



DC National Guard Youth Leaders Camp

CAMPER APPLICATION SUMMER 2018



A camp focused on affording DC Metropolitan Youth with an opportunity to implement the principles of leadership, citizenship, and sportsmanship by learning through classroom discussions, competitive sports, and recreational activities, since 1968.



DC National Guard Youth Leaders Camp

2001 East Capitol Street, SE, Washington, DC 20003* (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

CAMPER APPLICATION SUMMER 2018

CAMPER INFORMATION

Camper Name: _____

Age: _____ Date of Birth: mm____/ dd____/yyyy _____

Gender (Circle one): Male Female Height: _____ Weight: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Ward: _____ or County: _____

School Attended: _____

Recommendation Letter from School Counselor/Administrator or Community Leader (Required with all applications)

Campers Email Address: _____

Please mark one of the following ethnic identities:

American Indian/Alaska Asian American Black/African American White
Native Hawaiian , Other Pacific Islander Hispanic/Latino Not Hispanic/Latino

T- Shirt Size (Adult Sizes): SM M L XL 2XL 3XL
other: _____

PARENT INFORMATION

Custodial Parent/Guardian:

Relationship to Camper: _____ Cell: _____

Home: _____ Work: _____

Email Address: _____

Social Security #: (Last Four) _____

Total Family Income (Gross): \$ _____

Please mark the boxes that apply to you:

TANF Medicaid Food Stamps Foster Parent

For office use only:

Registration Date: ____ / ____ / ____

Registration Fee: **\$50.00**
(Non- Refundable)

DC, MD, & VA Residents Fee: **\$125.00**

**\$50 Discount for additional campers,
per household**

Total Camp Fees Due: _____
(There will be no refund on cancellations made within 2 weeks of expected arrival date. Payments are not refundable for no-shows.)

Payment Information:

Registration Fee(s): \$ _____

Total Camp Fee(s): \$ _____

Amount Paid: \$ _____

Balance Due: \$ _____

Referring Agency

Coordinator

Phone

Parent/Guardian Complete

Date of last Immunization:
____/____/____

Hospitalized in the last 3 months:

No: Yes:

Reason: _____

List ALL Prescribed Medications:

1. _____

2. _____

3. _____



DC National Guard Youth Leaders Camp

2001 East Capital Street, S.E. Washington, DC 20003-1719 * (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

Camper Emergency Contact/Authorized Pickup Information

EMERGENCY CONTACT/AUTHORIZED PICKUP INFORMATION

My child may be picked up by the following authorized individuals (other than Parent/Guardian & Emergency Contact):

Emergency Contact 1:

Relationship to Camper:

Cell: _____

Home: _____

Emergency Contact 2:

Relationship to Camper:

Cell: _____

Home: _____

Medical Coverage, provided by DC National Guard Youth Leaders' Camp for children attending camp, covers illnesses and injuries that occur during camp. It does not cover pre-existing conditions or extensive hospitalizations. Paying for conditions not covered remains the responsibility of the parent/guardian. **A COPY OF THE CHILD'S MEDICAL INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.**

Medical Insurance Company
ID #

Medical Insurance

Primary Care Physician

Physician Contact Phone

I/We grant permission for our child named above to take part in the Youth Development Programs provided by DC National Guard Youth Leaders' Camp Inc. (DCNGYLC). I/We agree to assume all financial responsibility in case of injury or accident arising from such event(s). In case of injury or illness, I authorize DCNGYLC staff to administer treatment.

Signature of Parent/Guardian

Date



DC National Guard Youth Leaders Camp

2001 East Capital Street, S.E. Washington, DC 20003-1719 * (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

CAMPER PROFILE SUMMER 2018

CAMPER PROFILE

Camper Name: _____ Nickname: _____

Child currently lives with: _____ Parents _____ Mother _____ Father _____ Grandparents _____ other: _____

Age of Brother(s): _____ Age of Sisters(s): _____

Ever attended Camp Moss Hollow: No Yes

If yes, what years: Summer: _____ Winter: _____

What other overnight camps have you attended: _____

Camper characteristics (Please (X) all that describe your child):

- | | | | | |
|------------------------------------|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Selfish | <input type="checkbox"/> Friendly | <input type="checkbox"/> Tries to finish what they start |
| <input type="checkbox"/> Obedient | <input type="checkbox"/> Very active | <input type="checkbox"/> Bossy | <input type="checkbox"/> Moody | <input type="checkbox"/> Light Sleeper |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Strong-Willed | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Bully | <input type="checkbox"/> Bed Wetter |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet | <input type="checkbox"/> Easily Led | <input type="checkbox"/> Sad | <input type="checkbox"/> Sleep Walker |

Can child swim in deep water? No Yes

Family Status: Unmarried Divorced Separated Married

How did you hear about our DCNG Youth Leaders Camp?

Newspaper Radio Movie Theater Ad Facebook Twitter Friend Camp Fair

ACA School Flyer School PTA Recreation Center Text Advertising

Other _____

Please write any additional information you feel important concerning your child: _____

CAMPER DIETARY PROFILE

My child does **NOT** require any special dietary needs.

My child does have special dietary needs as follows:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vegetarian meals ONLY | <input type="checkbox"/> No red meats | <input type="checkbox"/> No milk/dairy products |
| <input type="checkbox"/> No Peanut butter/nuts | <input type="checkbox"/> No wheat products | <input type="checkbox"/> No shell fish/seafood |

Other dietary comments:



DC National Guard Youth Leaders Camp

2001 East Capitol Street, SE, Washington, DC 20003* (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

Photo Release for Person Under 18 Years of Age SUMMER 2018

I hereby grant the DC National Guard Youth Leaders' Camp and its employees, agents, assigns, and sponsors the right to photograph and/or video tape my child for use in promotional or educational materials as follows photo and/or video footage and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Print Name of Camper:

Address:

City: _____ State: _____ Zip: _____

Yes

No

My child is a foster child

I hereby authorize the use of these materials indefinitely without compensation. All negatives or positives, prints, digital reproductions and video, audio recordings or quoted remarks shall be the sole property of the DC National Guard Youth Leaders' Camp.

I certify that I am the custodial parent and/or guardian and have the aforementioned rights to assign.

Signature of Parent or Guardian:

Address:

City: _____ State: _____ Zip: _____

Date: ____/____/____



DC National Guard Youth Leaders Camp

2001 East Capitol Street, SE, Washington, DC 20003 * (202) 685-9732 www.dcngyouthprograms.org or dcngyouthprograms.net

Camper Medical Release SUMMER CAMP 2018

The following statements do not affect your child's eligibility for camp. Special medical needs are considered on a case-by-case basis to ensure a successful experience for your child.

1. This Camper Release authorizes the camp to administer non-prescription drugs unless indicated and prohibited on their health form. If the nurse should have any questions about dosage, times, etc., he/she will contact the parent at the number indicated above.

Parent/Guardian Signature: _____ *Date:* _____

2. It is agreed that in case of injury or illness, I authorize my child to receive treatment by an emergency medical technician, camp nurse, hospital, dentist or doctor. First aid may be given at camp. Any follow-up medical attention may be given at a local hospital. Transportation to the nearest hospital is authorized if necessary. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature: _____ *Date:* _____

3. It is agreed that my child's medical insurance is the primary coverage of any illness or injury sustained while at camp. It is agreed that I will have my child's medical insurance carrier to make contact with DCNG Youth Leaders Camp medical personnel for transfer of responsibility. It is clearly understood that if my child does not have proper medical insurance that all costs occurred from my child's illness or injury is my responsibility.

Parent/Guardian Signature: _____ *Date:* _____

4. It is agreed that if my child is on regular medication prior to their arrival at camp or during the school year, they must remain on that medication while at camp

Parent/Guardian Signature: _____ *Date:* _____

5. I further understand that DCNG Youth Leaders Camp, by law, cannot assist in administering prescription drugs to my child, even with parental consent, unless the medication is sent in its properly labeled original container with medical verification and the administrative instructions clearly printed with the child's name. Any revised or makeshift labels or containers will not be accepted and will result in your child being sent home for his/her medical wellbeing.

Parent/Guardian Signature: _____ *Date:* _____



DC National Guard Youth Leaders Camp

6. Finally, if any recorded medication has changed since the child's registration, I agree to update their medical file prior to camp departure by a licensed physician. I agree to send all medications for asthma, allergies, etc. to cover the length of the session. In the event that this is not done, I understand that my child may be sent home for his or her medical wellbeing.

Parent/Guardian Signature: _____ *Date:* _____



DC National Guard Youth Leaders Camp

2001 East Capitol Street, SE Washington, DC 20003 * (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

Parent Consent and Release of Liability 2018

It is agreed and understood that:

- ❖ DCNG Youth Leaders Camp serves children from varied economic and ethnic backgrounds, and various physical and social abilities. The camper population is reflective of the youth and teen population in the Washington, DC metropolitan area.
- ❖ DCNG Youth Leaders Camp has a zero tolerance policy for drugs, alcohol, weapons or any physical or verbal behavior that causes physical harm or intimidation. Campers identified for any of these infractions will be sent home. It is agreed that the camp director reserves the right to reject applications and to dismiss a camper, if necessary, for the good of the camp.
- ❖ While the camp takes every reasonable precaution, it is agreed that the camp assumes no responsibility for the camper's personal property. We ask that campers not bring electronic equipment including cell phones and portable games to camp.
- ❖ I understand the camp encourages positive hygiene practices for all campers. Campers will take daily showers to promote good grooming. Camp staff, if needed will wash comb and style hair in the interest of health and hygiene. This is particularly important after swimming and hikes.
- ❖ Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in Camp may involve risk of property damage and of personal injury, illness and even death of Camper, including but not limited to the risks arising from transportation-related activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food borne illness and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware. I understand that although the camp staff makes all efforts to ensure health and safety at all times, I am aware that all camp programs present risks and hazards, which the participant assumes. I hereby accept those risks associated with participation.
- ❖ I warrant that the Camper indicated on this page is fully capable of safely participating in all Camp activities and has my permission to participate in all camp-related activities and special programming including swimming, boating, hiking, sleep-outs in tents, and out-of-camp trips unless I notify DCNG Youth Leaders Camp otherwise in writing.
- ❖ I further recognize that I have instructed my child or ward, to the extent my child or ward will be attending and participating in activities at DCNG Youth Leader's Camp, in the importance of knowing and abiding by the rules, regulations and procedures.



DC National Guard Youth Leaders Camp

Parent Consent and Release of Liability 2018

Consent to Attend DCNG Youth Leader's Camp

I hereby give permission for _____ to participate and attend DCNG Youth Leader's Camp.

Camper's Name: _____ Gender: _____ Age: _____

**Attending Session: DC National Guard Youth Leaders Camp
from 5 August - 12 August, 2018**

Print Parent or Guardian Name

Relationship to Child

Signature of Parent or Guardian

Date



DC National Guard Youth Leaders Camp

2001 East Capitol Street, SE, Washington, DC 20003 * (202) 685-9732 www.dcngyouthprograms.org or www.dcngyouthprograms.net

Camper Medical Procedures SUMMER 2018

Camper's Name: _____ Age: _____ Gender: _____

Camp Medical Procedures

The camp follows a healthcare protocol, which is based on best practices by childcare professionals and reviewed and signed by a medical practitioner or licensed physician.

Every child must have a recent health examination (within six months of camp departure date) to attend camp. School based medical forms are acceptable if signed within this time period. However, **all** parents must complete a **Medical Update Form that details any changes of address, parent contact or changes in the child's medical condition or prescribed medication.** Your **personal physician must** complete **all medical questions** on the health history form--**then sign and date the form.** Please bring your child's **immunization record** to the physical examination so that this information will be included on the signed medical form.

A trained medical practitioner is on duty at camp and can attend to minor camp related illnesses and injuries. On arrival day at camp, the camp medical staff will screen each child briefly. All medications will be turned over, at this time, to be recorded and kept safely in the designated medical facility.

All medications must be labeled with your child's name and must be in its original container in order to be administered to your child.

***Medications are documented against the child's medical form. Therefore, if the signed medical form indicates that your child is on medication, we are required to give that medication as indicated on the form. If your child does not have the medication indicated on the form, he/she cannot stay at camp unless you (the parent) bring the medication to camp prior to the scheduled dosage.**

Our local health authority prohibits the camp from administering non-prescription drugs, such as Tylenol, Chloroseptic, without written parent approval. **This signed Release serves as your approval.**

All children, who are on regular medication prior to their arrival at camp or during the school year, must remain on that medication while at camp. Many times, children who are withdrawn from their medication just prior to camp, experience physical and behavioral discomfort as a result.

If your child is injured (e.g. broken bone, burned), has an abrasion (e.g. fell off a bike) or has been exposed to a communicable disease just before attending camp, please contact the DCNG Youth Leaders Camp immediately. Failure to notify us in advance may result in your child being sent home.

The camp will not cover extensive hospitalization, major medical expenses or pre-existing medical conditions. Conditions not covered by the camp policy, or those that exceed the limits of the camp policy shall remain the responsibility of the parent or guardian.