

2017 Camper Application *(Incomplete applications will not be considered)*

Camp Dates: Sunday, August 6, 2017 – Saturday, August 12, 2017.

Important: *This entire application MUST be completed for each potential camper; any missing information could prohibit your child from attending camp. In addition to the application, each camper must have a complete camp physical form, signed by a medical practitioner (form not included in this application packet). Please note that Camp Sunrise policy prohibits acceptance of any child who is not aware of his/her/family member's HIV status.*

Family Information

Name of child: _____

Date of birth: _____ / _____ / _____ Child's Gender: _____
Month / Day / Year

Date of application: _____ / _____ / _____
Month / Day / Year

Address: _____
(Street) (Apt)

(City) (State) (Zip) (County)

Parent / guardian: Name(s): _____

Email Address(es): _____

Cell Phone: _____ (Is it ok to leave a voice mail? Yes No)

Home Phone: _____ (Is it ok to leave a voice mail? Yes No)

Work Phone: _____ (Is it ok to leave a voice mail? Yes No)

This will be the child's _____ year attending Camp Sunrise

Does the child have a case manager? Yes / No (please circle)

If "Yes": Name and Phone Number of Case Manager: _____

Email address of Case Manager: _____

Does your family receive food stamps? Yes / No (please circle)

If yes: What is the Food stamp or OWF/TANF number: _____

Who in the family is / was living with HIV / AIDS

Name: _____

Relation to this child: _____

Who is the primary caregiver of the child?

Name: _____

Relation to child: _____

What's the primary caregiver's phone number and Email address:

Who else lives in the home?

Name(s) and relation(s) to child: _____

Family's monthly income:

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$250 | <input type="checkbox"/> \$250 - \$500 | <input type="checkbox"/> \$501 - \$750 | <input type="checkbox"/> \$751 - \$1000 |
| <input type="checkbox"/> \$1001 - \$1250 | <input type="checkbox"/> \$1251 - \$1500 | <input type="checkbox"/> \$1501 - \$2000 | <input type="checkbox"/> \$2001 or more |

General information about your child

Please fill out all of the child's medication in the box below.

| Medication | Dosage | Route | Frequency |
|------------|--------|-------|-----------|
| | | | |
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Does your child have any allergies? Yes / No

(Please make sure the child brings any medication they take for an allergy attack (EpiPen etc.))

Does your child have any medical conditions of which the staff needs to be aware? Yes / No

If yes, what? _____

What else should we know about your child?

(Food restrictions, health or physical restrictions, hygiene restrictions)

What size t-shirt does your child wear?

| | | | | | |
|----------------|-------|--------|-------|---------|----------|
| Kid's | Small | Medium | Large | | |
| Adult's | Small | Medium | Large | X-Large | XX-Large |

Child's Medical and Insurance Information

Please note that we need one part filled out by the parent(s) / guardian(s) and part (page 9 - 12) by the child's physician.

Parent(s) / guardian(s) please fill out the Medical Information for your child below:

Health Coverage information:

Company/Coverage Name: _____

Policy Holder's Name: _____

Group Number: _____ Identification Number: _____

Company/Coverage Phone #: _____

Please send a copy of the front and back of your most recent health coverage card with this application

Authorization of Medical Treatment

Parent / guardian please fill out the authorization below:

In the event that I am unreachable, I _____ do hereby authorize Camp Sunrise personnel to bring my child, _____ to emergency treatment. I request that, if possible, our family physician be contacted in order that he/she may participate in this treatment. In the event that our family physician is unavailable, I authorize the physician on-call to treat my child in the emergency room. I understand that every effort will be made to contact me and our family physician prior to treatment, and that every effort will be made to care for my child in my absence. Below please find our list of emergency contact phone numbers, as well as the contact numbers for our family physician.

Family Physician name: _____ Phone: _____

Secondary Physician Name: _____ Phone: _____

If not available in an emergency, please notify

1. _____ Phone: _____
Name Relation to child

2. _____ Phone: _____
Name Relation to child

I give my permission to the Camp Sunrise nursing staff to administer Tylenol / Advil to my child.
(circle one or both)

Camp Sunrise Policies

Code of Conduct

This Code of Conduct is designed to enable all participants of Camp Sunrise to enjoy a summer camp experience in a pleasant and safe environment. All participants are expected to adhere to the code of conduct as outlined below. **Any violation of this code of conduct may result in immediate removal from the camp. Enforcement of these guidelines shall be at the sole discretion and judgment of Camp Sunrise (Equitas Health).** Possible consequences for violations of the guidelines may include, but are not limited to the following:

- Private counseling session with a member of the Camp Sunrise staff, or;
 - Removal from the program. All expenses or costs associated with a participant's removal from the program will be the responsibility of the participant's parent or guardian.
1. **Behavior:** All participants are expected to conduct themselves in a respectful and safe manner at all times. Dangerous or unkind behavior will not be tolerated.
 2. **Remain on campgrounds:** Participants are to remain on the campgrounds with a Camp Sunrise counselor at all times.
 3. **Curfew:** Participants must be in their cabin by the curfew established by their counselor and are to remain in their cabins from curfew until wake-up.
 4. **Sexual Activity:** No sexual activities are permitted. Participants engaged in any sexual activities may be removed from the program at the sole discretion of the Camp Director.
 5. **Violence:** No acts of aggression or violence are permitted. Participants engaged in any forms of aggression and/or violence may be removed from the program at the sole discretion of the Camp Director.
 6. **Use Alcohol or other drugs:** Any participant found using or in possession of alcohol, tobacco, or other drugs will be removed from the camp. Any prescribed medications must be indicated on the Physical Exam form and be in the possession of the Camp Nurse for the duration of camp.

Responsibilities of camp staff

Staff are responsible for helping campers adjust to camp life, supervision of campers, and guiding through their camp experience as an individual and within group dynamics. Camp Staff will be housed in the cabin environment with campers. In addition, programming staff are available to serve job assignments to help support and promote physical, musical and arts activity.

Privacy

Camp Sunrise will not sell, trade, or otherwise transfer to outside parties' personally identifiable information. This does not include trusted third parties who assist us in operating Camp Sunrise so long as those third parties agree to keep this information confidential. Camp Sunrise may also release information when it believes the release of information is appropriate to comply with the law, enforce its policies, or to protect its rights, property or safety.

Grievances

Sometimes problems arise. We hope that individuals will try to reconcile difference on an individual basis. Should this not be possible, to resolve a problem quickly and fairly, Camp Sunrise has developed a grievance procedure using the following steps:

1. If you or your camper has a problem during the week of camp, then notify the Camp Director immediately. Most difficulties can be settled promptly at this point. The Camp Director shall respond to your problem as soon as possible.
2. If the problem occurs outside of the week of camp, or if the problem during camp is not resolved to either you or your camper's satisfaction, you may wish to go to the Camp Sunrise Program Manager and verbally explain the problem to him/her; or you or your camper may wish to submit the problem to him/her in writing. This step should be taken within five (5) working days after the Camp Director has given his/her decision or after the incident giving rise to you or your camper's grievance, whichever is later. If the circumstances require it, the Chief Operating Officer or her designee will conduct an investigation.

Please check all of the boxes signifying that you agree to the following terms. In addition, you and your child are required to sign below.

- I have read the above code of conduct and *discussed it with my child*.
- I understand the code of conduct and agree to abide by it.
- I agree to indemnify and hold Camp Sunrise (Equitas Health) harmless from and against all claims, damages, causes of action, or other liabilities if my child violates the code of conduct contained in this agreement
- I understand that the parent/legal guardian will be responsible for transportation from camp to the child's home if the participant is removed from the camp.
- I have read the above policies regarding responsibilities of camp staff, privacy and grievances.

Please make sure your child understands this Code of Conduct

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Acknowledgement, Waiver and Release from Liability (“AWRL”)

The undersigned _____ is the parent or legal guardian of _____ (minor’s name) and hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the parent or legal guardian of such minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein.

On behalf of the minor named herein, I hereby assume the risks of participating in Camp Sunrise sponsored activities. In consideration for allowing minor to participate in Camp Sunrise sponsored activities, I hereby take the following action for minor, myself, minor’s executors, administrators, heirs, next of kin, successors, assigns, and anyone else who might claim or sue on minor’s behalf, (a) I agree to abide by the rules and policies adopted by Camp Sunrise; (b) I waive, release and forever discharge from any and all claims, losses (economic and non-economic) or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in our minor’s traveling to or from a Camp Sunrise sanctioned activity, Camp Sunrise employees, board, volunteers, and agents of any of the above, even if such claims, losses or liabilities are caused by the negligent acts or omissions of the persons or entities I am releasing; (c) I agree to indemnify and hold harmless the persons or entities mentioned above in subparagraph (b) from any and all expenses incurred, claims made, or liabilities assessed against them, included but not limited to attorney’s fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) minor’s actions or inactions, (ii) minor’s breach of or failure to abide by any part of this AWRL including but not limited to my covenant not to sue (iii) minor’s breach of or failure to abide by any of the Camp Sunrise Rules and Policies, or (iv) any other harm caused by minor.

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility (‘Medical Provider’) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by the minor arising out of or relating to any activity sanctioned by Camp Sunrise. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions of the minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk for and on behalf of the minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

Parent / Guardian Signature: _____ Date: ____/____/____

Photo and Video Release form

Please read and check the box that is most appropriate for you and your child

Child's name: _____

Photographs

During the week of camp, photos are taken of the kids during camp activities. Through these pictures we capture not only their strengths and accomplishments, but more importantly, their remarkable smiles and laughter. These photographs, with your permission, can be used for various purposes.

Camp Sunrise has my permission to use my child's photograph:

- For personal reasons only. (Photos to be sent to campers and counselors.)
- In any type of advertisements for the organization as well as personal photos for campers and counselors.

Parent / Guardian Signature: _____ Date: ____/____/____

Video

During the week of camp, videos can be taken of the kids during camp activities. Through these video's we capture not only their strengths and accomplishments, but more importantly, their remarkable smiles and laughter. These video's, with your permission, can be used for various purposes.

- I grant permission for my child to be videotaped and I also release rights to the video taken during camp under the protection if the director of Camp Sunrise
- Please do not videotape my child

Parent / Guardian Signature: _____ Date: ____/____/____

Workshop participation

I understand that campers at Camp Sunrise will learn about HIV while participating in various activities. They will take part in discussion that may include topics such as HIV 101, social and economic impacts of HIV, local resources related to HIV and health, and becoming an advocate in their community for those impacted by HIV. Transmission of HIV will be discussed with campers as appropriate with camper age taken into consideration.

- I allow my camper to participate in workshops.
- I *don't* allow my camper to participate in workshops.

Camp Joy Acknowledgement Risk and Release

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

I am aware that experiential, outdoor pursuits such as living history reenactments (Ex. Underground Railroad), climbing, hiking, high ropes courses, ground initiatives, and other activities at Camp Joy, for which I have enrolled, entail certain risks.

I understand that completing and signing the Center's Confidential Medical Form (attached) is a prerequisite for me or my child's participation in this program. I certify that the information my child or I have provided is complete and accurate.

Therefore, I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates, representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the program.

The health history is correct as far as I know, and the named participant has permission to engage in all prescribed program activities, except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant, and for the visiting organization or Camp Joy to secure and administer treatment, including hospitalization, for the participant named below.

I understand that this Release will remain valid for one year and I acknowledge my obligation to inform Camp Joy in advance of any changes in the child's/participant's health that may affect the child's/participant's ability to participate in activities in any way.

Parent / Guardian Signature: _____ Date: ____/____/____



JOY OUTDOOR EDUCATION CENTER (dba Camp Joy)

RISK & RELEASE FORM

INSTRUCTIONS: Please read and complete this form carefully. **PLEASE PRINT.**

Participant's Name: _____ Date: _____ Male Female

Address: _____ City _____ State _____ Zip _____ Chaperone Participant

Phone Number: _____ Email: _____ Over 18 Over 21

Emergency Contact Name/Relationship: _____ Phone #s _____

Emergency Contact Name/Relationship: _____ Phone #s _____

List any allergies & or dietary restrictions*: _____

List any physical restrictions*: _____

Please list any activities/programs the participant is NOT PERMITTED to participate in*: _____

*Additional space for allergy, diet, physical, activity, or program restrictions:

Acknowledgment of Risk and Release

INSTRUCTIONS: Please read this form carefully and contact Camp Joy with any questions.

I understand that completing and signing this form is a prerequisite for my or my child's participation in Camp Joy's programs.

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

Activities: I am aware that experiential, outdoor pursuits for which I have enrolled such as living history reenactments (Ex. Underground Railroad), hiking, walking on uneven ground, high ropes challenge courses, ground initiatives, mountain biking, archery, swimming, and other activities at Camp Joy entail certain risks. Camp Joy has a number of high ropes elements. High ropes courses can include poles, ropes, cables and platforms on which participants move with and without the assistance of staff and other participants. The level of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities are explained by staff, and belay or other support systems may be used. Activities vary in height and difficulty.

Risks: I understand and acknowledge that experiential education including high ropes courses and other Camp Joy activities involve risks which could result in injury, tripping, falling, broken bones, burns, death, or damage to my property. I may be in situations in which I depend on others for my physical well-being. The risks

described and others are inherent in Camp Joy activities and without them the activities would lose their essential character and value.

Camp Joy recommends that those with heart conditions, high blood pressure, back or neck issues refrain from full participation in high ropes experiences and physically spotted activities. Expectant mothers (without a specific medical release) are not permitted to fully participate at height on ropes courses or with spotted activities.

Release: I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates (including the Warren County Astronomical Society with respect to our Observatory), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

Photography: I understand that photography commonly occurs during Camp Joy programs. I consent for myself and/or my child/minor of legal responsibility to be photographed for general Camp Joy use, including program and/or agency printed/internet publicity. Check this box to decline the photo release.

Authorization for Treatment: I give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant, and for the visiting organization or Camp Joy to secure and administer treatment, including hospitalization, for the participant named below.

Signature: I have read, understand, and accept the terms and conditions stated in this Risk and Release Form. The named participant has permission to engage in program activities, except as noted.

I understand that my signature on this Release form will remain valid for one year of programs at Joy and I acknowledge my obligation to inform Camp Joy in advance of any changes in the child's/participant's health that may affect the child's/participant's ability to participate in activities in any way. I certify that the information my child or I have provided is complete and accurate.

Signature of participant (REQUIRED)

Date

If participant is under 18,
(Signature of Parent or Guardian is REQUIRED)

Date

(Print Name Please)



MORGAN'S CANOE AND OUTDOOR ADVENTURES - RELEASE OF LIABILITY

In consideration of being allowed to participate in anyway in the MORGAN'S CANOE AND OUTDOOR CENTERS, INC program, its related events and activities, I, X _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE MORGAN'S CANOE AND OUTDOOR CENTERS, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUPMTION OR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. X

_____ Age: _____ Date signed: _____

PARTICIPANTS SIGNATURE FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date signed: _____

PARENT/GUARDIAN SIGNATURE, (also, print name)

2017 CAMP JOY / OHIO SUMMER FOOD SERVICE PROGRAM APPLICATION

FOR OFFICE USE ONLY:
 \$ _____ Monthly Income
 _____ Approved
 _____ Denied
 Signature of Authorized Official

 Date ____/____/____

Joy serves nutritious meals as part of the federally funded Summer Food Service Program for Children.
 Thank you for your time to help JOY in this reimbursement program!

COMPLETE & SIGN SECTION 1, 2 or 3

I certify that all of the below information is true and correct. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws

Camper's Name _____

1 FOR CHILDREN RECEIVING FOOD STAMPS OR OWF

____ Yes, I received Food Stamp or OWF benefits for the child listed above this month and request meal benefits.

Food Stamp Case Number (10 digit #)

Your 10 digit case number can be found on your certification letter from SNAP or OWF.

OR

OWF/TANF Identification #

 Signature of Adult Household Member Date

OR

2 FOR FOSTER CARE CHILDREN

____ Yes, the camper is under the legal responsibility of a human service agency and is living in our household.

Personal Use Income of Foster Child:

\$ _____
 "O" if the child has no personal use income.

 Signature of Adult Household Member Date

Income Eligibility Information for Section 3:

REDUCED INCOME ELIGIBILITY GUIDELINES - 185% Guidelines to be effective from July 1, 2016 through June 30, 2017
 Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

| HOUSEHOLD SIZE | YEAR | MONTH | TWICE PER MONTH | EVERY TWO WEEKS | WEEK |
|---------------------------------------|--------|-------|-----------------|-----------------|-------|
| 1 | 21978 | 1,832 | 916 | 846 | 423 |
| 2 | 29,637 | 2,470 | 1,235 | 1,140 | 570 |
| 3 | 37,296 | 3,108 | 1,554 | 1,435 | 718 |
| 4 | 44,955 | 3,747 | 1,874 | 1,730 | 865 |
| 5 | 52,614 | 4,385 | 2,193 | 2,024 | 1,012 |
| 6 | 60,273 | 5,023 | 2,512 | 2,319 | 1,160 |
| 7 | 67,931 | 5,663 | 2,832 | 2,614 | 1,307 |
| 8 | 75,590 | 6,304 | 3,152 | 2,910 | 1,455 |
| Foreach additional family member, add | 7,696 | 642 | 321 | 296 | 148 |

OR

3 FOR CHILDREN NOT CURRENTLY RECEIVING FOOD STAMPS OR OWF

| LIST <u>ALL</u> HOUSEHOLD MEMBERS' NAMES | Gross Monthly Earnings | Monthly Welfare/ Child Support / Alimony / OWF | Monthly Pensions/ Retirement / Social Security | Monthly Other income |
|--|------------------------|--|--|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

 Signature of Adult Household Member

 Last 4 Digits of Social Security #

 Date

Section 9(d) of the National School Lunch Act requires that the primary wage earner, or adult household member signing the application, include their social security number but if you refuse, your child may not receive free meals. The social security number may be used to identify you for verifying the information reported on this application. Verification may include audits; investigations; contacting the state employment security office, Food Stamp or welfare office, and employers; and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose Social Security number is reported on this form.

NON-DISCRIMINATION: No child will be discriminated against because of race, color, national origin, sex, age or disability. This facility is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, age or disability. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington D.C., 20250.