



The Sea Star Program's  
club seahorse



## Application





Dear Parent or Guardian:

We are pleased to announce that in partnership with Tomorrow's Rainbow, the Sea Star Program's Club Seahorse is open to grieving children, ages 5-10. Club Seahorse is an all-day camp experience taking place on Friday, October 19th, 2018 at Tomorrow's Rainbow in Coconut Creek, Florida.

The purpose of Club Seahorse is to bring children, whose loved ones have died, together for support and friendship. This innovative grief support program includes interactions with miniature horses and other small farm animals, peer support groups, and therapeutic art and play.

Club Seahorse provides a new support system to children who are grieving the loss of a loved one. Throughout the day, children will have an opportunity to:

- Identify ways to cope with change
- Improve self-esteem
- Learn to recognize and validate feelings
- Identify safe ways of grief expression
- Recognize that having fun and celebrating are still a part of life

The Sea Star Program's Club Seahorse is free for all children. Please complete the attached application for your child. Following receipt of the application, you will be contacted by staff to further assess eligibility.

Please direct any questions regarding Club Seahorse to Marla Berger at 954.978.2390. If you would like more information about the Sea Star Program at Trustbridge, please call 888.499.8393.

**Applications must be received by Friday, October 5th, 2018.** Please send completed applications to [TRainbowMAB@aol.com](mailto:TRainbowMAB@aol.com) or fax to 561.948.4113; Tomorrow's Rainbow, 4341 NW 39th Avenue, Coconut Creek, FL 33073.

**Space is limited - be sure to return your paperwork by October 5th, 2018.**

Sincerely,

Trustbridge Bereavement Center and Tomorrow's Rainbow.



## Club Application

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_

Grade: \_\_\_\_\_

T-Shirt Size: **Youth**  Small  Medium  Large or **Adult**  Small  Medium  Large  X-Large

Does the child have an Individual Education Plan (IEP) or a 504 Plan?  Yes  No

Does the child have a medical condition or disability that we need to know about?  Yes  No

What medication does your child take? \_\_\_\_\_

**Allergies:**  Food \_\_\_\_\_  Environmental \_\_\_\_\_  Medication \_\_\_\_\_

Name of the deceased: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Was the child present at the time of death?  Yes  No \_\_\_\_\_

Did the child see the deceased after the death?  Yes  No \_\_\_\_\_

Did the child attend the funeral or memorial services?  Yes  No \_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No \_\_\_\_\_



Did the child receive counseling/grief support services before or after the death?  Yes  No

Describe the relationship between the child and the deceased:

How did the child react to the death? \_\_\_\_\_

Has the child experienced any other deaths?  Yes  No \_\_\_\_\_

Describe any other changes/stresses in the child life (e.g. divorce, illness, moving).

Has the child said or done anything recently that concerns you? \_\_\_\_\_

Has the child expressed any concerns to you recently? \_\_\_\_\_



Has the child exhibited any of the following behaviors since the death? (check all that apply)

- Depression
- Run away from home
- Suicidal thoughts
- Harmed self/Harmed others
- Harmed animals
- Unusual/ inappropriate sexual behavior
- Drug/alcohol abuse
- Lying
- Regression
- Behavioral problems (home and school)
- Stealing
- Nightmares
- Destruction of property
- Ongoing sleep disturbance

What, if any, concerns do you have about the child coming to Club Seahorse?

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**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Parent/Guardian Name** \_\_\_\_\_

**Please contact Marla Berger with any questions or concerns at 954.978.2390.**



## What do I need to bring?

LUNCH IS NOT PROVIDED. Please pack a prepared lunch with a drink for your child. A cold lunch is best, as we will not be microwaving or heating meals for the children. We provide water and snacks throughout the day.

Apply sunblock to your child before arriving at Club Seahorse. Tomorrow's Rainbow is a farm, and the children will be outdoors for the entire day, with access to shade. Please dress your child accordingly, with fully closed shoes. Sandals and/or flip-flops are not appropriate footwear for the day. You may also want to bring:

- Insect repellent
- Lip balm
- Sunblock
- Hat
- Hair ties or barrettes

Children are NOT to bring any other belongings such as: money, jewelry, cell phones, i-pods, radios etc. We cannot be responsible for personal belongings that are brought into Club Seahorse without permission.

No drugs or weapons are to be brought into Club Seahorse under any circumstances.



## Permissions and Releases

(Initial on all lines)

### Medications/First Aid

\_\_\_\_\_ I give permission to the Club Seahorse staff to administer first aid to my child. I also give my permission to Club Seahorse to take my child to the nearest hospital in the event of an emergency.

### Liability statement

\_\_\_\_\_ In consideration for allowing my child to participate at Club Seahorse, I, for myself and child, release and forever discharge Hospice of Palm Beach County, Hospice of Broward County and Hospice by the Sea, Tomorrow's Rainbow Inc., their directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child may have against them arising out of or in any way connected with my participation or my child's participation in this program, including travel to or from the program and including injuries which may be suffered by my child before, during, or after the program.

### Authorization to photograph/interview/tape

\_\_\_\_\_ I hereby give my permission for my child's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, Club Seahorse video or brochures.

### Authorization to Exchange/Release Information:

\_\_\_\_\_ I authorize Trustbridge Bereavement Center and Tomorrow's Rainbow to exchange information that contributes to the evaluation and assessment of my child for grief and bereavement support.

I have read and understood all of the above information and authorize my child to participate in **Club Seahorse** for children of **TRUSTBRIDGE BEREAVEMENT CENTERS**, a program of **HOSPICE OF PALM BEACH COUNTY, HOSPICE OF BROWARD COUNTY AND HOSPICE BY THE SEA and TOMORROW'S RAINBOW INC.**

Parent/Guardian Name (Printed): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a small photo of your child to this form.**









## Directions to Tomorrow's Rainbow

Tomorrow's Rainbow is located at a private ranch.  
No unscheduled visitors, please.

From I-95 or the Turnpike—exit on Sample Road going West [exit 39 for I-95, exit 69 for Turnpike]. Turn Right (North) on Lyons Road. Turn Right (East) on Wiles Road. Turn at the first Right (South) on NW 39th Avenue. Go to the end of the street and make a right. Pull into the first driveway on your right before the Tomorrow's Rainbow sign.



## RELEASE AND INDEMNITY AGREEMENT

### WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL, IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

In consideration of the acceptance of my participation and/or the participation of my child or ward, in any equine assisted activity and/or any activity sponsored by Tomorrow's Rainbow, Inc., Hit the Hay, Inc. Berger Counseling Services, Trustbridge, Inc., Hospice of Palm Beach County, Inc., Hospice by the Sea, Inc., Marla Berger and/or Abby J. Mosher, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run, especially when the program is conducted in a natural setting, as this program is, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on the behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such equine program and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are Tomorrow's Rainbow, Inc., Hit the Hay, Inc., Berger Counseling Services, Trustbridge, Inc., Hospice of Palm Beach County, Inc., Hospice by the Sea., their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, volunteers, guests, landholders , land owners, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during or after such participation. I further authorize medical treatment for myself, child or ward, at my cost if the need arises.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Name (print): \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_