

2023 Camp CRAVE

4-day Summer Youth Camps

Facilitated by Nome Community Center

Application Due: June 9, 2023

Camp Fee: \$40 (non-refundable)



Limited Space Available; completed applications accepted on a first come first serve basis.

Please complete application and return with camp fee (check payable to Nome Community Center) to NCC's office, **104 Division St.**, Monday through Friday 10am-3:30pm. There is no refund unless applicant is unable to attend due to lack of space. If completed electronically, email staff@nomecc.org.

Foxes (Day Camp): Ages 8-10, July 10-13

(with one overnight stay on the 12th)

Wolves (Overnight): Ages 10-12, July 27-30

Bears (Overnight): Ages 12-14, August 3-6

(Place an "X" marking the appropriate session.)

Participant/Camper Information

Last Name: _____ First Name _____

Date of birth: ____/____/____ Age ____ Grade completed _____

Circle one: **Male Female** Ethnicity/Race(s): _____

Sweatshirt Size (circle one): **YM YL AS AM AL AXL 2XL**

Parent/Guardian Information

Primary Contact Name: _____

Home (Physical) Address: _____

Main Phone Number: _____ Work Cell Home

Second Phone Number: _____ Work Cell Home

Email address: _____

Secondary Contact Name: _____

Home (Physical) Address: _____

Main Phone Number: _____ Work Cell Home

Second Phone Number: _____ Work Cell Home

Email address: _____

Emergency Contact (other than parent/guardian)

In case of **emergency** and primary and secondary contact are not available, please call:

Name: _____

Main Phone Number: _____ Work Cell Home

Second Phone Number: _____ Work Cell Home

Relationship to participant: _____

Medical Information

Health Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____

Does the participant have any allergies (ie. foods, insects, medicines)? _____

If "yes" please explain.

Does the participant take any medications? _____

If "yes" please explain and note dose and frequency.

Any physical impairments or disabilities we should know about (vision requiring corrective lenses, asthma, diabetes, injuries, etc.)? _____

If "yes" please explain.

*Date of last Tetanus shot (REQUIRED): _____

If unknown, please call public health to access your child's records. Applications without this information will be considered incomplete.

RELEASE, INDEMNIFICATION, AND EMERGENCY MEDICAL TREATMENT
AUTHORIZATION

In consideration of the permission granted to _____ (participant) to participate in the 2023 Camp CRAVE Youth Camp, the undersigned Participant or if the Participant is under the age of 18, his/her parent or legal guardian, do hereby execute this release, and indemnification for himself/herself and his/her heir, successor, representatives and assigns and hereby agree:

To release Nome Community Center (NCC), NCC partners, Alaska Missions and Retreat, Danielle Slingsby and Bear Creek Fish Camp, their employees, officers, volunteers, and agents from any and all liability, loss, damage, costs, claims or causes of action including all personal injuries and property damage, arising out of the sole negligence of the aforementioned agencies and individuals there within.

The undersigned further agrees to defend, indemnify, and hold harmless NCC, NCC partners, Alaska Missions and Retreat, Danielle Slingsby and Bear Creek Fish Camp, their officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities or expenses (including but not limited to reasonable legal, consulting and other fees) (the Claims and Liabilities) which may be asserted against, imposed upon or incurred by NCC, NCC partners the undersigned's obligation to defend, indemnify, and hold harmless shall not apply to any Claims and Liabilities that arises as a result of the negligence of the aforementioned parties.

AGREEMENT AND CONSENT FOR PARTICIPATION AND NECESSARY
TREATMENT

This is to certify that, I, the undersigned parent/guardian do hereby consent to and authorize the participation in the NCC activities, as well as administration and performance of all needed medicines, surgical treatment and administration of any anesthetic, which in the opinion of the attending counselor who is responsible for medications may be necessary and advisable in the event of any medical emergencies to the Participant. It is understood that efforts shall be made to contact the undersigned parent or guardian prior to rendering emergency treatment to the patient.

I, _____ (the undersigned), agree to all provisions listed herein.

Participant's Name: _____

Date of birth: ____ / ____ / ____

Parent/Legal Guardian Signature: _____

Date signed: ____ / ____ / ____

MEDIA RELEASE

The undersigned agrees to release all rights to the original and all future versions of any pictures, audio, video, and all types of media taken at the 2023 Camp CRAVE Youth Camp. I approve by my signature the production and reproduction of any photos, audio and video to any and all forms of media deemed appropriate by NCC.

Signature of Parent or Legal Guardian: _____

Relationship _____ Date signed: ____/____/_____

TRANSPORTATION WAIVER

I authorize the Nome Community Center staff, NCC Partners and staff, and Bear Creek Fish Camp Staff to provide car and boat transportation for my child, _____. I hereby waive, release, discharge, hold harmless and indemnify Nome Community Center (NCC), NCC partners, its staff, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), loss of life, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with NCC, NCC partners or Bear Creek Fish Camp.

If any provision of this agreement, or the application of the same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

Signature of Parent or Legal Guardian: _____

Date signed: ____/____/_____

REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent/ guardian participation. Parents/ Guardians are required to participate in a post-camp Family Gathering where camper memories are shared. The gathering will be held at XYZ Senior Center (104 Division St.) from 5:30pm to 6:00pm on the following days:

Foxes Camp (ages 8-10): Thursday, July 13th
Wolves Camp (ages 10-12): Sunday, July 30th
Bears Camp (ages 12-14): Sunday, August 6th

Failure to report to these activities will jeopardize your child’s chances of participating in Camp CRAVE in future years. Campers are expected to participate in the Family Gathering, so please do not plan to leave with your camper before the end of it.

AGREEMENT (REQUIRED)

I understand I am required to read the parent/ guardian letter to prepare my camper (received when application is turned in). In addition, I understand that once a deposit is made, there is no refund unless camper is unable to attend due to lack of space. I also agree to notify Nome Community Center staff immediately of any changes with participant’s application information or if he/she is unable to attend.

Signature of Parent or Legal Guardian: _____

Participant’s Name _____ Date signed: ____/____/_____

Camper Pre-test

(Participants are **required** to fill out this page for admission to camp)

Camper Name (first and last) _____

Share why you want to go to camp.

List 3 cultural or traditional values that you practice.

Name 3 bad things tobacco does to your body.

List five foods that you consider to be healthy/ good for you.

What is one way that too much alcohol can affect the body?

List 2 ways to get out of an uncomfortable situation.

Name 3 fun ways to get more exercise.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

IMPORTANT DATES

FOXES DAY CAMP (ages 8-10)

July 10th to the 13th with an overnight stay on the 12th
Drop off at B&G by 8:45am July 10th-12th
Pick up at B&G at 5:30pm on the 10th and 11th
Join the Family Gathering at 5:30pm at XYZ on the 13th

WOLVES CAMP (ages 10-12)

July 27th to 30th
Drop off at B&G by 10:00am on the 27th
Join the Family Gathering at 5:30pm at XYZ on the 30th

BEARS CAMP (ages 12-14)

August 3rd- 6th
Drop off at B&G by 10:00am on the 3rd
Join the Family Gathering at 5:30pm at XYZ on the 6th

REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent participation. Parents are required to read the parent letter and inform Nome Community Center of any equipment needs or other special requests for campers. Additionally, parents or guardian are required to participate in the post-camp Family Gathering, which will be held at 5:30pm at XYZ Senior Center (104 Division St.).

Failure to report to these activities will jeopardize your child's chances of participating in Camp CRAVE in future years.

Please note that there is no refund unless your camper is put on the waiting list and will not be able to attend due to space. Please make sure to contact Nome Community Center at 907-443-5259 or staff@nomecc.org if there are any changes with the participant's application information or if he/she is unable to attend.

*If you have a last minute cancellation, please call Kimberly Bishop at 434-2208 for Wolves and Bears Camp. Please call Shoni Evans at 304-1071 for Foxes Camp.