



2011 MINUTEMAN YOUTH CAMP APPLICATION

20 June – 24 June

(DEADLINE FOR SUBMITTING APPLICATION – 1 May 2011

Please Print – Incomplete applications will be returned)

CHILD'S NAME: _____ BIRTH DATE: _____
First MI Last Month/Day/Year

ADDRESS: _____
Box/Street City State Zip

PHONE: _____ SCHOOL: _____ GRADE: _____

(Circle one) Gender: M F T-SHIRT SIZE (Adult): XXL XL L M S

Camp is open to children 10-11 years old. Child must be age 10 prior to 20 June 2011 and not turn 12 prior to 24 June 2011. A child may only attend the Camp ONCE.

Parent/guardian currently deployed? Yes / No Parent's name and unit affiliation _____

Name of Parent(s), Guardian(s), or person(s) child lives with and their places of employment including phone numbers:

Parent/Guardian: _____ Cell Ph#: _____ Home Ph#: _____
Work Ph#: _____ Email address: _____

Parent/Guardian: _____ Cell Ph#: _____ Home Ph#: _____
Work Ph#: _____ Email address: _____

Other person(s) authorized to pick up child:

Name _____ Relationship to Camper: _____ Cell Ph#: _____
Home Ph#: _____ Work Ph#: _____ Email address: _____

IN CASE OF EMERGENCY NOTIFY (if other than parents):

Name: _____ Relationship to Camper: _____ Cell Ph#: _____
Home Ph#: _____ Work Ph#: _____ Email address: _____

(PRINT) _____ (SIGNATURE) _____

ATTACH COPY OF CHILD'S BIRTH CERTIFICATE. Applications received without birth certificates will be returned.

Fax completed application to 501-212-4509 or Mail to: **Arkansas National Guard
ATTN: DCSPER-FP (MMYC)
Camp Robinson, Box 964
North Little Rock, AR 72199-9600**

MEDIA RELEASE PERMISSION FORM

Dear Parent/Guardian,

The Arkansas National Guard requests your permission to include your child's name and/or pictures in media releases as related to the Minuteman Youth Camp. This information may be used in such publications as the Arkansas Minuteman Magazine and/or website. Local media will be covering events throughout the week. Footage and/or photos may be shown on the news or in the local papers. If you have any questions, please feel free to contact CPT Chris Heathscott at 501-212-5020 or Ms. Adrienne Brietzke at 501-212-5021.

Print Child's name: _____

Please mark your responses below:

I give permission for my child's name to be included in releases to the following media:

PRINT	YES _____	NO _____
TELEVISION	YES _____	NO _____
WEBSITE	YES _____	NO _____

I give permission for my child's photo to be included in releases to following media:

PRINT	YES _____	NO _____
TELEVISION	YES _____	NO _____
WEBSITE	YES _____	NO _____

Parent/Guardian Signature

Date

AGREEMENT TO HOLD HARMLESS

This agreement, made between the Arkansas National Guard and _____,
_____, parent(s) or legal guardian(s), provides as follows:

1. I am the parent or legal guardian of _____, a participant in the Minuteman Youth Camp that will be held at Camp Robinson 20–24 June 2011.
2. The Arkansas National Guard will provide my child an opportunity to experience fun, excitement and various learning experiences during a summer camp program operated by the Arkansas National Guard.
3. In consideration of my child being able to participate, I expressly agree to hold the Arkansas National Guard harmless, in any form, from and against any and all claims, loss, damage, injury and liability, however caused, resulting from, arising out of, or due to negligence of its agents or employees.

*****MEDICAL INFORMATION AND RELEASE*****

1. Does your child have any of the following allergies?

Insect: YES _____ NO _____

If yes Type insect: _____ Reaction Symptoms: _____

Food: YES _____ NO _____

If yes Type Food: _____ Reaction Symptoms: _____

Drug: YES _____ NO _____

If yes Type Drug: _____ Reaction Symptoms: _____

Other: YES _____ NO _____

If yes Type: _____ Reaction Symptoms: _____

2. Does your child require any medications? YES/NO If YES list medication, dosage, doctor.

medication: _____ dosage: _____ Doctor prescribed _____

medication: _____ dosage: _____ Doctor prescribed _____

medication: _____ dosage: _____ Doctor prescribed _____

medication: _____ dosage: _____ Doctor prescribed _____

In the event of any emergency where medical treatment is required, I give permission to the Arkansas National Guard Minuteman Youth Camp staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. The Arkansas National Guard and/or the State of Arkansas **does not** carry health insurance for the children.

This agreement entered into on this _____ day of _____, **2011**

Parent's Signature _____

Print Name _____