

CAMPER'S APPLICATION

Mississippi National Guard Summer Youth Camp (Kids A.T.)

June 21-27, 2009

CAMP SHELBY, MS

Must be submitted no later than May 24, 2009.

Date Submitted: _____

Youth's Name: _____
(Last) (First) (MI)

What is the name you would like printed on your name badge? _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) (____) (____) (____) (Evening) (____) (____) (____) (Cell) (____) (____) (____)

Age: _____ Date of Birth: (Month/Day/Yr) ____/____/____ Sex: _____

Parent's Email: _____

Guard Member Information: _____
(Rank) (First Name) (Last Name)

Guardsman's SSN: _____ Relationship to Camper: _____

Guardsman's Unit & Location: _____ Army NG Air NG Retired

Youth's Swimming Level: Does not swim Intermediate Advanced

T-shirt size: (Youth) Small Medium Large
(Adult) Small Medium Large Extra Large XX Large

Mother's Name: _____
(First Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) (____) (____) (____) (Evening) (____) (____) (____) (Cell) (____) (____) (____)

Father's Name: _____
(First Name) (Last Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) (____) (____) (____) (Evening) (____) (____) (____) (Cell) (____) (____) (____)

In case of emergency, who should we contact? _____

Phone: (Day) (____) (____) (____) (Evening) (____) (____) (____) (Cell) (____) (____) (____)

Alternate contact, if persons(s) listed above cannot be reached? _____

Phone: (Day) (____) (____) (____) (Evening) (____) (____) (____) (Cell) (____) (____) (____)

Applications should be received before May 24, 2009. Applications postmarked later than May 24, will not be accepted. All applications should be mailed individually. Units cannot collect applications and send them all together.

Will the camper have other family members attending the camp? If yes, please list their names and specify if camper, junior counselor, staff, etc.

Has this child attended KIDS AT in the past? If so, which year(s)? _____

Does the camper have a parent or legal guardian that is currently deployed or mobilized? Please list the service member's name and unit. _____

PARENTS: In-processing will begin at 1:00 p. m. on Sunday, June 21, 2009.

Will you attend the in-processing with your child? Yes No

If no, who will bring your child to camp? _____

Graduation ceremonies will be held at 9:30 a.m. on Saturday June 27, 2009.

Will you attend the Closing Ceremonies? Yes No

If not, who will pick up your child from camp? _____

ALL CAMPERS MUST BE PICKED UP NO LATER THAN 12:00 NOON ON SATURDAY, JUNE 27, 2009.

Boys and Girls, age 9-12, are invited to apply and must be a legal dependent of a Mississippi National Guard member or retiree. Grandchildren of active and retired Guard members are also eligible to apply. Children of National Guard civilian employees will be considered after all dependents and Grandchildren of Guard members.

COST: \$60.00 Per Child (\$25.00 refund if camper cancels 14 days before camp, before June 7, 2009; no refund if cancellation is after June 8, 2009.)

INCLUDES: Meals 3 T-Shirts Lodging Craft Supplies
Camp Photo Camp Video All expenses during camp
(Campers SHOULD NOT bring money to Camp.)

Please return application, \$60.00 fee, health record, and medical treatment permission form to the address below. Checks or money orders should be made payable to: MSNG Summer Youth Camp.

**MSNG Youth Camp
Attn: Mr. Allen Pope
Post Office Box 5027
Jackson, MS 39296-5027**

For further information, you may contact Mr. Allen Pope at 601-313-6765 or toll free at 1-888-288-4898.

NOTE: ALL APPLICANTS WILL BE NOTIFIED BY MAIL WHETHER OR NOT THEY HAVE BEEN ACCEPTED. WRITTEN DETAILS WILL BE SENT TO CAMPERS AND PARENTS AS TO DATES, TIMES, IN-PROCESSING LOCATIONS, ITEMS TO BRING ETC.

CAMPER HEALTH RECORD

Name: _____ Sex: _____ Date of Birth: _____
(Last) (First) (MI)

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER(S): (DAY) (____) (____) (____) EVENING) (____) (____) (____)
(CELL) (____) (____) (____)

⇒ **IMPORTANT: This form must be filled out completely, signed and returned to the State Family Program Director before May 24, 2009.**

- Failure to disclose any and all pre-existing health information will result in refusal of applicant for Summer Youth Camp
- Any change in camper's health after application submission needs to be sent to State Youth Coordinator at P.O. Box 5027 Jackson, MS 39296-5027 or to allen.pope@us.army.mil. Failure to submit required medical changes or updates could result in refusal for admittance. Cases will be handled individually and decisions will be made by medical staff.

HEALTH HISTORY: To be completed by parent or guardian. All questions MUST BE ANSWERED.

Is the child in good health? YES NO (Check one) Is your child a bedwetter? YES NO

Does child have ADD/ADHD? YES NO

If yes, is the child currently on medication? YES NO Name of medication? _____

Does the child suffer from allergies? YES NO If yes, state type of allergies: _____

Do the allergies require medication(s)? YES NO If yes, state name of medication(s): _____

Name of current physician: _____

Address of current physician: _____

Telephone number of current physician: _____

Does the child suffer from ANY illness, disease, or condition other than those listed above? Yes No

If yes, please indicate specific illness, disease or condition: _____

Is there any known physical disorder that might handicap the child while participating in the Summer Youth Camp?

YES NO If yes, please list: _____

Name and address of Health Insurance Company: _____

Policy number: _____

- The Mississippi National Guard or the Family Program will not be responsible for medical bills incurred by the Campers.
- Campers must have health insurance to be able to attend camp due to liability issues.

APPROVAL OF PARENT(S) OR GUARDIAN(S)

I hereby voluntarily waive any claims against the Mississippi National Guard, the Mississippi Military Department, State of Mississippi or the United States of America for any cause of action which may arise in connection with the participation of _____

(Child's Name)

in the Mississippi National Guard Summer Youth Camp.

Date: _____ Signature: _____

MEDICAL TREATMENT PERMISSION STATEMENT

If my child _____ becomes ill or injured while attending

(Child's Name)

the Mississippi National Guard Summer Youth Camp, I grant permission on behalf of the child's family, for the Mississippi National Guard Summer Youth Camp Program to seek medical assistance as may be deemed necessary.

Signature - Parent or Guardian

Date

NOTE: Copy of "FRONT & BACK" of insurance card must be included with application. Failure to provide proper information will cause applications to be denied/returned.

MEDIA RELEASE

My child, _____ may be interviewed and

(Child's Name)

photographed by members of the media, to include newspapers, TV, etc. I give permission for the media to use these interviews and photos in their coverage of the Mississippi National Guard Summer Youth Camp.

Signature - Parent or Guardian

Date