



Dear Teen / Parent,

We are pleased you have registered for the Alive Teen Retreat to be held Friday evening, October 19 through Sunday afternoon, October 21 at Camp Youth Incorporated in LaVergne, TN. Enclosed you will find the Alive Hospice Registration Form, our Medical Consent Form, our Teen Retreat Covenant, the Youth Incorporated Waiver of Liability Release Form and our Authorization for Release of Information form. Please print and complete these forms and mail them to Pam Quaintance; Alive Hospice 1629 Williams Drive; Murfreesboro, TN 37129. If it is more convenient you can also scan the forms to Pam at pquaintance@alivehospice.org or fax them to her at 615-346-8675. In addition we have included a copy of our dress code, a packing list and a map and directions to Camp Youth Incorporated.

We have a weekend planned with lots of exciting activities—so get ready to connect with other grieving teens, spend lots of time outdoors at our location on J. Percy Priest Lake, challenge yourself on the climbing tower, zip line and high ropes course and in general have a really awesome time. Please dress according to the weather, with clothing for both the warm and cool weather we can get during this time of year. Sunscreen and insect repellent are recommended along with tennis shoes, a jacket and at least one pair of jeans.

We look forward to meeting you on Friday, October 19! Please remember we usually have a waiting list, so if you find out you cannot attend, let us know as soon as possible. If you have any questions, please contact Pam at 615-346-8680.

Sincerely,

Pam Quaintance, LCSW
Teen Retreat Co-Director

Lauren Thurman, LCSW
Teen Retreat Co-Director

ALIVE TEEN RETREAT REGISTRATION FORM

Teen's Name _____ Date of Birth _____

Parent or Guardian _____ Ethnicity: _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

School Teen Presently Attends _____ Grade _____

Email Address _____

The following persons are authorized to pick up the above named teen:

Name _____ Relationship _____

Name _____ Relationship _____

PUBLICITY PERMISSION:

My teen, named above, has my permission to participate in Alive Teen Retreat activities that may be photographed or filmed for the purpose of public relations for Alive Teen Retreat and Alive Hospice. Permission is also given for any written materials produced by the teen (i.e. drawings, stories, poems, etc.) to be used in the same manner with the teen's prior consent. Yes _____ No _____

TRANSPORTATION:

Should I need transportation to be provided for my teen, named above, during their participation at the Alive Teen Retreat, I give my permission for Alive Teen Retreat Staff to transport my teen to and from the retreat site. Furthermore, on behalf of our teen, our heirs and legal representatives, I hereby release and forever discharge Alive Hospice staff and volunteers of responsibility from any and all causes of action, claims, demands and costs on account of, or in any way growing out of, any injury or other loss or damage that might be sustained in connection with the transporting of my teen by an Alive Hospice Volunteer. Yes _____ No _____

PARTICIPATION PERMISSION:

I hereby grant permission for the above named teen to participate in all retreat activities. I absolve Alive Hospice, Alive Teen Retreat Staff and Volunteers from any liability for injury or loss sustained by the teen while engaged in such retreat activities. I authorize the retreat to provide emergency medical care at my expense.

My teen, named above, has my permission to participate in canoeing, low ropes, high ropes and climbing tower activities planned at the Alive Teen Retreat. I understand these activities will be led by trained Camp Youth Incorporated Staff. Yes _____ No _____.

I would rate my child's swimming ability as follows:

Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced _____

Parent/Guardian Signature _____ Date _____

ALIVE TEEN RETREAT MEDICAL CONSENT FORM

Teen's Name _____ DOB _____ Eye Color _____ Hair Color _____

Height _____ Weight _____ **DATE OF LAST TETANUS SHOT** _____

FAMILY DOCTOR _____ **PHONE** _____

Street Address _____ City _____

Teen may be given aspirin-free pain reliever if needed: Yes _____ No _____

INSURANCE INFORMATION

Name of Insured _____ Employer _____

Insurance Company _____ Policy # _____ Group # _____

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY

These people will be contacted in order they are listed below

Name _____ Work# _____ Cell# _____ Home# _____

Relationship to Teen _____

Name _____ Work# _____ Cell# _____ Home# _____

Relationship to Teen _____

MY TEEN IS ALLERGIC TO THESE MEDICATIONS, FOODS, ETC.

1. _____ 2. _____ 3. _____

MY TEEN IS PRESENTLY TAKING THE FOLLOWING MEDICATIONS:

Medication	Purpose	Frequency
1. _____	_____	_____
2. _____	_____	_____

OTHER SPECIAL HEALTH CONCERNS OF MY TEEN ARE: (write on back if more space is needed)

Permission is hereby granted for Alive Teen Retreat Staff and volunteers to administer first aid and/or non-prescribed medication to aid in discomfort or relief of minor illness or sickness. The dispensing of any medication will be under the supervision of a retreat nurse. Should additional medical attention be required on an emergency basis, or otherwise, permission is granted to staff members to seek qualified medical attention by a physician or healthcare agency. It is understood that all charges and costs for such will be paid by the parent and/or family insurance coverage.

Parent/Guardian Signature _____ Date _____

Alive Teen Retreat

Pre-Camp Assessment

Teen's Name: _____ Date: _____

For each category below, please check the box that best describes the current level of change or disruption in your teen's life as a result of their recent loss. It helps us in our planning to know what areas are of greatest concern to you.

	Greatly Disrupted	Moderately Disrupted	Mildly Disrupted	No Change	Other
1. Sleep					
2. Eating					
3. Ability to Focus/Concentrate					
4. School Performance/Attendance					
5. Performing Everyday Tasks					
6. Enjoyment of Activities/Interests					
7. Desire to Be With Family					
8. Desire to Be With Friends					
9. Ability to Express Thoughts & Feelings					
10. Overall Mood/Behavior/Coping					

What Else Would You Like Us To Know?

ALIVE TEEN RETREAT COVENANT

The purpose of the Alive Teen Retreat is to facilitate a teen's journey through grief in a safe, supportive, and healing environment.

As a participant at Alive Teen Retreat:

- I will attend all group gatherings and remain on the designated premises at all times.
- I will remain completely free of drug, alcohol, and tobacco use and possession.
- I will respect the property of the camp as well as the participants.
- I will help create a safe and positive environment for all youth and adults attending this retreat.
- I will not bring any type of weapon or contraband to camp.
- I will maintain appropriate physical boundaries with all youth and adults attending this retreat.
- I will follow all directions set forth by the leadership of this retreat.
- I will limit my cell phone (or other electronic device) use to only those times designated by the retreat leaders.
- I will follow the specified dress code for the retreat.
- I understand that if I chose not to follow the rules of the retreat, disciplinary action will be taken resulting in loss of privileges, restrictions, and if necessary my parent/guardian will be contacted to come and take me home.

Teen Signature: _____

Parent/Guardian Signature: _____

Date: _____



User Group
Waiver of Liability-Release
For Participant

By signing this release form, I agree to release and hold harmless, Camp YI, it's Board of Directors, volunteers, agents, assistants, employees and co-sponsors for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate. I recognize that there is a significant element of risk in any adventure, sport or activity (including equine activities), indoors or outdoors. I assume full responsibility for myself relating to bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the terrain, the weather, my athletic and physical condition and the athletic and physical condition of other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participant; I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety.

Participant-Signature

Date

Participant-Print name

Signature of parent/guardian- if participant is a minor



Authorization for Release of Information
For Media/Public Relations, Fundraising, and Marketing Purposes

The purpose of this form is to give my permission for the recording and release of my (or my child's) name, likeness, words, and/or voice and grant Alive Hospice, Inc. ("Alive Hospice") all rights to use interviews, sound recordings, still images, and/or moving images in any medium for educational, promotional, advertising, and/or other purposes that support the mission of Hospice. I agree that all rights to the interviews, audio recordings, still images, and/or moving images mentioned above belong to Hospice. I understand that my authorization may also include interviews, photography, and filming by the news media that may be published or broadcast to the community at large.

Information to be recorded and disclosed:

- Any information relevant to my child's participation in an Alive Hospice children's camp or retreat.
 - Any information relevant to my participation in Alive Hospice Grief Support Services.
 - (Other, please specify) _____
-

Who may use or receive the information: Alive Hospice and any individuals/entities who are involved in the interview, filming, and/or photography. I also understand that any interviews, video, and photography may be published/broadcast to the community at large.

The purpose of the recording and disclosure is for the information to be used and disclosed for educational, promotional, advertising, or other purposes that support the mission of Alive Hospice. Alive Hospice will not receive payments in exchange for marketing its services.

Alive Hospice does not sell information about individuals to third parties. Alive Hospice will not receive any payments or other items of value for obtaining this authorization.

I understand that Alive Hospice will not condition treatment, payment, enrollment in a health plan or program, or eligibility for benefits on my providing this authorization.

I understand that this authorization will extend for as long as interviews, sound recordings, still images, and/or moving images of me are used to support the mission of Alive Hospice, Inc.

I understand that I may revoke this authorization at any time by notifying Alive Hospice in writing at 1718 Patterson Street, Nashville, TN, 37203, Attn: Director for Regulatory Compliance. I understand that this revocation shall not be effective to the extent this authorization has already been relied upon. I understand that my information may be re-disclosed and that it will no longer be protected by federal privacy regulations if the recipient(s) is not required to comply with federal privacy regulations.

I understand that I have the right to receive a copy of this authorization after I have signed it.

I agree that all rights to audio recordings, still images, or moving images mentioned above belong to Alive Hospice.

Signature

Print Name

If child is under the age of 18:

Print Child's Name

Signature of Parent or Legal Guardian

Relationship to Child

Date

For Department Use

Department: _____

Project Name: _____

Project Manager: _____

Photographer/Videographer: _____

Production/Session Notes (please note intended use of this interview/photos/footage):

ALIVE TEEN RETREAT

DRESS CODE

Purpose: To provide a general standard for attire that is acceptable for working with youth.

Expectations:

1. No midriff or cut-off shirts allowed. Shirts should be full length and cover the stomach.
2. Shorts/skirts will be at or below the middle of your thigh.
3. Mini-skirts are not allowed.
4. Clothing with lewd, suggestive, or offensive slogans or wording is not allowed.
5. Clothing advertising alcohol and/or drugs (including tobacco) is not allowed.
6. Sleepwear should be modest and meet the criteria set in numbers 1-5.
7. Long and/or dangling jewelry should be avoided as it could pose a safety hazard.

ALIVE TEEN RETREAT IMPORTANT INFORMATION October 19 – 21

- **TEENS NEED TO BE AT CAMP YOUTH INCORPORATED BY 6:00 PM ON FRIDAY, OCTOBER 21st.**
- **ON SUNDAY, TEENS SHOULD BE PICKED UP AT 2:00 PM.**
- **ALL MEALS, SNACKS AND DRINKS WILL BE PROVIDED, PLEASE DO NOT SEND FOOD OR DRINKS.**
- **PLEASE REFER TO THE PACKING LIST FOR OUR RECOMMENDATIONS OF WHAT TO BRING AND NOT TO BRING WHEN PACKING FOR THE RETREAT.**

IMPORTANT PHONE NUMBERS

- **Pam Quaintance (Teen Retreat Co-Director): w) 615-346-8680
c) 615-542-3599**
- **Lauren Thurman (Teen Retreat Co-Dir): c) 615-305-6100**
- **Camp Youth Incorporated: 615-459-3971**
- **Alive Hospice: 615-327-1085**

If your teen will be late for the retreat, please contact Lauren on her cell phone or Katherine Reynolds at 615-642-3993.

Also, please let us know if your teen will be driving themselves to the retreat, so we can be sure we know to look out for them!

Camp Youth Incorporated Map and Directions

From Nashville:

Take I-24 East to Exit 64, Waldron Rd/La Vergne.

Turn right onto Waldron Rd off the exit and travel 2.5 miles to Murfreesboro Rd.

Turn right onto Murfreesboro Rd and travel 2.5 miles to Fergus Rd (Exxon Station is on the corner).

Turn left onto Fergus Rd and travel 8/10 (.8) of a mile to Jones Mill Rd.

Turn right onto Jones Mill Rd and travel 4.3 miles to the end of the road past Poole Knobs Campground. The road dead ends at Camp YI.

Please Note: Jones Mill Road is a long and winding road. You need to just keep going and going and you will eventually come to the end of the road and camp.

From Murfreesboro:

Take I-24 West to Smyrna/Sam Ridley Pkwy Exit 66.

The exit ramp will turn you onto Sam Ridley Pkwy heading towards Smyrna.

Travel about 3 miles and take the ramp for US 41N/US 70S/N Lowery Street. Turn right onto Lowery Street and travel 1.5 miles to Fergus Rd (Exxon Station is on the corner).

Turn right onto Fergus Rd and travel 8/10 (.8) of a mile to Jones Mill Rd.

Turn right onto Jones Mill Rd and travel 4.3 miles to the end of the road past Poole Knobs Campground. The road dead ends at camp.



ALIVE TEEN RETREAT PACKING LIST

Camp Youth Incorporated is a wooded camp site nestled on the shore of J. Percy Priest Lake. There is a large dormitory with toilets, showers and sinks where the girls will be staying. The boys will be housed in screened, open air cabins with room for six boys and two counselors in each cabin. The boys will share a shower house with toilets, showers and sinks. Whether in the dormitory or cabins, the teens will be sleeping on twin bunk beds. As a reminder, weather may be warm during the day and cool to cold at night. Please pack accordingly.

WHAT TO BRING

Flashlight

Towel/washcloth/soap

Shampoo and conditioner

Toothbrush/toothpaste

Brush/comb

Hair dryer, etc (if needed)

Twin fitted sheet (mattress must be covered with a sheet)

Sleeping bag or flat twin sheet with a twin blanket*

*For boys, we recommend a sleeping bag, hats, gloves and socks at night in case it's cold!

Pillow/pillowcase

Shower shoes/flip flops

Tennis Shoes (other shoes/sandals if desired)

Water shoes for canoeing

Long pants (shorts if weather looks like it will be warm)

Shirts (both long and short sleeved)

Underwear/socks

Pajamas (for cool weather)

Jacket/sweatshirt/rain jacket

Sunscreen/Insect repellent

WHAT NOT TO BRING

No expensive items: electronics, jewelry, money, etc.

Cell phones and other electronic devices will only be allowed on a very limited basis.

Food or drinks. All meals and snacks will be provided.