THE GRIEF CLUB
of west michigan

GRIEF CLUB FOR PARENTS SUPPORT GROUP REGISTRATION FORM

-THIS INFORMATION IS CONFIDENTIAL-

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(s) of your child(ren): _____

Date(s) of their death(s): _____

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.

_____ _____

Signature Date