



## SUPPORT GROUP REGISTRATION FORM

**-THIS INFORMATION IS CONFIDENTIAL-**

Please check which group(s) you are registering for:

Grief Club for Parents     Grief Club for Spouses     Grief Club Support Group

First & Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ It is okay to  Text and/or  leave voicemail

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

How did you hear about this group? \_\_\_\_\_

Name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

What has been the most difficult part of the loss for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the thing that helps you the most right now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature below indicates that you agree to the following:

- I have been given a copy of the Clubhouse Rules and will abide by them.
- I understand that this group is not a therapy group and not a substitute for mental health counseling.
- I will not hold the group facilitator or meeting venue responsible for any injury or illness that may occur through my participation in this group.
- Because pre-registration is required, I will not bring an unregistered person to the group.

***-Please upload a copy of your Driver's License or State ID with this registration-***

I certify that I am 18 years of age or older.

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Signature

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Date