand that my child’s participation in programs offered by St. Elizabeth STARS is based on a “Challenge by Choice” philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my/my child’s participation is purely voluntary, and I elect to participate.

Therefore, for myself/my child, I expressly, knowingly and voluntarily assume all risks involved in my/their participation, and do hereby release St. Elizabeth’s Hospice and its members, trustees, officers, employees, volunteers, and independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily injury, loss of life or personal property that may occur as a result of participating in this program.

I give permission for this information to be shared with the STARS staff working with my child for the purpose of providing a better understanding with which to aid the child and family.

Please complete all pages in this packet for each child!

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on the parties during the entire period of participation in the said program.

Printed Parent/Guardian Name	Signature of Parent/Guardian	Date

PHOTOGRAPHY:

We will be taking pictures during the event. If this is an issue, please let us know. If it is not a problem, please fill in your child's information, sign and date the form. If you DO NOT wish to consent, please check the appropriate box below, sign and date this form.

- I hereby give my permission for photographs, video or quotes of or by my child while participating in the STARS event to be used for educational or promotional uses only. I also understand these photographs, video or quotes will remain the property of the STARS program and will be used only in a discreet and respectful manner for the purpose of promoting the benefits of the STARS program.
- I DO NOT give my permission for photographs, video or quotes of or by, my child.

Print Child's First and Last Name

Print Parent/Guardian Name	Signature of Parent/Guardian	Date

HOW DID YOU HEAR ABOUT US?

Please indicate how you were made aware of our program and/or event. Check all that apply.

- Primewise newsletter
- Friend or Family member
- Hospice Staff
- School Counselor or Other Representative
- Funeral Home
- Church/Clergy
- Other (Please specify below)

--

STARS Program
(859) 301-4611
483 South
Loop Dr.
Edgewood,
KY 41017

Please submit your completed forms via email to stars@stelizabeth.com

Please complete all pages in this packet for each child!