



Minuteman Youth Camp

2019 Camp Application

Sunday, July 21st – Friday, July 26th

DEADLINE for SUBMITTING APPLICATION – May 31, 2019



A maximum of 70 campers will be accepted this year. First priority will be given to children with parents or extended family in the Arkansas National Guard and other branches of the military. Camp is open to children ages 10 or 11. Camper must be at least age 10 before July 21, 2019 and not turn 12 before July 26, 2019. A child may only attend Minuteman Youth Camp ONCE. Children residing out of the state MUST have a military affiliation and be spending a majority of the summer in Arkansas.

Child's Name: _____

Mailing Address: _____
Last First MI

Street Apt City State Zip Code

Camper Grade in 2018/2019 School Year: _____ Camper Birth Date _____

T-Shirt Size: **Adult Men's Sizes** S M L XL XXL

SECTION II: PARENT or LEGAL GUARDIAN INFORMATION (Please complete all applicable information)

Parent's Name: _____ Place of Work: _____

Daytime Phone Number: _____ Cell phone number: _____

Evening Phone Number: _____ E-mail Address: _____

Second email address if you would like to receive duplicate info: _____

Name of the Unit or Wing that family member or military sponsor is assigned to:

Armed Forces member's name: _____ Relationship: _____

SECTION III: MEDICAL INFORMATION if special arrangements or accommodations should be made/planned ahead of the camp, please contact the Minute Man Youth Camp.

If your child has allergies, medication needs, or any other medical condition we need to be aware of during camp, please complete the information below. Please include all prescription and/or over-the-counter medication information. The camp nurse will dispense all medication while child is participating in the camp (See exception below)*. Does your child require an aid? (Circle one) Yes No

Medical Information/Needs that **require** monitoring: _____

Allergies to food/medicine: _____

Dietary Restrictions? _____

When Parent will dispense medication: _____

* If your child typically self-medicates, please indicate your permission for him/her to do so while attending the 2019 Camp.

My child _____ has permission to administer his/her own medication during the 2019 Camp.

Please list any special storage needs:

Parent Signature _____ Date _____

The Minute Man Youth Camp and AR NG Child and Youth Program staff will make every effort to contact you in the event of an injury. Should you not be reachable, or if the emergent situation dictates, we will act on your behalf in seeking medical care for your child. AUTHORIZATION/ CONSENT TO TREAT:

I, _____, the parent/legal guardian of _____, authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health during the 2019 Minute Man Youth Camp. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent to be treated with the same authority as the original one.

Parent/Guardian Signature _____ Date _____

HOLD HARMLESS:

By signing this form, I voluntarily agree and affirm to assume all risks associated or arising during transportation to and from the activity and during my participation in this activity. Further, I, my heirs, successors, assigns and personal representative(s), hereby agree to release the Minute Man Youth Camp, the United States Government, Dynamic Systems Technology, Inc., Task Source, Inc., their board, officers, agents and employees from any and all liability, loss, damage and expenses, including reasonable attorney fees, which may arise on account of damage to personal property or personal injury or death resulting from my transportation to and from or participation in this activity.

The following safety criteria **MUST** be adhered to by all passengers:

- Seatbelts shall be worn at all times.
- Use of alcohol, drugs, other harmful, and illegal substances are strictly prohibited.
- The use of tobacco products are prohibited.
- Any actions that are distracting to the driver or prevent the driver from safe vehicle operation are prohibited.
- Arms and legs will not be extended from the vehicle at any time the vehicle is in motion.
- Directions of the driver will be adhered to at all times.

Parent/Guardian

Signature _____ Date _____

SECTION IV: PHOTO AND NON-CONFIDENTIAL INFORMATION RELEASE

I understand that the Minute Man Youth Camp and/or National Guard or Dynamic Systems Technology, Inc., Task Source, Inc., in various states or other multimedia materials, will illustrate activities in which youth, volunteers and others participate at training. I grant the AR NG CYP and/or its associated staff and subordinate entities, the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes, and sound recordings of me or my child for use in any such materials as the AR NG CYP and/or National Guard or its associated entities may create, without any payment to or future approval by me. I concur there shall be no payment for such use

Signature of Youth Representative: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

A copy of the Camper's Birth Certificate MUST be attached to this application. Applications received without birth certificates will be returned. Please also complete and return the medical release, the photograph release, and the general liability release with the application to be considered for the camp. Completed application packages should be sent to the following E-Mail address: melody.d.daniel.mil@mail.mil; Please include MMYC in the subject line of your email.

Questions for the 2019 camp may be directed to the Camp Director, Melody Daniel at 479-857-0886

Meet My Child Worksheet

This form is designed to give the Arkansas National Guard's Minute Man Youth Camp Volunteers additional information that is not included on the health history form. We hope this form will make your child's experience with our program happy, rewarding and exciting.

Child Name	Age	
My child is most happy when...		
My child is most unhappy when...		
My child gets excited when...		
My child is afraid of...		
At camp my child is most looking forward to...		
My child may need a little extra assistance during the following activities...		
A person my child would like to meet is...		
Additional comments		
Parent/ Guardian Signature	Date	