Camp iRock

2015
Camper Application

Art Direction: The Design Group
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Dear Parents and Guardians,

On behalf of the Arkansas Minority Health Commission (AMHC), I would like to invite your daughter to submit an application to participate in Camp iRock. Forty girls from around the state in grades 6th, 7th, and 8th will be selected to attend the camp free of charge. Camp iRock will be held June14 through June 20, 2015, at C.A.Vines 4-H Camp in Little Rock, Arkansas. You will only need to provide transportation for your child to and from the event.

The camp will promote healthy eating, physical activity and self-confidence building skills, through a series of fun, energetic activities, educational workshops and group exercises. Each participant will be recognized at the end of the camp during a graduation ceremony acknowledging her accomplishments.

Camp iRock activities include:

- Archery
- Hiking
- Games
- Water sports
- Rock climbing

Also included:

- Welcome pack w/Journal & Camp supplies

Your daughter, if chosen, will have an amazingly fun camp experience surrounded by supportive new friends. We have included the application packet for you to review and submit. If you have questions, please contact Chantel Tucker at (501) 683-4960. Thanks for your consideration.

The completed applications and required supporting documentation, including essay, must be postmarked and submitted by March 27, 2015.

1. Incomplete applications will not be accepted. Be sure to include the following in the application:

☐ Picture ☐ Emergency contacts ☐ Essay ☐ Health history & physical

2. Mail the original paper copies with signatures in blue or black ink to:

Chantel Tucker
Camp iRock
Arkansas Minority Health Commission
523 Louisiana, Suite 425
Little Rock, AR 72201

Please attach current picture to help counselors know campers on arrival.

Camp iRock - A Youth Fitness and Nutrition Camp

June 14– June 20, 2015
C.A. Vines 4-H Camp, Little Rock, AR
Please send this application, together with photograph to:

Chantel Tucker
Camp iRock
Arkansas Minority Health Commission
523 Louisiana, Suite 425
Little Rock, AR 72201

Girl's name: _____ Race: _____ DOB: ____/____/____ Age: _____

Address: _____ ( ) _____
Street City State Zip Home Phone

Camper's Email: _____ Parent/Guardian 1 Email: _____

Parent/Guardian 2 Email: _____

Parent/Guardian 1: _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

Parent/Guardian 2: _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

Emergency Contact

(in the event parent(s) cannot be reached)

Emergency contact must be an adult who is at least 18 years old and must have access to transportation to pick camper up from camp if needed. Please contact the person(s) you list to instruct them in what you wish for them to do in the event they are called by the camp, and to let them know that you have listed them in this capacity.

Emergency contact name: _____ Day Phone: ( ) _____

Evening phone: ( ) _____ Relationship to camper: _____

Grade applicant will be entering in the Fall 2015/2016 school year: (check one)

☐ ☐ ☐

(Girls must be entering grades 6, 7 or 8 at the time of the camp.)

Has Camper previously attended a summer camp? Yes _____ No _____

If yes, please indicate which camp/or camps.

_____

What person, publication, or advertisement prompted your application to Fitness Camp?

_____

Statement of Responsibility

Applicant lives with: (check one)

☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other

If other, what is relationship to camper?

_____

Camper Pick-Up Information

Parents/Guardians: All campers need a form, even campers being picked up by a parent. If you wish to change who will pick up your daughter be sure to let us know in writing. Campers will not be released without written permission from parent/guardian. The person picking up a girl will be required to sign the girl out and show proper ID.

My camper _____ may be picked up by (list all who may pick up camper):

_____

Parent/Guardian Signature _____

Date _____/_____/_____

(Same name as person who signed camp registration)

Health History and Physical

The Arkansas Minority Health Commission requires all campers to receive a physical examination to participate in Camp iRock activities. Please have your child examined and return this form to: AMHC 523 Louisiana, Suite 425, Little Rock, AR 72201. You may contact AMHC at 501-686-2720 if you have any questions. This form may be returned by fax to 501-686-2722. All information is confidential.

This side is to be completed by the parent or guardian before seeing the physician

Student's Name:	Grade:	Birth Date:	Sex:	Race:
Mother's Name:	Mother's age at child's birth:		Child's Birth Weight:	
Father's Name:	Physician:		Dentist:	
( ) ARKids First or Medicaid or ( ) Private Insurance Number (or any other financial assistance)			Last Visit to Dentist:	
PLEASE LIST ANY CONCERNS YOU HAVE ABOUT THE HEALTH OF YOUR CHILD				

Has your child had any difficulties concerning the following? (Please circle the appropriate box)

Vision Problems	Yes	No	Diabetes	Yes	No	Snoring/Sleep Problems (Sleep Apnea)	Yes	No
Hearing Problems	Yes	No	Convulsions (Seizures)	Yes	No	Birth Defects	Yes	No
Ear Infections	Yes	No	Tuberculosis	Yes	No	Serious accident or burn	Yes	No
Allergies	Yes	No	Kidney Disease	Yes	No	Sickle Cell Disease	Yes	No
Asthma	Yes	No	Heart Disease	Yes	No	Sickle Cell Trait	Yes	No

Other Conditions (Please name):

Give dates if your child has had any of the following illnesses:

Chicken Pox:	Meningitis:

Describe any serious accident, injury, surgery, or illness your child has had:

Does your child's family (father/mother's side) have any of the following conditions? (Please mark the appropriate box)

Diabetes before age 50	Yes	No	Heart Disease before age 50	Yes	No	Sickle Cell Anemia	Yes	No
Convulsions (Seizures)	Yes	No	Black out spells	Yes	No	High Blood Pressure	Yes	No
Asthma	Yes	No	Mental Retardation	Yes	No	Sinus Problems/Allergies	Yes	No

Other Family Disease(s) (Please name):

Physical Examination

A physician or health care provider must complete this side.

Student's Name:	Birthdate:

Calculate Body Mass Index-for-age Percentile

(see chart)

Date:	Age:	Weight:	Height:	BMP:
Comments:				

EXAMINATION Date:	**Codes: S = Satisfactory X = Abnormal C = Corrected**

Height: **Inches:**			**Weight:** **(Pounds)**	**B/P:**
1. Emotional Health			7. Mouth/Teeth	13. Hernia
2. Physical Appearance			8. Throat	14. Genitalia
3. Skin and Scalp			9. Neck	15. Neurological
4. Eyes/Vision	R	L	10. Heart	16. Extremities
5. Ears/Hearing	R	L	11. Lungs	17. Development
6. Nose			12. Abdomen	18. Nutrition
Lab Work (optional):			Hemoglobin/Hematocrit:	Urinalysis:

Please explain any abnormal finding and/or list any condition which may affect this child's performance at camp:

Medication given during camp hours must be in the prescription bottle or original container. It will be kept in a designated place at the camp and a permission slip must be signed by the parent.

Medication:	Reason:
Medication:	Reason:

Health classification for camp activities (please check one):

☐ This camper is able to participate in all the regular programs including physical activities.

☐ This camper is to be restricted from _____ because of _____

for a length of time of _____.

☐ Parent present and understands.

Physician's Signature _____ Date _____

Telephone _____

Parent Statement & Privacy Statement: The health history on pages 4 and 5 is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except noted. I understand that all health records will be handled by staff/volunteers whose jobs include processing or using this information for the benefit of the participant. I also understand that this information will be held in limited access by the health care supervisor for the event. I understand that minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care.

Parent Authorization: If my child needs medical treatment by the camp/event nurse, first-aider, or other personnel, I give my permission for her to be attended for care. Furthermore, I hereby give permission for the administration of anesthesia and performance of emergency surgery, if deemed advisable in the opinion of physicians.

I have read the above information and agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/Guardian Signature _____ Date____/____/_____
Original signature required, please print & sign

Waiver Form

Waiver - By sending this form below, I certify that my child is physically able to participate in Camp iRock and do hereby agree that this program is not responsible or liable to me or my child for any injury, accident or loss of personal property. I do hereby release this program and its employees from any claim or cause of action which may have occurred as a result of any medical problem known or unknown of which I may have knowledge presently or in the future. I verify no promise or guarantees, other than those written in this agreement, was made to me by this program or its employees. I agree to follow Fitness Camp instructional guidelines and to cooperatively utilize the program with other participants. I understand that I am allowing my child to participate at my own risk and understand the program has no liability.

I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

Parent/Guardian Signature _____ Date____/____/_____

Required:

Please write an essay describing why you would like to participate in Camp iRock 2015. Essay should be 150 words or less and attached to this application. You may use this page.

Girl's Signature _____ Date _____