

NEW DAY SUMMER CAMP ENROLLMENT FORM 2012

PLEASE FILL OUT ONE FORM FOR EACH CHILD. PHOTO COPY IF NECESSARY.

CHILD MUST BE 8 YEARS OF AGE BY CAMP I DATE AND NOT OLDER THAN 14 YEARS BY CAMP TOO DATE

Child's Name _____ Age _____ Date of Birth (mm/dd/yy) _____

Male Female T-Shirt Size **ADULT** S M L XL 2XL Social Security # _____

Address _____ City _____ State _____ Zip _____

Caregiver's Name _____ Home # _____ Work # _____

E-Mail Address _____ Cell # _____

Offender Name _____ DOC # _____ Correctional Institution _____

Returning Camper? Yes No If known, year(s) attended: _____

Offender's Relationship to Child: Father Step-Father Mother Step-Mother Legal Guardian (Adoption)

New Day Camp will offer a variety of recreational opportunities. The camp will be held on the shores of Lake Texoma. The activities will include, but not necessarily be limited to: bank fishing, canoeing and paddle boating, softball, ropes challenge courses, hiking, swimming, basketball, board games, crafts and path clearing.

New Day Camp depends on donations for its existence. Hence campers may be photographed and videotaped to be used by the Oklahoma Conference of the United Methodist Church and its affiliate ministries for camp promotions.

New Day Camp will also provide worship and Bible study experiences which are of the Christian faith and involve the campers in those events. This camp will offer counseling services to children who attend. These services may involve group and/or individual counseling sessions, which will be led by a licensed professional social worker who specializes in working with children and families. The purpose of this counseling is to provide a safe environment for children to discuss their feelings regarding their parent's incarceration.

I agree to allow my child or ward to participate in counseling sessions at New Day Camp. I further understand that this information will be kept confidential unless disclosure is mandated by law. (i.e. cases of child abuse or neglect.) Information obtained through New Day Camp counseling sessions will be forwarded to the appropriate authorities when required by law.

New Day Camp will have nurse(s) as part of the camp staff. They will provide emergency medical assistance, secure any additional assistance required and monitor the dispensing of prescription and over-the-counter medication.

Please label all items that your child brings to camp with child's first and last name. We are not responsible for items lost or left at camp.

Our Health Insurance Co. is _____ Policy # _____

Dr.'s Name _____ Phone # (____) _____

PERMISSION TO DISPENSE PRESCRIPTION MEDICATION

<u>Child</u>	<u>Medication</u>	<u>Dosage Amt and Times</u>	<u>Special Instruction/Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information of which the nurse should be aware: _____

CONTACT PERSON OTHER THAN PARENT/GUARDIAN Name & Phone Number : _____

If you have any questions regarding any of the foregoing information please call: Lesa Rhoads at 405-530-2014. I hereby certify that I have read all of the foregoing and by virtue of my signature affixed hereto below do authorize the participation of each child that I enroll in New Day Camp 2012 in the activities above-described and permit said child's participation in all said activities and consent to said camp staff providing for the medical needs of the below enrolled child.

Parent or Caregiver Permission

I, _____ hereby give my permission, allowing _____
 (Caregiver) (Child)

to attend the CJAMM New Day Camp I (ages 8 -11 yrs) at Cross Point in Kingston, Oklahoma June 24-29, 2012 or New Day Camp TOO (ages 12-14 yrs) at Cross Point in Kingston, Oklahoma July 16-20, 2012. I also give the Rev. Stan Basler and the Rev. Steve Byrd the authority needed to ensure medical care is provided, as the need may arise, while participating in this event. My signature certifies that I have the legal authority to authorize treatment for the above child.

Signature of Parent or Caregiver

Date

Name (please print)

Relationship to child

<p>FOR OFFICE USE ONLY</p> <p>Date Received: _____</p> <p># Received: _____</p> <p>Returning: <u>Yes</u> <u>No</u> <u>Waiting List</u></p> <p>Camp I or Too: _____</p>

Please return this completed enrollment form by April 30, 2012 to:

NEW DAY CAMP
1501 NW 24TH STREET
OKLAHOMA CITY, OK 73106

(PEASE SEE OTHER SIDE➔)

****OTHER INFORMATION****

**** This section must be filled out for both New Day Camp I and Too, if NONE please list "NONE." ****

- 1. Any allergies to food or medication? _____
- 2. And recent injuries or illness? _____
- 3. Any physical handicaps or conditions which restrict physical activity? _____
- 4. Does the child take any medications? _____
- 5. What type of school does the child attend? Circle One: Pubic Home School Private Charter Magnet Alternative School
- 6. Does the child have any special classes, special accomondations or school staff that works with him/her in the classroom at school?
_____ If yes, please explain: _____
- 7. Are there any behavioral concerns? _____
- 8. Does the child have a medical or educational diagnosis? (Example: ADHD, bi-polar, attachment disorder, oppositional-defiant, diabetes, seizures, asthma, etc.) _____
- 9. Are there any special or unusual needs the child might have at camp? _____

Caregiver Signature: _____ Date _____

In **EMERGENCY** contact: _____ Phone _____

The below section is only required for New Day Too campers (Ages 12-14).

**CROSS POINT ROPES COURSE
FOR 12-13 YEAR OLD CAMPERS ONLY**

**Cross Point on Lake Texoma
A United Methodist Retreat Center**

It is important that each applicant (and guardian, if applicant is under 18 years of age) read this information. Complete and sign the **INFORMED CONSENT** form before arriving at camp.

STATEMENT OF PROGRAM

The "**Cross Point Ropes Course**" program is a part of the larger field of adventure education. It will motivate people to venture out into unfamiliar, challenging territories of life experiences. The program has three basic goals:

- (1) To increase the individual's level of self-confidence. They will be challenged, in a non-competitive, non-judgmental environment, to take risks as they face unfamiliar experiences.
- (2) To help participants learn to function in a group setting in a meaningful and productive way.
- (3) A final, important goal is to instill a feeling of fun into the adventure. These activities are serious business. They are stressful and sometimes painful, but they are also fun.

The Course involves each party in activities centered around a series of components or structures made with rope, steel cable and wood. Each presents a new challenge. They will walk and swing on ropes, jump a reasonable distance, support falling group members, participate as a climbing aid, and have close physical contact with other group members. Some of the components are at ground level, some are up about 20 feet on poles. On the high components, each person **will wear safety equipment consisting of a seat harness, a safety line and helmet.** Reasonable precautions to protect the participants is taken. However, unforeseen circumstances may occur for which the personnel of the Cross Point Camp cannot be held responsible.

Because of the potential dangers each participant must recognize the importance of following the leader's instructions. Safety rules and procedures will be obeyed. Appropriate individual conduct is expected. **NO ONE IS ALLOWED ON THE COURSE WITHOUT SUPERVISION.**

Participation in the "Cross Point Ropes Course" requires physical well being and mental alertness. Report on the **CONSENT FORM ANY** condition that may restrict participation.

I, _____ would like to participate in the **CROSS POINT ROPES COURSE**
Participant's Name (print or type)

sponsored by **Criminal Justice & Mercy Ministries of the Oklahoma United Methodist Conference.** Event Date: **July 16-20, 2012.**

I acknowledge that I have read the Statement of Program and/or have been advised of the dangers and risks of participation in the Cross Point Ropes Course.

I assume and understand all of the ordinary risks normally incidental to the nature of the program. This includes risks which are not specifically foreseeable.

I hereby release all rights or claims against the Cross Point Camp and the Oklahoma Conference United Methodist Camps Boards, its clinicians, agents, and all individuals assisting in facilitating these activities, from all liability of any nature, for all injuries, loss or damages suffered at, or in any way connected with, these activities. I give consent for the Cross Pont Camp personnel to secure needed medical services in case of an **EMERGENCY**.

Signature of Caregiver

Date

**24-HOUR CAMPOUT CONSENT
FOR 14 YEAR OLD CAMPERS ONLY**

All campers who are 14-years old at the time of camp will NOT be participating in the Cross Point Ropes Course. Instead, there will be a 24-hour campout for those campers as part of the New Day Too Leadership Development Program.

I, _____ will be 14-years old at the time of camp and I understand that I will be participating in
Participant's Name (print or type)

a 24-HOUR CAMPOUT. I also understand that I will NOT participate in the Cross Point Ropes Course this year.

Signature of Caregiver

Date

PLEASE FILL OUT THE ENTIRE APPLICATION (FRONT AND BACK) AS THOROUGHLY AS POSSIBLE. IF YOU HAVE ANY QUESTIONS, PLEASE DIRECT THEM TO LESA RHOADS, 405-530-2014. THANK YOU.