

March 1, 2019



Dear Potential Camper and Caregiver,

I hope you are ready for a fun-filled summer camp! It is once again time to make plans to attend summer camps with New Hope Camp, Inc. The purpose of New Hope's camps are to provide children of incarcerated parents the opportunity to have a great summer camp experience, develop self-confidence, and learn life skills as they interact with positive adults in a safe environment. Camp activities include swimming, canoeing, fishing, archery, hiking, games, sports, and arts/crafts.

New Hope hopes to improve our camp experience each year, and we anticipate this to be the best camp season to date! This year we will utilize Camp Okiwanee in Sapulpa, OK, and are excited about all of the fun activities planned. New Hope strives to have a low camper/counselor ratio and employs highly qualified staff to work with campers. Safety for our campers is always our number one priority. Truly, there is much to look forward to!

Attached you will find the 2019 New Hope Camp Enrollment and Health and Emergency Form. All information is required for each camper, as well as a copy of each camper's health insurance. This can be provided by copying and attaching to this application, or providing health insurance cards on the days of drop off to be copied at the New Hope office.

Camp Okiwanee's No Lice, No Nit Policy does not permit campers to attend if there are ANY active lice or nits present upon check. We will be performing a check on EVERY camper prior to loading the bus. If any lice or nits exist, the camper will not be permitted to attend camp.

PLEASE NOTE: Due to past drop-out rates, we require a 7 day notice for children who are unable to attend camp, if proper steps are not taken to ensure you notify New Hope at least 7 days prior to camp start date your child will not be eligible to participate in any New Hope activities for at least one full calendar year.

Drop off will be from 10:30-11:00 am on the first day of camp, and pickup will be 3:00-3:30pm on the last day of camp. All campers are expected to be dropped off and picked up at the New Hope offices, located at Trinity Church- 501 S Cincinnati Ave, Tulsa, OK 74103. Drop off and pick-up is required for every camper.

We give priority to children who currently have an incarcerated parent. However, if your child has attended a New Hope camp in the past but the parent is now out of prison, we will gladly have them return to camp. Camps are limited in the number of children we can serve, so campers are accepted on a first come, first serve basis.

If you have any questions regarding camp, you may call us at (918) 359-9031 or email karli@newhopeoklahoma.org We are looking forward to seeing you at camp!

Sincerely,

New Hope Staff

Mission: **Ending generational incarceration, one child at a time.**

Address: P.O. Box 3243 Tulsa, OK 74103-3243

Phone: 918.359.9031

Website: www.newhopeoklahoma.org

Children's Camp Enrollment Form 2019
A SEPARATE FORM IS REQUIRED
FOR EACH CHILD****
You must fill out the entire form- all
information is completely confidential.

CHILD'S NAME: _____ GENDER: M F Prefer not to answer

DATE OF BIRTH: _____ GRADE JUST COMPLETED: _____ GRADE GOING INTO: _____

SPECIFIC DISTRICT AND SCHOOL YOUR CHILD WILL ATTEND FALL 2019:

CAMPER T-SHIRT SIZE (please circle): CHILD / ADULT XS S M L XL XXL

CAREGIVER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME () _____ WORK () _____ CELL () _____

CAREGIVER'S EMAIL ADDRESS: _____

CAREGIVER'S RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT RELATIONSHIP TO CHILD: _____

WHO IS OR WAS INCARCERATED? MOM DAD OTHER: _____

NAME, FACILITY, & DOC #: _____

HOW DID YOU HEAR ABOUT CAMP?

- Friend Family Member Online- New Hope Facebook/Website or Google Search
 Referral- who/what agency referred you? _____

FOR STATISTICAL PURPOSES ONLY:

How long has your child attended New Hope programs? _____

Is your child eligible for free or reduced lunches? **YES NO**

Child's ethnic background (please circle all that apply):

Black/ African American Asian/ Pacific Islander White/ Caucasian Hispanic/ Latino(a)

Native American/Alaskan Native – tribe _____

Other race/ethnic descent – please specify _____

WHICH CAMP WILL THIS CHILD BE ATTENDING?

CIT Camp (ages 16-18, must be selected by New Hope staff)

- Tuesday, May 28–Thursday, May 30th at Camp Takatoka (located in Chouteau, OK)

Camp Vision (ages 12-15)

- Girls- Saturday, June 1–Tuesday, June 4 at Camp Okiwanee (located in Sapulpa, OK)

DROP OFF: 10:30-11:00am on Saturday, June 1st

PICK UP: 3:00-3:30pm on Tuesday, June 4th

- Boys- Wednesday, June 5- Saturday, June 8 at Camp Okiwanee (located in Sapulpa, OK)

DROP OFF: 10:30-11:00am on Wednesday, June 5th

PICK UP: 3:00-3:30pm on Saturday, June 8th

Camp New Hope Session (ages 8-11)

- Girls- Sunday, June 9–Wednesday, June 12 at Camp Okiwanee (located in Sapulpa, OK)

DROP OFF: 10:30-11:00am on Sunday, June 9th

PICK UP: 3:00-3:30pm on Wednesday, June 12th

- Boys- Thursday, June 13–Sunday, June 16 at Camp Okiwanee (located in Sapulpa, OK)

DROP OFF: 10:30-11:00am on Thursday, June 13th

PICK UP: 3:00-3:30pm on Sunday, June 16th

FOR STATISTICAL PURPOSES ONLY:

How long has your child attended New Hope programs? _____

Is your child eligible for free for reduced lunches? **YES NO**

Child's ethnic background (please circle all that apply):

Black/ African American Asian/ Pacific Islander White/ Caucasian Hispanic/ Latino(a)

Native American/Alaskan Native – tribe _____

Other race/ethnic descent – please specify _____

New Hope Camp Inc. uses photographs, video and audio for promotional purposes. New Hope Camp, Inc., also uses short, anonymous surveys to monitor our success. Please indicate if you give permission for your child to complete anonymous surveys or your child's likeness to be used (photo, video or audio). Please indicate below by circling YES or NO for each category. You may change your mind at any time by giving a written request to New Hope (see contact below.) If left blank, New Hope assumes permission is given.

My child's likeness may be used in printed material & online promotion (facebook, website, brochures, etc.): **YES NO**

My child may participate in anonymous surveys: **YES NO**

My child's name and contact information can be shared with Volunteers of America and/or Big Brothers-Big Sisters, who provide mentoring programs for children who have a parent in prison: **YES NO**

Signature of guardian/caregiver

Date

2019 Health Form and Emergency Contact Information

(Please add another page if necessary to explain medical issues completely)

Medical Issues (List all medical problems child is being treated/has been treated for in the past 5 years):

1. _____
2. _____
3. _____

Surgical History (List any surgical procedures child has had):

Mental Health/ Substance Abuse Problems and Treatment Providers:

Allergies to Medication and Food:

Medications (List all medications that this child is taking or should be taking – if not taking a medication that has been prescribed then list reason why). Please provide name, dosage and when to be taken:

Does this child have any physical limitations? **YES NO**

If yes, please list those limitations:

1. _____
2. _____

Does this child use tobacco? **YES NO**

Does this child wear glasses? **YES NO**

Can this child swim? **YES NO**

Date of last Tetanus Shot: _____

Does child have any dietary restrictions? **YES NO** -If yes, please describe: _____

Name and phone # of child's doctor: _____

***A COPY OF HEALTH INSURANCE INFORMATION IS REQUIRED FOR ALL CAMPERS. PLEASE COPY AND INCLUDE WITH APPLICATION, OR BRING ON DAY OF DROP OFF TO BE COPIED AT THE NEW HOPE OFFICE.**

I hereby give permission for the child listed above to be given any medical care and treatment necessary for his/her health and safety during the time he/she is at camp or is being transported to and from camp.

Signature of guardian/caregiver

Date

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the activity or event: New Hope Summer Camp Programs

Date of activity: 6/1/2019-6/16/2019

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: New Hope Camp Inc., representatives, and agents of the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that New Hope Camp Inc. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of New Hope Camp Inc.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Participant/Child Name

Signature of Caregiver/Guardian

Date