

Grief and Hope Retreat

***Pre-registration is required by May 1, 2019: mail or drop off to the Macomb Park District, Macomb IL 61455**

Name of child: _____

Age: _____

Name and address of parent: _____

Phone number(s): _____

Emergency back-up person and phone number: _____

Person the child lost and relationship: _____

Date of loss: _____

Does your child have any special needs or allergies we need to be aware of?

How did you hear about this program?

I hereby waive, release, absolve, indemnify and agree to hold harmless the Macomb Park District, program facilitators, and participants for any claim arising out of an injury or harm to the participant. I agree to be available by phone at all times during the program. In the event I am unable to be reached, I grant permission to the program facilitators to obtain medical care from any licensed physician, hospital, or medical clinic. I agree to accept all financial responsibility for any and all costs related to emergency treatment and give my consent by signing below.

This retreat is designed to be a drop-off program, but if your child has special needs, you may stay at the facility and observe or enjoy the grounds. This program is for children who have lost someone close to them through death in any manner. Please dress for indoor and outdoor activity, in comfortable clothes you can move in.

Parent/Guardian Signature: _____

Date: _____

Registration will be confirmed by mail or phone.

To allow photographs of your child to be taken during the event, please sign below:
