



2010 SUMMER CAMP CAMPER APPLICATION

(Must fill one application form for each child
and for each camp attending)



DOING THE
MOST GOOD

Name: _____ Birthdate: ____/____/____
 Address: _____ City: _____ State: ____ Zip: _____
 Gender: Male Female Corps: _____
 Grade entering: _____ Have you attended High Peak Camp Before? Yes No
 Parents/Guardians: _____ Home Phone: _____
 Work Address: _____ Work Phone: _____
 _____ Cell Phone: _____

Emergency Contact (if parents can't be reached): _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Adults Authorized to pick up camper in case of emergency:

Name: _____ Relation to child: _____
 Name: _____ Relation to child: _____
 Name: _____ Relation to child: _____

Please check which camp you are applying for:

<input type="checkbox"/>	Rocky Mtn. Youth Camp #1	June 16-21	\$275	Ages 7-12
<input type="checkbox"/>	Rocky Mtn. Youth Camp #2	June 23-28	\$275 \$35	Ages 7-12
<input type="checkbox"/>	Rocky Mtn. Youth Camp #3	June 30-July 5	\$275	Ages 7-12
<input type="checkbox"/>	Music Camp	July 9-17	\$275 \$35	Ages 8-18
<input type="checkbox"/>	Teen/Sports Camp	July 21-26	\$275 \$35	Ages 7-16
<input type="checkbox"/>	S.A.Y. Camp	July 28-Aug. 2	\$275 \$35	Ages 7-18
<input type="checkbox"/>	Rocky Mtn. Youth Camp #4	August 4-9	\$275	Ages 7-12

****Grants are available to help families in certain situations or with extenuating circumstances. These are usually based on family size and income. Please contact your local Salvation Army for more information.**

CAMPER MEDICAL HISTORY

Camper's full name: _____

Insurance information: Is the camper covered by medical insurance? Yes No

If yes, insurance carrier: _____ Group #: _____

Insured name: _____ Policy #: _____

Allergies: (Please list known allergies and reaction)

Food Allergy: _____

Medication Allergy: _____

Other (include insect stings, sunscreen, etc.): _____

Medications: Will your child be bringing any medications to camp? Yes No

If yes, list medication (prescription and over-the-counter) and dosage: _____

Medication should be in original bottle and turned into the office upon arrival to camp.

History of illness (Please check any that apply and explain below):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizures | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Recent Illness | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma (must bring inhaler) | | |
| <input type="checkbox"/> Behavioral or emotional (e. g. ADHD) | | | |
| <input type="checkbox"/> Other: _____ | | | |

Immunizations: (please attach copy of updated immunization card)

DTP Series: _____

Polio Series: _____

Tetanus: _____

Small Pox: _____

Rubella: _____

Mumps Vaccine: _____

Measles Vaccine: _____

Doctor's signature required: _____

Date: _____ (Doctor's/RN's or Clinic's signature on an immunization record w/in the past year is acceptable)

Contact information:

Camper's Doctor: _____

Ph #: _____

Camper's Dentist: _____

Ph #: _____

AUTHORIZATION FOR CONSENT TO MEDICAL OR DENTAL CARE OF MINOR CHILD

THE UNDERSIGNED, BEING THE _____ (*relationship to minor*)
AND THE PERSON HAVING LEGAL CUSTODY OF NAMED MINOR APPLICANT

Hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, in case of illness or injury, to hold my child at the camp under the care of the first aid attendant. In case of apparent serious sickness or injury, I wish to be notified and my child sent to a hospital or skilled medical aid called at once, for which I expect to pay the usual charge. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under provision of the Dental Practice Act. I desire the Camp Director to do for my child as he would for his own.

I GIVE PERMISSION for my child _____ (*name of child*)
to attend camp. I will not hold The Salvation Army responsible for any accidents that may occur at camp, or to or from camp. I understand that all reasonable precautions for health and safety are taken, and participation in all camp activities is at the camper's own risk. I will be responsible for any medical expense incurred during the care of my child.

SIGNATURE: _____
(Parent or Legal Guardian) Date

DISMISSAL AGREEMENT

In signing this application, I agree that after a place has been secured, the above named camper will remain for said period unless dismissed for health reasons or breach of camp policy. In the event of dismissal or voluntary withdrawal, there will be no refund of camp fees, and I am responsible for picking my child up and transporting him/her home from High Peak Camp at my own expense.

SIGNATURE: _____
(Parent or Legal Guardian) Date

PUBLICATION RELEASE FORM

I HEREBY IRREVOCABLY GRANT TO The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted license, right, permission and consent to use and re-use, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints, video or other representations of my child, or in which he/she may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with his/her name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child's name, photograph or video to the use of any organization or person.

I, the parent or guardian of the person who executed the foregoing release, for good and valuable consideration received by me from you, the receipt hereof I hereby acknowledge, hereby join in consent to the above release and execution thereof by my child (ward). Absent signature indicates refusal of release.

I hereby grant The Salvation Army permission to use photos and video of my child as indicated above.

SIGNATURE: _____
(Parent or Legal Guardian) Date

OFFSITE ACTIVITIES RELEASE FORM

I give The Salvation Army permission to transport my child to the swimming pool, park and other locations in Estes Park; I also give my child permission to participate in activities located outside of the camp premises.

SIGNATURE: _____
(Parent or legal guardian) Date

USDA Summer Food Program Form

LETTER TO PARENTS

2010

Dear Parent/Guardian:

Children need healthy meals to learn. The Salvation Army High Peak Camp plans to serve free meals during the program. Carefully complete, sign and return the Income Eligibility Application. If you need more space, attach a separate piece of paper. If you need help completing this form please contact this number 970-586-3311 for help.

Complete one Free and Reduced Price Meals Application for each student attending each camp. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to your Corp Officers along with your camp application form.**

Here are answers to questions you may have about applying:

1. **Who can get free or reduced price meals?** Children in households getting Food Stamps and most foster children can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.

2. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.

3. **Can homeless, runaway and migrant children get free meals?** Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.

5. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: [name, address, phone number].

6. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

7. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.

9. **We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

We ask that all students fill this form, whether you think you are eligible or not. We will make the determination and process your application accordingly. If you have other questions or need help, please call 303-866-9298.

Sincerely,

Captain Raymond Erickson-King

Privacy Act Statement: This explains how we will use the information you give us. The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp case number, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

2009-2010 INCOME ELIGIBILITY APPLICATION FOR SUMMER FOOD SERVICE PROGRAM

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Check the box and list the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

Part 1: List each child's name, and a SNAP case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name and check if no income.

Part 2: Skip this part.

Part 3: Follow these instructions to report all household income from last month.

Column 1-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you not listed in Part 1. Attach another sheet of paper if you need to.

Column 2-Gross income last month and how often it was received: Next to each person's name, list each type of income received last month, how often it was received. For example, *Earnings from work*: List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).

All Other Income: List the total amount each person got last month from all other sources. Include welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Column 3-Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number or mark the box if he or she doesn't have one.

Privacy Act Statement: This explains how we will use the information you give us

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

ATTACHMENT 3 2009-2010 INCOME ELIGIBILITY APPLICATION FOR SUMMER FOOD SERVICE PROGRAM

Last Name(s) of Family _____

Mailing Address, City, Zip Code _____

Telephone Number _____

INSTRUCTIONS: Complete the application, sign your name, and return application to summer site.

1. CHILD(REN)'S INFORMATION: PRINT each child's name. (Use a separate application for each foster child)

Names of all children (First and Last)	Check if no income	FDPIR OR SNAP case # (if any). Skip to Part 4 if you listed a case number
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

2. Foster Child, check here: If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use income and the frequency: \$ _____ / _____ (Write "0" if the child has no personal use income); Skip to Part 5.

3. Household Members Include students with income		List last month's gross income and check how often it was received.			
First and Last Name	Check if no income	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> 2x/month <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly

4. Signature and Social Security Number: (Adult MUST sign) An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Social Security Number: _____ - _____ - _____ Check if you do not have a Social Security Number

Sign here: X _____ Date _____

Do not fill out this part. This is for sponsor use only:	
Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12	
Total Income: _____	Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____
Categorical Eligibility: _____	Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
Temporary: Free _____	Time Period: _____ (expires after 45 days)
Determining Official's Signature: _____	Date: _____

I hereby authorize my son/daughter _____ to participate in The Salvation Army's _____ program.

I, _____, as the parent or legal guardian of the above named minor, agree that the nurse at The Salvation Army's High Peak Camp may dispense the following medications to my child, when medically necessary, according to the High Peak Camp Health Care Standing Orders/Protocols, which I have read and understand.

- Benzoin Tincture
- Peroxide
- Betadine Solution
- Neosporin
- Bacitracin Ointment
- Hydrocortisone Cream
- Antacids (Liquid & Tablets)
- Milk of Magnesia
- Drixoral
- Sudafed
- Cough Syrup (Robitussin/Robitussin DM)
- Tylenol (Liquid/Tablets)
- Tylenol Cold & Cough
- Ibuprofen
- Throat Lozenges
- Cough Drops
- Epinephrine 0.3cc IM (Epipen) *Only for emergencies

***All medications will be given as directed on the packaging and/or medication label.**

(parent or guardian name—please print)

(parent or guardian signature)

(parent or guardian address and phone number w/area code)

date

What to Bring to Camp

The following is a list of necessary items:

Suitcase or duffel bag (<i>clearly named</i>)	Towels & washcloth
Warm sweater or jacket	Toothbrush & toothpaste
Jeans or long pants	Soap & shampoo
Bathing suit (<i>one piece or t-shirt over</i>)	Comb or brush
Shoes/strong tennis shoes	Pillow & pillowcase
Socks and underwear	Bedding or sleeping bag
Shorts/shirts	Hat, hat, hat

The following are NOT necessary items, but may be brought to camp at your own risk:

Camera Notebook & pencil Flashlight

The following are NOT PERMITTED at camp and must be confiscated by Corps Officer if brought:

Knives	Radios, walkmans and/or iPods	NO Cell Phones!!
Firearms	TVs	NO Laptop Computer
Matches	Hand held video games	

*We strongly recommend all items and personal effects are marked with indelible ink, washable name tags, laundry marking pen, etc. Mark full name (no initials), address and phone number clearly on items in case they are lost. The Camp will mail lost items with a charge. **THE CAMP IS NOT RESPONSIBLE FOR LOST ITEMS!!**

Snack bar (Canteen)

All money brought to camp will be turned in at registration and deposited in the camp safe. Snacks may be purchased at the canteen using only \$2 a day. On the final day of camp, campers are allowed to use all their money they have left. All unused money will be returned on the last day of camp. **The maximum amount of money allowed to bring is \$10.**