



Urban Hope Summer Camp
1902 Perry Street • Durham, NC 27705 • 919.286.9467 • info@urbanhope.us

2017 Summer Camp Enrollment Application

(Please fill in all blanks. One application per each child required)

Child's Legal Name: _____ Preferred First Name: _____

Date of Birth: _____ / Sex (circle one): Male Female / T-Shirt Size (circle one): S M L XL XXL

Grade in Fall 2017/School: _____ Child's Cell Phone # (if applicable) _____

Mother/Legal Guardian Name: _____ Cell Phone #: _____

Address: _____
Street Apt# City State Zip Code

Employment: _____ Work Tel# _____ ext. _____

Work Hours: _____ Home Phone # _____

Father/Legal Guardian Name: _____ Cell Phone # _____

Address: _____
Street Apt# City State Zip Code

Employment: _____ Work Tel# _____ ext. _____

Work Hours: _____ Home Phone # _____

E-mail Address(es): _____

Parents Marital Status: (circle one) Single Married Divorced Separated

Please provide any information regarding custody information or changes that the summer camp should have:

Please list siblings (include ages): _____

List others who have permission to pick up your child and telephone numbers (**we will ONLY be able to release your child to persons listed here.** If you need more room, continue on the back of this page):

Name

Telephone Number(s)

Name

Telephone Number(s)

List others who may be contacted **in case of emergency** and phone numbers (campers may also be released to the following):

Name

Telephone Number(s)

Name

Telephone Number(s)

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List any special information about your child (include allergies, medical problems, special needs, etc.)

How will your child arrive at camp and be picked up:

Walk to & from Asbury _____ Dropped off & picked up at Asbury _____ Public Bus _____

Summer Breakfast & Lunch Program:

_____ I would like my child to participate in the Durham Public Schools Child Nutrition Program during the summer

_____ I prefer that my child bring his/her own bag breakfast / lunch throughout the summer

My Child's tuition will be paid*: Weekly _____ Bi-weekly _____ Monthly _____

**Payments are due at the beginning of the period. They are NOT pro-rated and are non-refundable.*

If someone other than you or the parent/guardian listed on contact form will be responsible for your child's summer camp bill, please provide their contact information below:

Name

Telephone Number

Statement of Cooperation / Release of Liability / Consent to Medical Care

I hereby make application to the Urban Hope 2017 Summer Camp (hereafter called the "Program"). I understand that my child will be trained in the principles of the Word of God in a loving, Christian atmosphere. I agree with the Program's effort to train my child in the Holy Bible. I understand that **the deposit is non-refundable and is due on or before June 19, 2017** (the deposit will be applied to the first week's camp tuition). I understand that my child's place is not reserved until I have made this first payment. I also understand that my child's **proof of physical within the last year must be on file with the Camp by June 19, 2017**. If I remove my child from the Camp before the end of a tuition period (one week), I understand that I owe full tuition for that summer camp week. I understand that the Camp will make no refunds of tuition fees. I acknowledge that my child may not be invited back to camp (or be able to participate in a camp field trip) if my tuition payments are not up-to-date and current by the beginning of any camp week. As parent or legal guardian of the above applicant, I agree to cooperate with the spirit and regulations of the Program. By below, I acknowledge that I have received and carefully read the Release of Liability and the Consent to Medical Care Agreement in its entirety, understand it, and have signed it voluntarily, on my behalf and on behalf of my child. I authorize my child to participate in the Program and Activities, such participation to be subject to each provision of this Release of Liability and the Consent to Medical Care Agreement including the Release and Indemnification of Claims paragraph (paragraph 2). A copy of the signed Agreement is attached.

Signature of Parent/Legal Guardian

Date



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2017 Summer Camp Pick-up and Drop-off

MEMO TO: ALL URBAN HOPE SUMMER CAMP PARENTS AND GUARDIANS
FROM: 2017 URBAN HOPE SUMMER CAMP
SUBJECT: Tardy Policy, Camper Pick-Up Policy, and Early Release

The 2017 Urban Hope Summer Camp starts at 8AM and ends at 4PM Monday - Friday. Campers should NOT be dropped off ANY EARLIER than 7:40AM and picked up NO LATER than 4 PM. There will NOT be supervision beyond those times. Camp activities and programming start by 8:00AM. If a camper is dropped off later than 8:00AM, that camper is considered tardy. Unexcused tardy instances put the camper in jeopardy of consequences that could include a loss of a privilege, time off a field trip, loss of a field trip, etc. **Please call in advance and/or send a note with your child(ren) explaining his/her tardiness.** Excusing a tardy camper is at the SOLE discretion of the Urban Hope Summer Camp Director. A note from a parent or legal guardian does NOT guarantee an excused tardy.

We must inform parents and legal guardians that when it is time to pick up your camper(s), you MUST enter Asbury United Methodist Church and sign-out the camper(s). We must physically see you to identify you everyday. The sign-out sheet will NOT be brought out to the parking lot. **We can ONLY release the campers to those listed on the enrollment form. The child will not be released to ANYONE—even a parent or legal guardian—who is not listed on the enrollment form.** If you would like your child to be picked up by someone not listed, you must send a signed note with your child *prior* to him or her being picked up.

If your child has to leave camp early for ANY reason you must send a signed note with him or her in advance in order for him or her to leave. Once your child comes to the camp, s/he must remain at the camp until the end of the camp day unless s/he has a note from a parent or legal guardian. This precaution is for the safety of your child so that you and the camp staff will know where your child is at all times.

Please sign below indicating that you understand these policies.

Signature of Parent/Legal Guardian

Date



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Summer Camp Enrollment Policy

Special Policies

There will be no nurse on site at the Summer Camp. No child may be enrolled in the 2017 Urban Hope Summer Camp program who:

- has been diagnosed with an illness requiring the *administration* of medication *during* the summer camp day. The summer camp staff can in no way be involved in the administering of medication, including, but not limited to: safeguarding medication, giving medication, or reminding child to take medication, etc.
- Is in need of “special care” during the summer camp day, as we are not equipped to accommodate any special needs / exceptional children inclusive of any physical disability, behavioral condition or mental disorder.

Also, the following are major reasons for termination of services:

- Unpaid fees
- Disruptive/Violent behavior
- Insubordination, profanity, disrespect towards peers, counselors, and administrators
- Stealing
- Illegal drug possession, use, or paraphernalia
- Sexual harassment and misconduct
- Fighting/Bullying/Threats
- Weapons of ANY kind

Late Fee: If your child is picked up after 4:00 p.m., a late fee of \$20.00 will be charged per 15-minute increments or any part thereof.

Payment Policy: We take cash, check, and money order (please allow up to 2 weeks for cashing).
Make checks and money orders payable to: The Navigators.

Return Check Policy: There is a \$25.00 charge for all returned checks.

Attire Policy: Campers should have with them at all times sneakers, tennis shoes, or close-toed shoes. Campers should be prepared to dress in comfortable “play” wear at all times (if they need to dress up, they should have “play” wear with them to change into for the afternoons). Young men should always have a belt (no “sagging”), and not wear muscle shirts, cut-off shirts, or the A-shirts (i.e., “beaters”). Young ladies should not wear spaghetti straps, extremely short shorts (bottom of finger-tips rule), tube-tops, midriffs, nor any thing see-through. Ladies’ bathing suits should be either one-piece or include “boy shorts” if two-piece suits are worn. Men’s trunks must have a draw-string (i.e., not sag) nor be see-through. We will discuss specific dress code policy as it pertains to entrepreneurship and community engagement activities with the teens throughout the summer.

I understand the above-mentioned special policies. I understand that my child will be subject to dismissal in the event that the above-mentioned criteria are not adhered to.

Signature of Parent/Legal Guardian

Date



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2017 Camper's Medical Report

Child's Legal Name: _____
Name of Parent or Guardian _____
Address of Parent or Guardian _____
Street City State Zip Code

Name of Doctor or Clinic _____ Telephone _____
Name of Dentist _____ Telephone _____

A. Medical History (May be completed by Parent or Guardian)

Previous hospitalizations: Yes _____ No _____ If so, Why? _____

Is Child allergic to anything: Yes _____ No _____ If so, what? _____

Any previous diseases or illnesses: Yes _____ No _____ If so, what? _____

Any operations: Yes _____ No _____ If so, what? _____

Any physical handicaps: Yes _____ No _____ If so, what? _____

Is this child under care of a doctor: Yes _____ No _____ If so, what? _____

Any history of mental retardation: Yes _____ No _____
Any history of convulsions: Yes _____ No _____
Any history of diabetes in the family: Yes _____ No _____
Any history of heart trouble: Yes _____ No _____

Parent or guardian signature

B. Physical Examination: *If* the summer camp does not already have proof of a physical within the past year, this examination must be completed and signed by a licensed physical examiner or his/her authorized agent who is currently approved by the NC Board of Medical Examiners.

Weight _____ Height _____ Heart _____ Throat _____ Chest _____
Neck _____ Abdomen _____ Blood Type _____ GU _____ Ext. _____
Neurological System _____
Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____
Results of Tuberculin Test, if given (type) _____ (result) _____
Should activities be limited? _____
Recommendations _____

Signature of physician or authorized agent currently approved by NC Board of Examiners

Date of Examination

Office Address

Telephone Number



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2017 Urban Hope Summer Camp Field Trip Authorization

I agree that the minor listed below is allowed to go on the Urban Hope Summer Camp trips as follows:
 All local and extended field trips requiring travel include, but are not limited to:

<i>Place</i>	<i>Location</i>	<i>Date (s)</i>	<i>Approximate Times</i>
Jordan Lake	280 State Park Rd. Apex, NC 27523	June 23, 2017	10 AM – 4 PM
Sky Zone / Pelican’s Snowballs	1720 Guess Rd #90 Durham, NC 27701	June 30, 2017	11 AM – 4 PM
Camp New Hope*	4805 N Carolina 86 Chapel Hill, NC 27514	July 3 – July 5, 2017	9 AM July 3 rd thru 11 AM July 5 th
Palace Pointe	5050 Durham Road Roxboro, NC 27574	July 14, 2017	10 AM – 4 PM
Fantasy Lake	5869 Permastone Lake Rd Hope Mills, NC 28348	July 21, 2017	10 AM – 4 PM
Kings Dominion	16000 Theme Park Way, Doswell, VA 23047	July 27, 2017	6 AM – 10 PM

*Camp New Hope is located at 4805 N Carolina 86 Chapel Hill, NC 27514
 Departing: 9:00 am, Monday, July 3, 2017 Returning: 11:00am, Wednesday, July 5, 2017

For all field trips we will leave from and return to: Asbury United Methodist Church, 806 Clarendon Street, Durham, NC 27705. Transportation vehicles include bus, van, or car. Swimming activities require children to weigh at least 40 pounds and be at least 40 inches tall.

I give my express permission for my child or dependent to participate in all of the camp-sponsored field trips and activities, unless otherwise stated in the application or noted on this document. I agree that the Release of Liability Agreement signed for the child/minor(s) applies to this trip (a copy is attached).

I affirm that I have authority as parent/guardian of the child/minor(s) to permit the child/minor(s) to go on the trips and to complete this authorization form.

Name of First Child/Minor: _____

Name of Second Child/Minor: _____

Name of Third Child/Minor: _____

 Parent’s/Guardian’s Signature

 Date

Parent’s/Guardian’s Printed Name: _____

RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE AGREEMENT

THIS RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE AGREEMENT (the “Agreement”) INCLUDES A WAIVER AND RELEASE OF LIABILITY AND A CONSENT TO MEDICAL CARE AND, BY SIGNING THIS DOCUMENT, I AM AGREEING FOR MYSELF AND FOR EACH MINOR CHILD IDENTIFIED BELOW TO RELEASE OTHERS FROM LIABILITY.

The Navigators, a Colorado nonprofit religious corporation (the “Organization”), sponsors Urban Hope’s Summer Camp, the WAY after school program, Bible Jump Off, and Young Leaders Group, to encourage personal development and group fellowship in a loving Christian atmosphere (the “Program”). During the Program, the Minor Participant(s) (identified below) may have the opportunity to participate in certain activities, including but not limited to the following: training in the principles of the Word of God; college tours, mission trips, community service activities; volleyball, basketball, kickball, tennis, horseshoes, softball, badminton, swimming, kayaking, canoeing, relay races, obstacle races, aerobics, games, bowling, roller skating, and other athletic activities; financial literacy and entrepreneurship activities; field trips to museums, libraries, small businesses, state and local parks, Jordan Lake, Sky Zone; day trips to Kings Dominion Amusement Park; an overnight trip to Camp New Hope; Developmental Assets Profile assessment and other recreational, educational and leisure activities requiring physical exertion. All Activities in which the Minor Participant(s) engages while participating in the Program and the Activities, whether authorized or permitted or not, and whether subject to supervision by the Organization or not, are referred to herein collectively as the “Activities.”

Participation in the Program and the Activities is a privilege, and this Agreement, completed and signed by each Minor Participant’s parent(s) and/or legal guardian(s) having authority to sign this document (each such person shall be referred to herein as an “Undersigned Person”), is a condition to participation by the Minor Participant(s). By signing below, each Undersigned Person authorizes the Minor Participant(s) to participate in the Program and the Activities and consents to the terms and conditions of this Agreement, and agrees with all of the provisions set forth in this Agreement.

1. **Activities; Assumption of Risk:** Each Undersigned Person understands and agrees that the Minor Participant’s participation in the Program and the Activities, and the transportation to and from the Activities, are voluntary activities entered into by the Minor Participant(s) and the Undersigned Persons for the purpose of personal development. Participation in the Activities may require the Minor Participant(s) to assist and depend on the assistance of other participants within an assigned group. Although not desiring to discourage participation, the Organization intends to make each Undersigned Person aware that participation in the Program and the Activities exposes the Minor Participant(s) to certain risks, including, by way of example, risks arising from slips, trips, and falls due to facility and landscape design or terrain conditions, exposure to adverse weather conditions and wildlife, fire, landslides, errors in supervision and instruction, and defects in facilities, equipment, roadways, and trails, without immediate availability of medical attention. Each Undersigned Person recognizes that the Minor Participant’s participation in the Program, the Activities, and related transportation involves risk of an accident and serious personal injury and illness, paralysis and permanent disability, and even possibly death of the Minor Participant(s). Each Undersigned Person understands that the Program and the Activities include certain inherent risks. Inherent risks are those which cannot be eliminated without destroying unique characteristics of the Program and the Activities. Each Undersigned Person expressly assumes, for such Undersigned Person and for the Minor Participant(s), all risks of participating in the Program and the Activities, whether such participation in the Activities is authorized or permitted or not, or is supervised or unsupervised, and whether those risks are inherent or otherwise, now known or unknown, or are predictable or unpredictable, by the Undersigned Persons or the Minor Participant(s).
2. **Release and Indemnification of Claims of Minor Participant and Undersigned Person(s):** In consideration for the privilege granted to the Minor Participant(s) to participate in the Program and Activities, the Undersigned Person, for such Undersigned Person, and for and on behalf of each Minor Participant, and for such Undersigned Person’s and each Minor Participant’s heirs, family and estate, executors, administrators, assigns, and personal representatives, hereby releases and agrees to indemnify and hold harmless the Organization, and the Organization’s and its related organizations’ affiliates, directors, officers, employees, volunteers, contractors, agents, representatives and successors and assigns (the “Released Parties”) of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities made against or incurred by the Released Parties or any of them with respect to any and all property damage, economic loss, medical and other expense, disability, personal injury or illness whether physical or mental in nature, and/or death, whether caused by negligence or otherwise, arising from each Minor Participant’s participation in the Program and Activities, including all claims of each Minor Participant and all claims of each Undersigned Person. This Release and Indemnification is intended to have only the scope and effect permitted by applicable law.
3. **Permission of Use for Promotional Purposes:** In consideration for the privilege granted to the Minor Participant(s) to participate in the Program and Activities, the Undersigned Person consents and gives permission to the Organization to use

the name, likeness, voice, and biographical information of the Minor Participant(s) for any purpose whatsoever, without compensation, including without limitation to publicize and/or promote the Program and Activities in photographs, printed literature, video recordings, sound recordings, websites, and any other medium that now exists or may exist in the future.

4. **Miscellaneous:** In the event that any provision of this document is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Agreement had been executed with the invalid provision(s) eliminated. By signing below, each Undersigned Person agrees that this Agreement, including the release herein, is intended to be as broad and inclusive as permitted under applicable law.
5. **Secondary Insurance:** The Organization provides supplemental medical insurance for each Minor Participant at no additional cost. This secondary insurance may pay for expenses related to injuries or emergency illnesses incurred by the Minor Participant, while participating in or traveling to/from the Activities, that are in excess of the Undersigned Person's personal health insurance. Policy exclusions and coverage limits apply. Expenses must be submitted to the Undersigned Person's primary health insurance carrier first, then filed with the Organization's supplemental insurance provider (a \$25 deductible applies). Claim forms and contact information will be provided as needed.

CONSENT TO MEDICAL CARE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. Consent to Medical Care. In the event that the Minor Participant(s) named below (the "Minor") is injured or becomes ill, and the Undersigned Persons are unable to give consent to medical care, or cannot be reached to give consent for the Minor, each Undersigned Person as the parents/guardians of the Minor, hereby authorizes The Navigators, and its employees, volunteers, agents and representatives (collectively, the "Organization"), to obtain or consent to, on behalf of the Minor, medical care (including, by way of example, first-responders medical treatment; X-Ray examinations; anesthetic, dental, medical or diagnosis and treatment; and hospital care) deemed necessary or advisable by the Organization. In addition, any medical provider is authorized to surrender physical custody of the Minor to the Organization. Each Undersigned Person agrees to fully pay all costs of medical or dental care incurred on behalf of the Minor by the Organization.
2. Consent to Disclosure of Protected Health Information. Each Undersigned Person authorizes any medical provider that provides treatment to the Minor to provide protected health information to the Organization concerning the Minor's condition and treatment for the purposes of facilitating his/her consent to treatment as authorized herein, release of the Minor from medical care and follow-up care and treatment as necessary, to communicate with the Organization in order to assist in the response to a medical emergency, and to provide information regarding the Minor's status that the Organization can communicate to the emergency contact(s) or the parent/legal guardian(s). This Consent is intended to authorize the disclosure of protected health information concerning the Minor under the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 164, subpart A, for the purposes stated herein.

By signing this Consent, each Undersigned Person releases the Organization and its directors, faculty, staff, nurses, agents, employees and volunteers, and successors and assigns, of and from any and all claims, suits, losses, damages, causes of action or other liabilities related to obtaining or consenting to medical care for the Minor and obtaining protected health information pursuant to this Consent.

This Medical Consent is effective until **June 18, 2018**, unless sooner revoked in writing by the Undersigned Person and delivered to the Organization. Each Undersigned Person agrees that: this Consent is entered into voluntarily; this Consent can be revoked in writing at any time, except to the extent that action has already been taken to comply with it; revocation is not effective unless a copy is provided by the Undersigned Person to the Organization; the Consent may be used and reused to obtain records for as long as this Consent remains valid; no payment, treatment, or eligibility for medical or insurance benefits were conditioned on signing this Consent; and a copy or facsimile of this Consent can be used with the same effectiveness as the original.

By signing page 3 below, I acknowledge that I have carefully read this Agreement in its entirety including the Release of Liability and the Consent to Medical Care, understand it, and sign it voluntarily, on my behalf and on behalf of the Minor Participant(s). I authorize the Minor Participant(s) to participate in the Program and Activities, such participation to be subject to each provision of this document including the Release of Liability and Indemnification of paragraph 2. I attest that I am over eighteen (18) years of age and am not a minor in my state of residence, and am the parent or legal guardian of the Minor Participant(s) identified below, with authority under law to sign and enter into this Agreement for myself and for each Minor Participant(s) listed below, who is/(are) under the age of eighteen (18) or otherwise a minor in his or her state of residence. If more than one Minor Participant is identified below, all provisions of this Agreement apply to each of the Minor Participants listed.

Parent/Guardian Signatures:

Mother's Signature: _____

Father's Signature: _____

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Emergency Contact: _____

Address _____ Home Phone (_____) _____

_____ Work Phone (_____) _____

Minor Participant's Information:

Minor Participant's Name Date of Birth

Minor Participant's Name Date of Birth

Minor Participant's Name Date of Birth

Minor Participant's Name Date of Birth

Medical Insurance Information:

Name of Insurance Carrier Policy Number Group #/ID # Preferred Provider (Local)

Note: This information is provided to assist in obtaining emergency medical attention for the Minor(s) listed above. Parents and legal guardians assume all costs arising from medical services provided by the medical provider, regardless of whether or not the facility is part of the parent's/legal guardian's medical insurance plan.

**IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM,
THE FOLLOWING MUST ALSO BE SIGNED:**

I hereby certify that this Release of Liability and Consent to Medical Care Agreement was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the Minor Participant(s) and/or decisions concerning documents such as this one due to death or other incapacity of the other parent or because of a court order; **or** (ii) I have made a good faith effort to obtain the signature from the second parent/guardian, but have not been able to do so due to reasons beyond my control.

Printed Name and Signature: _____

Date: _____