



# **SIMSA**

## Safe In My Sisters' Arms

## Camper Application

SIMSA offers African American young ladies (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 ladies 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.

**SIMSA Program Dates in Hatley, WI  
June 22 – 29, 2019**

**[www.rescuereleaserestore.org](http://www.rescuereleaserestore.org)**

SIMSA Participant Application  
Waypost Camp – Hatley, Wisconsin

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 SIMSA?

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"/> <b>This camper has none</b>              | <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 Arms of Simsa or Waypost Camps.

\_\_\_\_\_  
Parental/Guardian Signature

\_\_\_\_\_  
Date

**BEHAVIORAL AGREEMENT**

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

\_\_\_\_\_  
Parental/Guardian Signature

\_\_\_\_\_  
Date



**The Arms of S.I.M.S.A. Camp**  
**What to Bring to Camp**

**Keep this information for your records – do not return with registration**

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 2 warm blankets and sheets
- pillow with pillowcase
- 2 dry towels and 4 washcloths

Toiletry items:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> shampoo & conditioner | <input type="checkbox"/> comb       | <input type="checkbox"/> brush                         |
| <input type="checkbox"/> toothbrush            | <input type="checkbox"/> toothpaste | <input type="checkbox"/> lotion (non-scented/perfumed) |
| <input type="checkbox"/> deodorant             | <input type="checkbox"/> soap       | <input type="checkbox"/> sunscreen                     |
| <input type="checkbox"/> insect repellent      | <input type="checkbox"/> shower cap | <input type="checkbox"/> sanitary products             |
- 
- |  |   |
|--|---|
| <input type="checkbox"/> 6 to 8 pair of shorts & 3 pair of long pants            | <input type="checkbox"/> 6 to 8 t-shirts                |
| <input type="checkbox"/> 6 to 8 pair of underwear                                | <input type="checkbox"/> 6 to 8 pair of socks           |
| <input type="checkbox"/> 2 pair of pajamas                                       | <input type="checkbox"/> raincoat or poncho             |
| <input type="checkbox"/> 1 bathing suit ( <b>no string/thong bikinis</b> )       | <input type="checkbox"/> 1 swimming cap & towel         |
| <input type="checkbox"/> bandana/cap/sun-visor                                   | <input type="checkbox"/> 1 pair of shower shoes         |
| <input type="checkbox"/> 2 pair of closed shoes ( <b>no sandals/flip flops</b> ) | <input type="checkbox"/> 1 pair of hiking/camping boots |
| <input type="checkbox"/> lightweight jacket/sweatshirt/hoodie                    | <input type="checkbox"/> flashlight w/extra batteries   |
| <input type="checkbox"/> Bible   | <input type="checkbox"/> water bottle                   |
- Prescription medications (will be collected and stored with camp Nurse and distributed as prescribed). All meds will be returned at end of camp.

**DO NOT BRING...**

**Money, Jewelry, or Expensive clothing**  
**Electronics**  
**(cell phones, DSi, I-Pad, MP3 player, etc.)**  
**Toys (of any kind)**  
**Personal Snacks**  
**Hair dryers, Curling irons**  
**or Make-up**

**No drugs, cigarettes, or alcoholic beverages are permitted. Anyone bringing these items will be sent home at the expense of the campers' family!**