

Old Stories, New Voices
Intercultural Youth Camp at Historic Fort McKavett, Texas

Make Your Application Count!

- Be sure to fill out this application in its entirety. Applications missing information will not be considered. This camp is for children currently in 4th-6th Grade or between the ages of 10 and 12 years old.
- **Completed applications are due by May 15, 2015. Applications for camp and scholarships will not be accepted after this date.**
- Participants will be informed of their acceptance to camp by May 20, 2015. If your child is accepted to camp the \$20 application fee is due by June 1, 2015.
- The *Old Stories, New Voices* camp will be offered for students in Dallas/Fort Worth and Austin areas.
 - When: June 27- July 3, 2015
- We reserve the right to reject applicants if we are unable to meet their specific needs.

Send Completed Application To:

Texas State Historical Association

Attention: OSNV

1155 Union Circle #311580

Denton, Texas 76203

Email: katehopfer@tshaonline.org

Fax: 940-369-5248

Participant Application

Applicant's Name _____

Applicant's Age _____ Date of Birth _____ Male Female

Street Address _____

City, State and Zip Code _____

Home Phone _____ Parent/Guardian Cell Phone _____

Parent or Guardians Name _____

Parent or Guardians Address (if different from applicant) _____

Parent or Guardian's E-Mail Address _____

Youth lives with (Circle all that apply): Father Mother Guardian Other

Primary language spoken by adults in the home _____

How would you prefer we contact you? Home Phone Cell Phone Email

Has the applicant attended Old Stories New Voices Camp previously? Yes No

If so, what year did the applicant attend? _____

Name of school youth will be attending in Fall 2015 _____ Grade _____

Shirt Size (Circle One) Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult XL Adult XXL

Are you able to bring a sleeping bag to the Camp? Yes No

Personal Release Statement

I understand that the activities and programs of the *Old Stories, New Voices Intercultural Youth Camp* may have an element of hazard or inherent danger, and I take full responsibility for the actions and physical conditions of the above named youth. I agree to indemnify and hold harmless the Texas State Historical Association, the Texas Historical Commission, and their employees from liability, loss, cost and expenses (including attorney's fees, medical and ambulance costs) that this youth may incur while participating in this program. I give *Old Stories, New Voices Intercultural Youth Camp* and its partners the unlimited right to use the voice and/or image of my child for publicity, and/or in other educational materials and media under the provision that no information that could identify my child will be released. I have reviewed and understand the information presented above, and acknowledge that my youth's participation in *Old Stories, New Voices* is conditioned on my agreement with the terms and conditions outlined herein.

Signature of Parent or Guardian _____ Date _____

Applicant's signature _____ Date _____

Camp Rules for All Youth Participants

1. I agree to obey all rules and follow all instructions given to me by any staff members or volunteers.
2. I agree to participate 100% in all educational, recreational and service activities of the program.
3. NO FIGHTING. I agree not to fight, hit or engage in any violence with anyone during the program.
4. NO TEASING. I agree not to provoke, bother, irritate, tease, verbally abuse or intimidate people at any time during the program.
5. NO GANG REPRESENTATION. I agree not to represent any gang affiliation in any way during the program, such as by the angle of my hat, the color of my shoelaces, bandanas, sports gear, my belt buckle, my body stance or posture or by using hand signals.
6. NO RADIOS or MP3 PLAYERS are allowed. I agree to leave them at home.
7. NO CELL PHONES, E-READERS, TABLETS, HAND HELD GAMING SYSTEMS or ELECTRONIC DEVICES are allowed. I agree to leave them at home.
8. NO LITTERING. I agree to not put food, trash or litter anywhere but in the trash can.
9. RESPECT. I agree to respect all persons, equipment and materials used in the program.
10. NO SEX. I agree not to engage in any form of sex with anyone during the program.
11. PHONE CALLS. I agree to follow the phone guidelines in regards to calling parents, guardians.
12. NO DRUGS. I will not use drugs, smoke tobacco, drink alcohol or use any chemicals or medications (only with doctor's note prior to trip departure) during the program.
13. NO VANDALISM. I agree not to deface, write on, destroy, move or remove any property which is not mine while participating in the program.
14. NAME TAGS. I agree to wear my name tag visibly at all times during the program.
15. I agree to remain on the grounds of the camp at all times unless specifically instructed otherwise by the Camp Director or counselors.
16. I agree to support all other participants in keeping their agreements.

I understand that a first offense to any of the above stated agreements may result in a suspension from that day's recreational activities and a phone call home. A serious offense will forfeit my right to continue participating in the *Old Stories, New Voices Intercultural Youth Camp* and I will be sent home at my parent's/guardian's expense.

Name of applicant (print)_____

Applicant signature_____ Date_____

Parent/Guardian signature_____ Date_____

Medical Information

All information will remain confidential. This information is needed for the safety and well-being of all camp participants. Failure to disclose such information could result in serious harm to the participant and other campers.

Name of child _____

Address _____

City, State and Zip Code _____

Home Phone _____ Parent/Guardian Work Phone _____

Is this child on any medication? (Please circle one) Yes No

If yes, what medication: _____

Does this child have any allergies? (Please circle one) Yes No

If yes, describe _____

Does this child have a reaction to any medications or foods? (Please circle one) Yes No

If yes, list the medication/food and the reaction _____

Date of last tetanus shot (given as DPT booster) _____

Family Physician _____

Physician's Office phone number _____

Physician's address _____

In case of emergency contact _____

Emergency contact's home phone _____ Cell phone _____

Alternative emergency contact _____

Alternative emergency contact home phone _____ Cell phone _____

Medical Insurance

Is the applicant covered by any hospitalization/medical care policy? (Circle one) Yes No

Indicate policy or certificate number_____

Name and address of insurance company_____

Does the insurance company require pre-authorization? (Please circle one) Yes No

If yes, please give the phone number_____

Authorization for Emergency Medical Treatment

In the event of an illness or injury to my son or daughter during the *Old Stories, New Voices Intercultural Youth Camp*, consent is hereby given for any emergency x-ray examinations, anesthesia, and medical or surgical diagnostic procedures or treatment which might become necessary during the camp.

I further understand that in the event of illness or injury to my son or daughter, every reasonable means will be used to notify me as soon as possible.

Printed name of child_____

Signature of Parent/Guardian_____

Address_____

City, State and Zip Code_____

Telephone Number (for notice in case of illness/injury)_____