

2017 Kids' AT

June
12-16

WHERE: Contract is pending approval. Camp will be held at a centrally located camp facility.

WHO: Louisiana National Guard siblings and dependents ages 8-13

WHAT: A 5 day fun-filled summer camp

ACTIVITIES: Canoeing, Fishing, Swimming, Stand Strength Team, Sports & Recreational Tracks, Archery, Amazing Race, and much more. (Activities are subject to change.)

COST:

\$50.00 March 10 -20

\$75.00 March 21– April 20

\$100 April 21– May 5

**Non-refundable after
April 20th**



Questions:

Please contact

Mrs. Mikelle Ricou

mikelle.v.ricou.ctr@mail.mil

225-907-0634

TRANSPORTATION:

North, South and Acadiana bus transportation will be provided.

CAMPER APPLICATION
2017 Kids' A.T.
Louisiana National Guard
12-16 June 2017

Location: We are presently working with the LA National Guard Contracting Office to lock in this year's Camp location. While this contract work is pending, we are making all the necessary plans to hold Kids' A.T. at a centrally located camp facility.

In the meantime, if you should have any questions regarding 2017 Kids' A.T., please do not hesitate to contact one of the Family Program Office locations.

REGISTRATION FEE: Made payable to Youth Training Fund

*****If service member is deployed, there is no fee for camp*****

- \$ 50 Early Registration (March 10 – March 20th)
- \$75 Standard Registration (March 21st – April 20th)
- \$100 Late Registration (April 21st – May 5th)

ALL INFORMATION MUST BE COMPLETED BEFORE REGISTRATION
FORM WILL BE PROCESSED AND CAMPER IS ACCEPTED.

Girls and Boys, **ages 8-13**, are invited to apply and **MUST BE A DEPENDANT AND / OR SIBLING OF LA NATIONAL GUARD MEMBER.**

Registration forms **MUST BE EMAILED TO ng.la.laarng.mbx.family-programs@mail.mil**

In the **SUBJECT LINE: 2017 Kids' AT.** No registration forms will be accepted USPS.

Payments can be mailed to ATT: KIDS' AT, 8110 GSRI RD. BLDG 1, BATON ROUGE, LA 70820

For further information, please contact the La National Guard Child and Youth Program at 225-761-6750.

NOTE: ALL APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE BY MAIL WITH A CONFIRMATION LETTER NO LATER THAN 15 MAY 2017.

CHECKLIST

(Following items **MUST** be completed in **FULL** and returned with payment)

- Camper Application **WITH CURRENT PICTURE OF YOUTH**
- Camper Health Form
- Current Camper Immunizations Record
- Medication and Dispense Form
- Acknowledgment of Risk Form
- Camper Code of Conduct
- Parent / Guardian Authorization for Health Care
- Media Release
- Method of Transportation
- Registration payment: Made payable to **Youth Training Fund**

CAMPER APPLICATION

Youth's Name: _____
Last First Middle

Address: _____ City: _____ ST: _____ Zip: _____

Youth's Email: _____

Attending what school: _____

Has this youth attended the Louisiana National Guard Kids' A.T. previously? Yes No

Date(s): _____

Youth's Age: _____ Date of Birth: (Mon/Day/Yr) _____ Sex: Male Female

Swimming Level: Does not swim Beginner Intermediate Advanced

T-shirt size: (Youth Sized) S M L
(Adult Sized) S M L XL XXL

FOR FEMALE CAMPERS ONLY:

Has this person menstruated?

Yes
 No

Is your camper pregnant?

Yes No

If No, has she been informed about menstruation?

Yes
 No

Please complete the following:

Service Member Information:

Rank: _____ Name: _____ Active/Retired: _____ SSN (last 4): _____

NG Branch: Army Air Relationship to camper: _____

Unit: _____ Service Member currently deployed? _____

*****If service member is deployed, there is no fee for camp*****

Service Member Email: _____

Parent Information:

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email (other than Service Member): _____

Camper Name: _____

**THIS PAGE MUST BE COMPLETED IN ORDER FOR YOUR CHILD TO RECEIVE ANY MEDICATION WHILE AT CAMP, INCLUDING OVER-THE-COUNTER MEDICATIONS.
IF THIS FORM IS LEFT BLANK WE WILL NOT ADMINSTER MEDICATIONS DURING CAMP.**

All medications must be given to the Camp Nurse in the original container upon arrival at camp, with written instructions to dispense enclosed in a zip lock bag with camper's full name on it. Camp nurse will have a supply of select OTC medications available for campers. Each medication will be available in the form of chewable tablets, elixirs or tabs. Dosage will be per label instructions by age / weight.

Over The Counter (OTC) Medications kept inside secured Camp First Aid Station:

Drug Name	Dosage Form (oral, injection or topical)	Dosage	Schedule and Indications	Permission to Administer (circle)
Tylenol				YES OR NO
Ibuprofen				YES OR NO
Robitussin				YES OR NO
Benadryl				YES OR NO
Hydrocortisone Cream 1%				YES OR NO
Antibiotic Cream				YES OR NO

Over the Counter (OTC) Medications Brought to Camp with the Camper:

Drug Name	Dosage Form (oral, injection or topical)	Dosage	Schedule and Indications	For Official Use Only (Camp Nurse)

Prescription Medications Brought to Camp with the Camper:

WE DO NOT ALLOW CONTROLLED SUBSTANCES I & II

WE ALLOW SCHEDULE III DRUGS IF ONLY USED FOR ADD/ADHD DIAGNOSIS

A DOCTOR'S NOTE MUST BE STATE INTENDED PURPOSE

Drug Name	Dosage Form (oral, injection or topical)	Dosage	Schedule and Indications	For Official Use Only (Camp Nurse)

I HAVE COMPLETED THE ABOVE MEDICATION AND DISPENSE FORM AND FULLY UNDERSTAND THAT NO MEDICATION WILL BE ADMISTERED TO MY CHILD, OTC or PRESCRIPTION, UNLESS NOTATED HEREIN.

Parent's Name: _____

Date: _____

Camper Name:

ACKNOWLEDGEMENT OF RISK

I warrant that I am the legal parent / guardian of the child indicated above and hereby apply for my child to participate in the activity or activities indicated below to be conducted by Louisiana National Guard Child & Youth Program Kids' AT and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities at the camp and my child's participation in said activity and use of any equipment related to such activities may result in their injury, illness or death and / or damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age required to participate in this activity and is able to participate in any strenuous physical activity associated herewith.

ACTIVITIES: ALL CAMP ACTIVITIES INCLUDING BUT NOT LIMITED TO: AIR RIFLE, ANIMAL CARE, ARCHERY, CANOEING, CHALLENGE / ROPES COURSE, CRAFTS, ECOLOGY, FISHING, GEOCACHING, HIKING, ROCKETRY, SCIENCE, SPORTS, SWIMMING AND WATER SPORTS.

I have read the **Acknowledgement of Risk Statement** and by signing below, I agree it is my intention to have my child participate in the indicated activities and I understand and fully accept the risks involved and release the U.S. Government, Louisiana National Guard, State of Louisiana employees, personnel or agents from any liability, legal and fiscal.

I am at least twenty-one (21) years of age and I am the legal parent / guardian authorized to sign this document on behalf of the child named herein.

PARENT OR GUARDIAN SIGNATURE

DATE

CAMPER CODE OF CONDUCT

My child and I acknowledge that the **La National Guard Child and Youth Program** has the highest standards of behavior for staff, volunteers, and children / youth. In an effort to ensure safety for all participants, a zero tolerance policy regarding abuse and misconduct is in place during all **La National Guard Child and Youth Program** events and activities for staff, volunteers and children / youth. The **La National Guard Child and Youth Program** Staff reserve the right to terminate the participation of any child when it is deemed to be in the best interest of the child, other participants or Support Staff, as determined by the **La National Guard Child and Youth Program Staff**.

AS A CAMPER, I agree to follow the Code of Conduct as described within the "**LANG KIDS' AT PARENT – CAMPER HANDBOOK**". I understand that behavior outside of this Code of Conduct may result in dismissal from camp.

CAMPER SIGNATURE

DATE

As a parent, I agree to the Code of Conduct as described with the "**LANG KIDS' AT PARENT – CAMPER HANDBOOK**". I have reviewed this Code of Conduct with my child. We agree to abide by all policies and procedures contained therein. I understand that the behavior deemed to be outside of this Code of Conduct may result in dismissal from camp at my expense.

PARENT OR GUARDIAN SIGNATURE

DATE

Camper Name: _____

Official Use: Camp Nurse <input type="checkbox"/> Complete

PARENT / GUARDIAN AUTHORIZATION FOR HEALTH CARE

If my child becomes ill or injured while attending the Louisiana National Guard 2017 Kids' A.T., I grant permission on behalf of the child's family, for the Louisiana National Guard to seek medical assistance as may be deemed necessary.

This health form is correct so far as I know, and the person herein described is able to engage in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the Louisiana National Guard Child & Youth Program to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Louisiana National Guard Child & Youth Program to secure and administer treatment, including hospitalization, for my child, as named above. I understand that the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

PARENT OR GUARDIAN SIGNATURE

DATE

MEDIA RELEASE

Additionally, I grant a non-exclusive permission for the **La National Guard Child and Youth Program, Stand Strength and / or Project Youth Extension Service (Y.E.S!), North Carolina State University, if applicable**, to use name, likeness and / or materials presented, in a photo or as part of a video and /or audio recording and digital file that **La National Guard Child and Youth Program, Stand Strength and / or Project Y.E.S! et al**, if applicable, is producing for the purpose of broadcast, Internet or digital distribution.

PARENT OR GUARDIAN SIGNATURE

DATE

Camper Name:

METHOD OF TRANSPORTATION

Privately Owned Vehicle

My child will be traveling by Privately Owned Vehicle (mark all that apply) To From camp.
Check-in is Monday, June 12 from 2:30 – 4:00 pm. No one will be allowed to check-in before this time.
Check-out is Friday, June 16 from 2:30 – 3:15pm.

Contracted Charter Bus

(Campers will need to pack a sack lunch for bus ride to camp)

NORTH LOUISIANA SHUTTLE BUS (TO AND FROM KIDS' A.T. 2017)

Will your child require the bus PICK-UP service June 12, 2017? _____ YES _____ NO

If yes, mark the appropriate space:

- _____ 11:00am Shreveport, Shreveport Armory, 400 East Stoner Ave. (Exact pick-up location TBD)
- _____ 2:00pm Pineville, Camp Beauregard 228th MP Co. Armory @ Gate 4

Will your child require the bus DROP OFF service upon the completion of the camp on June 16, 2017?

_____ YES _____ NO

If yes, mark the appropriate space:

- _____ Shreveport, Shreveport Armory, 400 East Stoner Ave.
- _____ Pineville, Camp Beauregard 228th MP Co. Armory @ Gate 4

SOUTH LOUISIANA SHUTTLE BUS (TO AND FROM KIDS' A.T. 2017)

Will your child require the bus PICK-UP service on June 12, 2017? _____ YES _____ NO

If yes, mark the appropriate space:

- _____ 9:30am New Orleans, Jackson Barracks Military Museum 6400 St. Claude Ave.
- _____ 11:30am Gonzales, Cabela's Parking lot, 2200 W. Cabela Pkwy
- _____ 12:30pm Baton Rouge, Armed Forces Reserve Center, 8110 GSRI Rd.
- _____ 1:45pm Lafayette, 256th Armory, Surrey Street

Will your child require the bus DROP OFF service upon the completion of the camp on June 16, 2017?

_____ YES _____ NO

If yes, mark the appropriate space:

- _____ New Orleans, Jackson Barracks Military Museum 6400 St. Claude Ave.
- _____ Gonzales, Cabela's parking lot, 2200 W. Cabela Pkwy
- _____ Baton Rouge, Armed Forces Reserve Center, 8110 GSRI Rd.
- _____ Lafayette, 256th Armory, Surrey Street