

“Children of the Delaware National Guard Youth Camp” Camp Colwell

2015 CAMPER APPLICATION (Ages 9-12 yr old)

Camp Date – July 19-25, 2015

Welcome to the 15th Annual Children of the Delaware National Guard Youth Camp! Attached is the Camper Application packet.

- Please fill it out **COMPLETELY** and return it to the address at the bottom of this page. (***Please do NOT run pages off back to back or staple them together.***)
- **ALL** pages must be filled out and mailed as a **complete package**, failure to do so will result in a delay in adding the child to the roster. Your child will not go on the Camp Colwell Roster until all documents are complete and payment is made.
- **The deadline for applications is 15 May 2015.** All completed applications will be processed on a first come and completed basis. Parent Briefing letters along with a list of Suggested Items to Bring will be ***emailed to parent by June 15 as communication of acceptance.***
- **PARENTS and Campers will attend Camper Briefing at 10:30 followed by parent sign-in process. More details will be included in Parent Briefing letter.**

Who Can Apply: Boys and girls, ages 9-12 NO EXCEPTIONS

Campers must be nine years old by the last day of camp.

If this is your child's first year at camp, a copy of their birth certificate needs to be included with the application.

ALL CAMPERS MUST BE the child / grandchild / legal dependent of an active or retired DE National Guard member with the exception of those Campers who have attended in the past 3 years sponsored by a National Guard member.

Priority is given to deployed dependents.

The medical forms included in the packet are a prerequisite for acceptance into the camp. **NOTE: Physicals are not required for Campers.** If your child will be taking medication during the week of camp, a “Medication Administration Record” will need to be completed and **signed by a parent / guardian** during in-processing on 20 July with the medical staff. It applies to both prescription and over-the-counter medication. **Prescription medication to be taken during camp MUST be in the original container with the pharmacy label.**

COST: \$50.00 per child. Make checks payable to “Camp Colwell”. This fee supplements the approx cost of \$350.00 per camper for gear, activities and meals. All checks will be cashed upon receipt of the completed application. There will be a cash or money order fee of \$25.00 for any check returned. (\$35.00 refund if child cancels more than 14 days before camp, no refund if child cancels within 14 days of camp.)

Thank you for your participation in the Children of the DE National Guard Youth Camp!

Mailing Address:
**Children of the DNG Youth Camp – Camp Colwell
c/o Kim King (Secretary)
270 Honeycroft Blvd
Cochranville, PA 19330**

For further information, please contact Ernie Colwell 302-322-3283 or email
Campcolwell@yahoo.com

CAMPER APPLICATION

Children of the Delaware National Guard Youth Camp
Bethany Beach, Delaware
19-25 July 2015

OFFICIAL USE
ONLY

DATE
RECIEVED:

____/____/____

All applications must be received no later than **May 15, 2015**. **They MUST be mailed, no faxes or hand deliveries please.** Please return this completed application packet along with the \$50.00 registration fee made payable to "Camp Colwell" to:

**Children of DNG Youth Camp – Camp Colwell
c/o Kim King (Secretary)
270 Honeycroft Blvd. Cochranville, PA 19330**

Camper's Name: (As it should appear on the Roster and what they would like to be called at Camp)

Last First Middle

Address: _____

Sex: Male _____
Female _____

Home Telephone: () _____-_____

Age: _____ (as of the first day of camp) **Birth Date:** ____/____/____

T-shirt Sizes: (adult size – circle one) **S M L XL XXL**

Have you attended Camp Colwell? **Yes** Yrs: 2012, 13, 14 **No**

Is a sibling or family member attending or volunteering at Camp Colwell this year? **Yes No**

If yes, list their names: _____ camper JC volunteer
_____ camper JC volunteer
_____ camper JC volunteer

Will parent / guardian be deployed at least one day between 1 April - 30 Oct. 2014? **Yes No**
(If **YES**, Camp fee will be waived)

Who is your Military Sponsor?

Name _____ Relationship _____ Air Army Retired

PARENT / LEGAL GUARDIAN

Name _____
Last, First

Rank: _____ Branch: Army Air Retired

Unit: _____

Telephone: Day () _____

Evening () _____

Parent's Email Address: _____

(Any questions or concerns about the application will be sent to this email address. **Parent briefing letters will also be emailed to this address.**)

Who will be the responsible contact person(s) while your child is at camp?

Name	Contact #	Name	Contact #

CAMP COLWELL

Children of the Delaware National Guard Youth Camp
19-25 July 2015

CAMPER IDENTIFICATION CARD

Name of Camper: _____ Birth Date: _____

Address: _____ Home Phone: _____

_____ Alt. Phone: _____

Eye Color: _____ Hair Color: _____ Height: _____ ft. _____ in. Weight: _____

Name of Parents / Guardian: _____

INDEMNIFICATION AND HOLD HARMLESS STATEMENT

I, _____, _____
NAMES ADDRESS

HEREBY JOINTLY AND SEVERALLY AGREE TO INDEMNIFY AND HOLD HARMLESS THE UNITED STATES OF AMERICA, THE STATE OF DELAWARE, AND THE DELAWARE NATIONAL GUARD, AS WELL AS ALL AGENTS AND OFFICIALS THEREOF, OF AND FROM ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION AND JUDGEMENTS, AND ALL EXPENSES (INCLUDING ATTORNEY FEES) INCURRED IN CONNECTION THEREWITH, FOR DEATH OR ANY INJURIES TO OR CAUSED BY (CHILD'S NAME) _____ OR FOR THE LOSS OF OR DAMAGE TO PROPERTY ARISING OUT OF OR IN CONNECTION WITH THE USE OF ANY PROPERTY OWNED BY THE DELAWARE NATIONAL GUARD FROM 19-25 July 2015. IN THE EVENT OF ANY SUCH CLAIMS MADE OR SUITS FILED, I SHALL GIVE THE DELAWARE NATIONAL GUARD PROMPT WRITTEN NOTICE THEREOF.

IN WITNESS WHEREOF, THE UNDERSIGNED ENTERED INTO THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT THIS _____ DAY OF _____, 2015.

PARENT / GUARDIAN Signature

PARENT / GUARDIAN Signature

PHOTO RELEASE FORM

The following individual grants to the National Guard Bureau Family Program (NGB-FP) and the Delaware National Guard (DNG) the irrevocable and unrestricted right to use, reproduce and publish their image on the NGB-FP and DNG web site and in official printed publications, and to alter the same without restrictions. I hereby release NGB-FP and DNG from any and all claims, actions and liability relating to its use of said photographs.

Camper/JC Name (print) _____ Date _____

Signature _____ Phone Number _____

Address _____

If under 18,

Parent / Guardian (print) _____ Date _____

Signature _____

HEALTH HISTORY FORM
Children of the Delaware National Guard Youth Camp
"Camp Colwell"
19-25 July 2015

All information MUST be provided on this form to assure our medical staff can best meet any medical needs that could possibly arise during camp.

Camper Name _____ M ___ F ___ Age _____

Doctor's Name _____ Phone # _____

Parent / Legal Guardian to be contacted in case of illness or injury:

Name _____ Relationship _____

Cell phone _____ Work Phone _____ Home Phone _____

Additional contact Name _____ Phone _____

Allergies: ___ No know Allergies.

___ This camper is allergic to: ___ Food ___ Medicine ___ Environment

Please describe what camper is allergic to and the reaction seen.

Asthma:

___ Reactive Airway Disease (yes, no)

___ Triggers exist for asthma attacks. If yes, please explain specific triggers.

Has child been hospitalized or had an emergency visit for asthma within the past year? ___yes ___no

Diet, Nutrition: ___ Eats regular diet. ___ Eats a vegetarian diet.

___ Any health or religious restrictions on food? If Yes, please describe.

(Every effort is made to offer hot and cold choices from all food groups for meals served at camp. A salad bar is also available for lunch and dinner with varying fruits and vegetables.)

Restrictions: ____ Can participate in camp activities without restrictions.

____ Can participate in camp activities with the following restrictions or adaptations.

Medications: ____ No daily medication. ____ Will take the following medications during camp:

List drug name, dose and frequency _____

A Medication Administration Record will also need to be completed and signed by a parent / guardian during in-processing with the medical staff. *Prescription medication will need to be in the original pharmacy container accompanied with a current medication list provided by the doctor.*

Medical Insurance Information: Camper covered by family/hospital insurance Y ____ N ____

REQUIRED

If "yes", include a copy of your insurance card; copy both sides of card so readable.

Insurance Co. _____ Policy # _____

Subscriber _____ Insurance Co Phone # _____

I understand a doctor's office copy of my child's Immunization Record AND current medication list are required documents to be included in Camper's application packet. Failure to include it will result in the application being returned as incomplete.

Parent / Legal Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status to the camper/J.C. to whom it pertains. In case of sudden illness or an accident to the Camp Colwell participant, requiring immediate treatment or surgery while participating in the Children of the DE National Guard Youth Camp, I authorize the Camp Administrators or Medical Staff to take such action as deemed appropriate to protect the health and physical well-being of my child. This authority extends to any physician(s) and/or surgeons selected by the Camp Administrators to perform medical and/or surgical procedures including examination and tests necessary to preserve the life and well-being of my child.

I _____, the parent / guardian of _____ who is a minor child, hereby **authorize transportation for emergency needs** of my child in the event I can not be contacted. I understand I will be financially responsible for any such emergency medical transportation needed.

In addition, I give **permission for my child to ride the bus / van for off base trips.**

Signature _____ Date _____

Social / Emotional Characteristics

Check "Y" or "N" for each statement. ((Information is kept confidential with Camper Safety Board made up of the Family Program Director and Executive Board members.)

Camper (Name) _____ has / is being treated for:

1. Attention deficit disorder (ADD) or Attention deficit / hyperactivity disorder (ADHD)? ___Y___N
2. Autism / Asperser Syndrome? ___Y___N
3. Emotional or behavioral difficulties or eating disorder? ___Y___N
4. Had a significant life event that continues to affect camper's life?
(Deployment, change in family structure, family death) ___Y___N
5. Will be taking medication at Camp for any characteristics indicated as YES above? ___Y___N
6. During the past 12 months, seen a school / professional counselor to address concerns? ___Y___N

Please explain any "Yes" answers noting the question #. You may be contact for additional information. _____

Camp Application Enclosure Check List

Please check off all of the forms listed below and send them with your application packet no later than **May 15, 2015**. All of the forms listed are **REQUIRED TO QUALIFY AS A COMPLETE APPLICATION PACKET** ensuring your child's name will be added to the 2015 Camp Colwell Roster.

- MAIN APPLICATION / CAMPER IDENTIFICATION CARD
- COPY OF BIRTH CERTIFICATE (9 year old campers only)
- INDEMNIFICATION AND HOLD HARMLESS STATEMENT / PHOTO RELEASE
- HEALTH HISTORY FORM WITH COPY OF INSURANCE CARD
- COPY OF IMMUNIZATION RECORD FROM DOCTOR'S OFFICE
- MEDICAL EMERGENCY AUTHORIZATION / TRANSPORTATION
- SOCIAL / EMOTIONAL CHARACTERISTICS
- CHECK FOR \$50.00 (Payable to "Camp Colwell")

