



Caring Hands Camp

Sponsored by the Boys and Girls Club of Zionsville
1575 Mulberry Street, Zionsville, IN 46077-1146
(317) 873-6670 • Tfretz@bagcoz.org



**BOYS & GIRLS CLUB
OF ZIONSVILLE**

CAMP INFORMATION SHEET

July 11th thru July 15th 2011

The 2nd annual Caring Hands Camp is a project of the Boys and Girls Club of Zionsville. The camp is also partnering with the Lions Club, Zeta Sigma Chapter of Tri Kappa, the United Way, Boone County EDC, the Zionsville Merchant's Association and the ZCHS Athletic Department.

Vision of Camp: Kids in the Zionsville community coming together to help others in Zionsville, Boone County, and neighboring Counties.

Objectives

1. Sponsor a five-day, community service oriented, theme-driven summer camp with the themes as follows: Community Clean-up and Beautification, Animal Protection, Senior Giving, Hunger Relief and Kids for Kids
2. Involve a host of community leaders and community service organizations.
3. Achieve a self-sustaining year-to-year model and provide service opportunities throughout the year.
4. Incorporate an element of service and an element of fun in each and every day.

General description:

- Camp is geared towards youth aged 5-14 years old.
- The duration of the camp is Monday-Friday, 9:00am-3pm. Drop off/arrival is 8:45-9:00am. Afternoon pick up is 2:45-3:00pm.
- Specified ZCHS Athletic Department Cross Country teams will participate as camp counselors/staff.
- Cost of camp: \$85 for the week and \$65 for 3 days.
- Lunch, water, and one snack included in the cost.
- Need-based scholarships are available. Please contact Boy and Girls Club (317-873-6670) for an additional application form.
- After and before care can be arranged separately with the Boys and Girls Club. The BAGCOZ \$50 fee would cover both before and after camp and membership for a calendar year.
- **DROP OFF AND PICK UP WILL BE AT LIONS PARK!** Kick-off Meeting is on Monday, July 11th at Lions Park at 8:45am. End of the week party for the campers and their families is on Friday, July 15th at 2:30pm at Lions Park.
- Camp activities will take place at Lions Park, the Boys and Girls Club, Community Room at Town Hall, and specified project locations in Boone County and surrounding counties with the majority of activity taking place in Zionsville proper. Weather dependent activities will be planned accordingly on an as needed basis.
- Registration ends June 27th, 2011.

Caring Hands Camp Committee Members:

Leigh Ann Akard (Zionsville Lions Club)
Tim Fretz (Boys and Girls Club of Zionsville)
Whitney Witsken (Zeta Sigma Chapter of Tri Kappa)
Jane Crawford Janeira (Zeta Sigma Chapter of Tri Kappa)
Dave Poindexter (I'm In, Inc.)
Jodie Gogis (Zeta Sigma Chapter of Tri Kappa)
Judy Brower (Boone County Senior Services)
Rochelle Meisner (Elementary School Teacher)



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CAMP APPLICATION FORM

Boys and Girls Club Member? Y/N

Camper First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Camp Days Attending: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: (_____) Email Address: _____

Grade In School: _____ Name of School: _____

Mother's Name: _____ Employer: _____

Mother's Work Phone Number: _____ Mother's Cell Phone: _____

Mother's Occupation: _____ Mother's Work Email: _____

Fathers Name: _____ Employer: _____

Father's Work Phone Number: _____ Father's Cell Phone: _____

Father's Occupation: _____ Father's Work Email: _____

Guardian's Name: _____ Employer: _____

Guardian's Work Phone Number: _____ Guardian's Cell Phone: _____

Guardian's Occupation: _____ Guardian's Work Email: _____

Does your child qualify for the free or reduced lunch program? _____ Yes _____ No

At the conclusion of the camp day, my child will (please circle):

- Walk Home
- Be picked up
- Take part in the Boys and Girls Club after care program (must be Boys and Girls Club member for above)

Please list two individuals (names and telephone numbers) that have permission to pick up your child other than the names indicated above:

PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT

I hereby give permission for my child, named below, to join Zionsville Caring Hands Camp sponsored by the Boys & Girls Club of Zionsville ("The Club") and permission for my child to participate in the Clubs' programs, activities, field trips and to visit and use the Clubs' facilities and to be photographed. It is understood that Club programs and activities may include Internet access, surveys, interviews, and focus group discussions. Data collected from various vehicles is private and confidential. It is also understood that data collected will protect my child's identity, although the Club, its assigns or successors may use the data to determine current trends. The data collected is the sole property of the Club. I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Clubs and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Club of Zionsville and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorneys fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Clubs, participation in the Clubs' programs, activities and field trips and the Clubs' facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Boys & Girls Club of Zionsville or its directors, officers, employees, volunteers, or agents, or of said child.

Name of Child (printed)

Parent/Guardian (Printed Name)

Member Signature/ Parent/Guardian Signature

Date



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HEALTH HISTORY AND PERMISSION FORM

Child's Name: _____

Age: _____ Height: _____ Weight: _____

Does your child have any medical problems or allergies? Yes No

If yes, please explain _____

Please list all medications that your child is currently taking: _____

Physician's Name: _____ Physician's Phone Number: _____

Do you have private health insurance? Yes No

Name of Health Insurance _____ Policy Number: _____

Do you have Medicaid for your Child? Yes No

Do you have Hoosier Advantage for your Child? Yes No

If you cannot be reached, please list two individuals that we could contact in case of an emergency? Please include name, address, phone number, and relation to you/child.

The Health History and Permission Form is correct so far as I know, and the person herein described has permission to engage in all Club activities except as noted. Authorization for Treatment: I hereby give permission to the Club Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Club director to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, volunteers and members. I hereby on behalf of my child waive, release, and forever discharge any and all rights and claims for damages which my child may have or may not have accrue arising out of or connected with my child in any of the activities of the Club.

Any restrictions:

Parent's Signature

Date



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PAYMENT FORM

Registration ends June 27th, 2011.

Camper Name 1 : _____ Camper Age: _____

Camper Name 2 : _____ Camper Age: _____

Circle Dates

of Children Cost/per child

Age group: 5 -14 yrs

3 Days –				@\$65	
	July 11, 2011				
	July 12, 2011				
	July 13, 2011				
	July 14, 2011				
	July 15, 2011				

5 Days – Full	July 11-July 15, 2011			@\$85	
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GRAND TOTAL _____

Attending party @ Lions Park Friday, July 15, 2011 at 2:30pm? YES / NO # of people: _____

Payment Method:

___ Cash (in person only)

___ Check # _____, payable to Boys and Girls Club of Zionsville
1575 Mulberry Street, Zionsville, IN 46077-1146

___ Visa ___ MasterCard

Card # _____ Exp. Date _____

Amount to Charge \$ _____

Printed Name (as it appears on the card) _____

Billing Address _____ City _____ State _____ Zip Code _____

Signature _____