



SIMBA

Safe In My Brothers' Arms Camper Application

SIMBA offers African American young men (ages 8-17) a safe space to examine their lives, their choices, and their futures. Based on a rites of passage model, the camp takes young males through a process which exposes the traps that lie waiting for them in their world, and lifts up the power and promise of African and African American culture and heritage.

Participant Cost: \$450.00*

*If youth are associated with a Chapter Affiliate in Chicago, DeKalb or Rockford, Illinois; Columbus, Ohio; Indianapolis, Indiana or Milwaukee, Wisconsin, please contact the local Affiliate for discounted rates.

**SIMBA Program Dates in Hatley, WI
June 30 – July 8, 2018**

www.rescuereleaserestore.org

If parent is not available in an emergency, please notify:

Name: _____ Phone: _____ Relationship: _____

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Health History

Heart Defect/Disease ___yes ___no

Asthma ___yes ___no

Ear Infections ___yes ___no

Seizures ___yes ___no

Bleeding/Clotting Disorders ___yes ___no

Sickle Cell ___yes ___no

Allergies:

Pollen/Hay Fever ___yes ___no

Bee/Wasp Stings ___yes ___no

Penicillin ___yes ___no

Other Drugs: _____

Has child been exposed in the past 10-14 days to:

Monkey Pox ___yes ___no

Chicken Pox ___yes ___no

Measles ___yes ___no

Mumps ___yes ___no

Things To Watch For:

Bed Wetting ___yes ___no

Phobias/Fears ___yes ___no

Explain: _____

Short Temper ___yes ___no

Emotional Problems ___yes ___no

Explain: _____

Prescription medication currently taking: _____

Non-prescription medication currently taking: _____

My child's immunization records are up to date:

Parent/Guardian printed name

Parent/Guardian signature

Please Attach a Copy of Camper's Updated Immunization Records

Health Care Providers

Physician/Pediatrician: _____ phone: _____

Dentist: _____ phone: _____

Medical/Hospital Insurance Carrier: _____

Phone Number: _() _____

Policy #: _____ Group #: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

___ My child has no medical/hospital insurance

Camper's Name: _____

PARENT'S PERMISSION FOR MEDICAL TREATMENT

On behalf of my minor child, I, the undersigned, have read and understand this entire form. My child's health history is accurate and complete to the best of my knowledge, and she has permission to engage in all activities, except as specifically noted on this form by me. I understand that in an emergency it may be necessary to seek treatment at a local hospital or clinic, and hereby consent to such treatment, and authorize the release of any and all medical records concerning the care of my child.

Parental/Guardian Signature

Date

MEDIA RELEASE FORM

I give permission for my child to be photographed, videotaped, and/or audio taped for The SIMBA Circle or Waypost Camps.

Parental/Guardian Signature

Date

BEHAVIORAL AGREEMENT

I understand that if my child does not adhere to The SIMBA Circle or Waypost Camps' guidelines, she will be sent home at my expense.

Parental/Guardian Signature

Date



**The Simba Circle Camp
Packing List**

Keep this information for your records - do not return with registration fee

Please check the items off as you pack them. Do not bring your best clothes to camp! We are not responsible for clothing or any items left behind when you return home from camp.

Please bring:

___ sleeping bag OR sheets & blanket	___ pillow	___ soap
___ toothbrush	___ toothpaste	___ deodorant
___ towel	___ washcloth	___ comb
		___ lotion
		___ brush

___ 10 to 12 pairs of shorts/ long pants

___ 10 to 12 shirts

___ 10 to 12 pairs of underwear

___ 10 to 12 pairs of socks

___ extra pair of shoes/boots

___ a jacket/sweatshirt

___ cap/hat

___ flashlight

___ insect repellent

___ Bible

DO NOT BRING...
MONEY
JEWELRY
ANYTHING ELECTRONIC
(cell phone, DSi, mp3 players, ipad etc.)
TOYS OF ANY KIND

No drugs, cigarettes, or alcoholic beverages are permitted. Anyone bringing these items will be sent home at your family's expense!