



Caring Hands Camp

Sponsored by the Boys and Girls Club of Boone County
1575 Mulberry Street, Zionsville, IN 46077-1146
(317) 769-7311 • sgrimm@bgcboone.org



CAMP INFORMATION SHEET

June 10th thru June 14th

or

July 8th thru July 12th 2019

The 10th annual Caring Hands Camp is a project of the Boys and Girls Club of Boone County. The camp is also partnering with, St. Francis In-The-Fields Episcopal Church, Zeta Sigma Chapter of Tri Kappa, ZCHS Athletic Department and the Lions Club.

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

Objectives

1. Sponsor (2) 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 ages 5-12.
- The duration of the camp is Monday-Friday, 9:00am-3:00pm. Drop off/arrival is 8:45-9:00am. Afternoon pick up is 2:45-3:00pm.
- Specified ZCHS Athletic Department and other high school students will participate as camp counselors/staff.
- Cost of camp: \$190 for the week for non-member and \$135 for current members.
- Lunch, water, and two snacks included in the cost.
- Need-based scholarships are available. Please contact Boys and Girls Club (317-769-7311) for an additional application form.
- Before and after care can be arranged separately with the Boys and Girls Club. The BGC Boone \$55 membership fee will cover both before and after camp and membership for a calendar year.
- **DROP OFF AND PICK UP WILL BE AT St Francis Church!** Kick-off Meeting is on Monday, June 10th or July 8th at St Francis Church at 8:45am. End of the week party for the campers and their families is on Friday, June 14th or July 12th at 2:30pm at St Francis Church.
- Camp activities will take place at St Francis Church, the Boys and Girls Club, 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 as necessary.
- **Registration opens 7:00am on March 1ST and ends June 1ST, 2019 or first 60 campers per week.**

Caring Hands Camp Committee Members:

Sarah Grimm (Camp Director)

Tim Fretz (Boys and Girls Club of Boone County)

Jessica Summitt (Boys & Girls Club of Boone County)



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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. T-Shirt Size Youth _____ or Adult _____
 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: _____
 Father's 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 OR 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 Boone County ("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 Boone County 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 Boone County 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 opens "in person" on March 1st at 7:00am at the Zionsville and Whitestown locations and ends June 1st, 2019 or First 60 campers per week have registered.

Camper Name 1 : _____ Camper Age: _____

Camper Name 2 : _____ Camper Age: _____

Age group:	5 -12 yrs			# of Children	Cost/per child	Total
	5 Days Member	June 10 - June 14, 2019			@ \$135	
	5 Days non-member	June 10 - June 14, 2019			@ \$190	
	5 Days Member	July 8 -July 12, 2019			@ \$135	
	5 Days non-member	July 8 – July 12, 2019			@ \$190	
		GRAND TOTAL				

Attending party @ St Francis Church Friday, June 14th or July 12th, 2019 at 2:30pm? YES / NO # of people: _____

Payment Method: **(in person only)**

____ Cash

____ Check # _____, payable to Boys and Girls Club of Boone County

____ Visa ____ MasterCard

Card # _____

Exp. Date _____

Amount to Charge \$ _____

Printed Name (as it appears on the card) _____

Billing Address _____ City _____ State _____ Zip Code _____

Signature _____