

SIMBA Participant Application

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



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 or Indianapolis, Indiana, please contact the local Affiliate for discounted rates.

SIMBA Program Dates

Hatley, WI June 29 – July 6, 2019
Fulton, OH July 14-19, 2019

www.rescuereleaserestore.org

SIMBA Participant Application

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

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 (____)_____

Parent Email _____ Youth Email _____

Person to contact in case of emergency: _____

Relationship to you: _____

Emergency Contact Phone Number: (____)_____

Grade for 2019-20 School Year:_____ School:_____

How did you find out about SIMBA?
Explain: _____

Please list previous camps attended:

Health History

Camper Name: _____ Camp Dates: _____

Guardian Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health Care Provider Information

Doctor Name: _____ Phone: _____

May the camp contact your child’s health care provider? ___yes ___no

Health Insurance Information

Is this camper covered by health insurance? ___yes ___no

Policy Holder’s Name: _____ Insurance ID _____

Policy Holder’s Birth Date: _____ Relationship to camper _____

Insurance Carrier: _____ Carrier Phone: _____

Policy #: _____ Group #: _____ RxBin #: _____

***Please provide a copy of the insurance card (front and back)**

Health History (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Menstrual History | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Anorexia, Bulimia | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Immunodeficiency |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Joint Problems (ankles, knees) |
| <input type="checkbox"/> Bleeding, Clotting | <input type="checkbox"/> Lice |
| <input type="checkbox"/> Chest Pain, Dizzy, Passing Out | <input type="checkbox"/> Operations or Serious Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthodontic Appliance Required at Camp |
| <input type="checkbox"/> Diarrhea, Constipation | <input type="checkbox"/> Other Issue _____ |
| <input type="checkbox"/> Glasses, Contacts, or Protective Eyewear | <input type="checkbox"/> Recurring or Chronic Health Issue |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Seizures, Convulsions |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Skin Problems (itching, rash) |
| <input type="checkbox"/> This camper has none | <input type="checkbox"/> Sleep Walking |

Allergies

Allergen: _____ Treatment: _____

Allergen: _____ Treatment: _____

Health History (cont'd)

Camper Name: _____

Mental, Emotional, and Social Health

Has this camper ever been diagnosed with any of the following Mental, Emotional and/or Social Health disorders?

- Attention Deficit Disorder (ADD or AD/HD)
- Depression
- Disordered Eating
- Learning or Processing Challenge (disability)
- This camper has not had any**
- Obsessive Compulsive Disorder
- Other Mental, Emotional or Social Issue
- Panic, Anxiety Disorder
- Substance Abuse

Nutritional Needs

Does this camper have any dietary restrictions?

Medications

Please Note: All medications brought by participants must be in the original container and prescriptions must have the participants name on the label from the pharmacy.

Will this camper take medications at camp? ___yes ___no

If yes, please provide comments/details: _____

Diseases

Has this child received a tetanus shot? ___yes ___no If yes, when _____

Has your child had any of the following diseases? If yes, please provide approximate date.

Hepatitis C	___yes ___no	Date: _____
Measles	___yes ___no	Date: _____
Mumps	___yes ___no	Date: _____
H1N1	___yes ___no	Date: _____

Are all immunizations required for school up to date? ___yes ___no

Parent/Guardian printed name

Parent/Guardian signature

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:

<input type="checkbox"/> sleeping bag OR sheets & blanket	<input type="checkbox"/> pillow	<input type="checkbox"/> soap
<input type="checkbox"/> toothbrush	<input type="checkbox"/> toothpaste	<input type="checkbox"/> deodorant
<input type="checkbox"/> lotion	<input type="checkbox"/> towel	<input type="checkbox"/> washcloth
<input type="checkbox"/> comb	<input type="checkbox"/> 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!