

SIMBA Adult Lab Application

Waypost Camp – Hatley, Wisconsin / Lutheran Memorial Camp – Fulton, OH



SIMBA

Safe In My Brothers' Arms

Adult Lab Application

SIMBA Adult Lab offers African American men (ages 18+) a safe space to examine their lives, their choices, and their futures. Based on a rites of passage model, the camp takes men through a process to determine if they are eligible to become leaders within the organization, and lifts up the power and promise of African and African American culture and heritage.

Participant Cost: \$600.00

SIMBA Program Dates

Hatley, WI June 29 - July 6, 2019

Fulton, OH July 14-19, 2019

www.rescuereleaserestore.org

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Legal Name: _____
 Last First Middle

Nickname/Chosen Name: _____ Shirt Size _____

Mailing Address: _____

City State Zip Code

Birth Date: _____ Present Age: _____
 Month day year

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Person to contact in case of emergency: _____

Relationship to you: _____

Emergency Contact Phone Number: (_____) _____

How did you find out about SIMBA?

Explain: _____

Do you have any experience working with children or youth? Yes No

Explain: _____

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Please identify gifts, experience, training, and certifications received:

	Check or provide Expiration Date		Check or provide Expiration Date
Responding to Emergencies, First Aid	_____	CPR Certification	_____
Lifeguarding	_____	Water Safety Instruction	_____
Basic Water Safety	_____	High Adventure Activity	_____
Singing	_____	Instruments played	_____
Other (identify) _____	_____		

Are there any additional gifts you feel you have to offer to the camp community?

Explain: _____

Describe a time when you had a conflict with someone outside your community:

What was the conflict? Who was involved? What was the outcome? What did you learn?

Describe a time when you put the needs of another or others ahead of your own:

What was the situation? What was the relationship between you and the other person(s)?

How did you handle the situation? What did you learn?

Please list previous work history, including any camp experience or working with children:

Additional contacts in case of emergency, please notify:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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: _____

I have 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:

Phobias/Fears ___yes ___no

Explain: _____

Short Temper ___yes ___no

Emotional Problems ___yes ___no

Explain: _____

Prescription medication currently taking: _____

Non-prescription medication currently taking: _____

I affirm that this medical information is true:

Printed name

Signature

Health Care Providers

Physician: _____ phone: _____

Dentist: _____ phone: _____

Medical/Hospital Insurance Carrier: _____

Phone Number: _() _____

Policy #: _____ Group #: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

___ **I have no medical/hospital insurance**

PERMISSION FOR MEDICAL TREATMENT

I, the undersigned, have read and understand this entire form. My health history is accurate and complete to the best of my knowledge, and I can 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 my care.

Signature

Date

MEDIA RELEASE FORM

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

Signature

Date

BEHAVIORAL AGREEMENT

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

Signature

Date

Must provide three references

Reference 1

Name: _____

Title: _____ Organization: _____

Reference 2

Name: _____

Title: _____ Organization: _____

Reference 3

Name: _____

Title: _____ Organization: _____

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*Have you ever been convicted of child neglect, child abuse, or any other offense involving a child?

No Yes If yes, explain:

I certify that this information is true to the best of my knowledge.

Signature:

Date:



www.rescuereleaserstore.org

**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!