

# Delaware National Guard Youth Camp 2010 CAMPER APPLICATION



Dear Parent / Guardian;

July 25-31, 2010 marks the 10<sup>th</sup> Anniversary of Camp Colwell! We have come full circle with having several of our former Campers/JCs volunteer as Senior Counselors this year as long as their schedules allow! It's sure to be a very exciting year! Attached is the Camper Application packet. Please fill it out **COMPLETELY** and return it to the address at the bottom of this page. **ALL** pages must be filled out and mailed as a **complete package**, failure to do so will result in the application being returned to you as incomplete. Your child will not go on the Youth Camp Roster until all documents are complete and payment is made. **The deadline for applications is 15 May 2010.** All completed applications will be processed on a first come and completed basis.

Boys and girls, **ages 9-12**, are invited to apply. 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 Delaware 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:** *Changes have been made to the Health History document and a physical is no longer 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 25 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 cost of camper gear as well as activities and meals. All checks will be cashed upon receipt of the completed application. (\$35.00 refund if child cancels more than 14 days before camp, no refund if child cancels within 14 days of camp.)

**REMEMBER, all applications must be sent COMPLETE, including a copy of camper's birth certificate (first time campers only) and camp fee.**

By the end of June, a Parent Briefing letter will be sent along with a list of Suggested Items to Bring.

Thank you for your interest in the DE National Guard Youth Camp!

Mailing Address:  
**DNG Youth Camp – Camp Colwell  
c/o Kim King (Secretary)  
259 S. Thistle Down  
Kennett Square, PA 19348**

For further information, please contact Ernie Colwell 302-322-3283 or email  
[Campcolwell@yahoo.com](mailto:Campcolwell@yahoo.com)



# CAMPER APPLICATION

Delaware National Guard Youth Camp  
Bethany Beach, Delaware  
25-31 July 2010

<b>OFFICIAL USE ONLY</b>
DATE RECEIVED: ____/____/____

All applications must be received no later than **May, 15, 2010**. They **MUST** be mailed; no faxes or hand deliveries please. Please return this completed application packet along with the \$50.00 registration fee to:

**DNG Youth Camp – Camp Colwell  
c/o Kim King (Secretary)  
259 S. Thistle Down  
Kennett Square, PA 19348**

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

\_\_\_\_\_

Last	First	Middle
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**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: 2000, 01, 02, 03, 04, 05, 06, 07, 08, 09    **No**

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

If yes, list their names: \_\_\_\_\_ camper    volunteer  
\_\_\_\_\_ camper    volunteer  
\_\_\_\_\_ camper    volunteer

Will parent / guardian be deployed at least one day between 1 April - 30 Nov. 2010? **Yes**    **No**

**Who is your Military Sponsor?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Air Army Active Retired

## PARENT / LEGAL GUARDIAN

Name \_\_\_\_\_  
Last, First

Rank: \_\_\_\_\_ Branch:  Army  Air

Unit \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_

Evening ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Name	Contact #	Name	Contact #
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### CAMP COLWELL

Delaware National Guard Youth Camp  
25-31 July 2010



## 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 25-31 July 2010. 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 \_\_\_\_\_, 2009.

\_\_\_\_\_  
PARENT / GUARDIAN Signature

\_\_\_\_\_  
PARENT / GUARDIAN Signature

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## 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

Delaware National Guard Youth Camp  
25-31 July 2010

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.

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**Asthma:**

\_\_\_\_\_ Reactive Airway Disease (yes, no)

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

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Has child been hospitalized or had an emergency visit for asthma within the past year? \_\_\_yes \_\_\_no

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**Diet, Nutrition:** \_\_\_ Eats regular diet. \_\_\_ Eats a vegetarian diet.

\_\_\_ Has a special food needs. Please describe.

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**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 \_\_\_\_\_

**Medical Insurance Information:** Camper covered by family/hospital insurance Y \_\_\_\_ N \_\_\_\_

*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 is a required document 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 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 \_\_\_\_\_

# BEHAVIOR CONTRACT

In order to maximize the experience and enjoyment of all Camp Colwell's campers / junior counselor and to ensure the safety of all campers and Camp staff members, ***please read the following agreement to and with your child.*** Your signature and your child's signature indicate your understanding of expected obligations and responsibilities. **All Camp participants are required to have this signed document included in their Camp Colwell records prior to arrival at camp.**

## PHYSICAL ABUSE

If a camper / junior counselor physically abuses another camper or Camp staff member by hitting, kicking, pulling hair, pinching, spitting on, choking or any other inappropriate physical contact, the camper will be privately counseled by the CAT (Camper Assistance Team) members for the appropriate consequences. After the investigation of the offense, the consequence may range from suspension of some camp activities to suspension from camp.

## EMOTIONAL ABUSE

If a camper / junior counselor emotionally abuses another camper or Camp staff member by teasing them, making fun of their physical appearance such as but not limited to their hair, the way they dress, their size, shape, color, beliefs or values or anything that would hurt another's feelings, the camper will be privately counseled by the CAT (Camper Assistance Team) members for the appropriate consequences. After the investigation of the offense, the consequence may range from suspension of some camp activities to suspension from camp.

## PROPERTY ABUSE

If a camper / junior counselor misuses, damages, destroys or steals any property including, but not limited to beds, lockers, personal property, door locks, wasting water, playing with telephones or any other personal property, Camp property or military property, the camper will be privately counseled by the CAT (Camper Assistance Team) members for the appropriate consequences. After the investigation of the offense, the consequence may range from suspension of some camp activities to suspension from camp.

## PROHIBITED ITEMS

If a camper / junior counselor brings any of the following items including but not limited to:

- Cell phones or any other electronic devices
- Knives or weapons, including but not limited to, rifles, bows, arrows, fire arm or ammunition
- Tobacco products, drug or alcohol of any kind.
- Any medication other than prescribed medications (held by medical staff)
- Candles, fireworks, lighters and matches

Items shall be surrendered to Senior Camp staff member for appropriate consequence. After investigation of the offense, the consequence may range from confiscation of the item until the camp ends to suspension from camp.

# BEHAVIOR CONTRACT

Please initial:

\_\_\_\_\_ I have read this Behavior Contract aloud **with** my child.

\_\_\_\_\_ I understand my obligations and responsibilities as a parent within the Behavior Contract.

\_\_\_\_\_ My child understands his/her obligations and responsibilities within the Behavior Contract.

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(Camper / Junior Counselor Signature)

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## Social / Emotional Characteristics

Check "Y" or "N" for each statement.

Camper (Name) \_\_\_\_\_ has / is being treated for:

1. Attention deficit disorder (ADD) or Attention deficit / hyperactivity disorder (ADHD)?    \_\_\_Y \_\_\_N
2. Autism / Asperger 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. 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, 2009**. All of the forms listed are **REQUIRED TO QUALIFY AS A COMPLETE APPLICATION PACKET** ensuring your child's name will be added to the 2010 Camp Colwell Roster.

- \_\_\_\_\_ MAIN APPLICATION / CAMPER IDENTIFICATION CARD
- \_\_\_\_\_ COPY OF BIRTH CERTIFICATE (First year 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
- \_\_\_\_\_ BEHAVIOR CONTRACT / YELLOW RIBBON GROUP
- \_\_\_\_\_ CAMPER RECOGNITION (IF APPLICABLE)
- \_\_\_\_\_ CHECK FOR \$50.00 (Payable to "Camp Colwell")

