



# Youth Community Enhancement Summer Camp

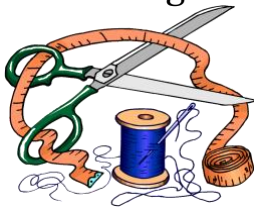
East Feliciana Drug and Alcohol Awareness is hosting a summer camp for ages 11 to 15. It will be held at EFDAAC office located at 11504 Liberty Rd, Clinton, LA 70722. The camp will be held every Tuesday and Thursday from June 1 - July 29. Participants will be divided into two groups. One group will attend camp in June and the other will attend in July. Transportation will be available, and pickups will begin at 8:30 am. The time is from 10:00 am to 4:00 pm. This event is **free** of charge. T-shirts will also be provided thanks to Pelican State Credit Union!

**Registration Deadline is April 23, 2021**

**TRANSPORTATION IS AVAILABLE!**

Members of the community will be teaching skills on the following topics:

Sewing



Cooking



Financial Literacy



## What is expected of participants?

- Take scheduled medications as prescribed by doctor.
- Follow all directions given by instructors.
- NO teasing or horse playing!
- If you bring personal items, please make sure your belongings are clearly marked with your name.
- Be courteous to others!
- Remain alert & attentive to eliminate the potential of accident or injury!
- Wear a mask and wash your hands frequently to prevent the spread of Covid-19.

## PARTICIPANT APPLICATION

Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Grade: \_\_\_\_\_

Camp Attending: Youth Community Enhancement Summer Camp

### **T-Shirt Sizes (Please Check one):**

☐ Youth Small    ☐ Youth Medium    ☐ Youth Large    ☐ Youth XL

☐ Adult Small    ☐ Adult Medium    ☐ Adult Large    ☐ Adult XL

☐ XXL    ☐ XXXL

Does your child have permission to participate in outside events?

☐ Yes

☐ No

Is a member of your family in any branch of this Organization?

☐ Yes

☐ No

***Please check the preferred month for your child to participate in this camp:***

☐ June

☐ July

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Other Necessary Information:

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL CONSENT FORM (Required for all camp participants)

**Name:** \_\_\_\_\_  
(Last) (MI) (First)

**Date of Birth:** \_\_\_\_\_

I, the undersigned parent/guardian, understand that although the East Feliciana Drug and Alcohol Awareness Council closely supervises the participants, the staff is not responsible in case of accidental injury or illness. In the event first aid is necessary, it will be available on site or at a nearby medical facility, should the injury or illness require such response. I permit the physician to order x-rays, routine tests, and treatment for the health of my child, and in the event, I cannot be reached in an emergency, I permit to secure proper treatment for my child.

I (parent) \_\_\_\_\_ permit the camp facilitators to administer over the counter medications while my child is at camp.

For events not held at camp site, I permit authorized camp personnel to administer any over the counter medication that is available. Please note all over the counter medications is dispensed according to the directions on the package unless a signed physician's note indicates otherwise.

In case of an emergency, I grant permission for my child to be transmitted to a local hospital and receive treatment as dictated by medical personnel. I will not hold East Feliciana Drug and Alcohol Awareness Council, or any staff liable for any services rendered and/or medical expenses incurred.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Street Address City State Zip

Home Phone Work/Cell Phone

Family Physician Physician Phone

Known allergies to food, medicines, etc.

Please list any health problems

List any prescriptions medications presently being taken.

Medical Insurance Company Policy Number

Emergency Contact Person Phone Number

**Special Instructions:** \_\_\_\_\_

## COMMUTER DROP-OFF AND/PICK-UP AUTHORIZATION FORM

For the safety of your child, we must have on file, a written authorization/permission form from the parent/legal guardian, of all persons permitted to pick-up your child. You may add or delete names in writing at any time.

CAMPER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CAMPER/PROGRAM/EVENT: Youth Community Enhancement Summer Camp

**NAMES OF PEOPLE INCLUDING PARENT/LEGAL GUARDIAN THAT HAVE PERMISSION TO DROP-OFF AND/OR PICK-UP YOUR CHILD.**

ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Signage will be given to you for placement in your rear-view mirror through the duration of camp.**

Parent / legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If there are any legal issues, we should be aware of, please provide us with an updated court document stating such. We will abide by legal documents only when dealing with children and custody issues. Otherwise, either parent has equal rights to their child. Personal information about camp participants is considered confidential and may not be shared outside of camp. This includes the identity of campers, any demographic information, medical information, and any other personally identifiable data about any individual or group of campers. If you have any additional questions please call or email **East Feliciana Drug and Alcohol Awareness Council Office @11504 Liberty St. Clinton, La.**

**Phone No. (225)663-0696,**

**Email- [efdrugcouncil@gmail.com](mailto:efdrugcouncil@gmail.com)**

Special Instructions: \_\_\_\_\_

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## LIABILITY AND MEDIA RELEASE

I/We, the undersigned, individual and as parent(s) and or legal guardian(s) of

\_\_\_\_\_, a minor, give permission to participate in the **Youth Community Enhancement Summer Camp** sponsored by **The East Feliciana Drug and Alcohol Awareness Council** held at **11504 Liberty Rd, Clinton, LA 70722** on **June 1 – July 29, 2021**. In consideration of such admission, I/We do hereby agree to release, discharge, and hold harmless The East Feliciana Drug and Alcohol Awareness Council and staff of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of my child's participation in the **Youth Community Enhancement Summer Camp**.

I / We ☐grant ☐do not grant (check one) permission to **The East Feliciana Drug and Alcohol Awareness Council** and its agents or staff to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photographs/video in electronic versions of the same publications or on websites or other electronic forms of media, and to offer them for use or distribution in other publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The East Feliciana Drug and Alcohol Awareness Council, and its agents or staff, including any firm publishing and or distributing the finished product in whole or in part, whether on paper, via electronic media, or on websites, from and against any claims, damages or liability arising from or related to the use of the photographs / video.

**Parent(s)/Legal Guardian(s):** I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

**Print Name of Parent or Legal Guardian:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION FOR PARTICIPANT

Name and Relation to Participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Hold Harmless Participants Waiver & Release of Liability Form

I understand that I hold **The East Feliciana Drug and Alcohol Awareness Council**, and any affiliated entity, their officers, agents, staff and volunteers (collectively referred to as **“Release Parties”**) harmless from any and all liabilities or claims, which may arise out of or in connection with participation in this camp’s activities, contest, events or trip. I release from all liability for damages arising out of personal injury to participant (including death) or any damage to property whether from anyone’s negligence or not, or any other cause arising out of my participation in any and all **The East Feliciana Drug and Alcohol Awareness**. I will keep the **Released Parties** by this agreement free of any damages or costs, including but not limited to attorney’s fee that may arise from any claims.

I state further that I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof. This form must be completed and signed before participants are eligible in **The East Feliciana Drug and Alcohol Awareness Council**. I have read and understand and agree to comply with the information in this document. (Parents or guardian must sign for those under the age of 18.) Hold Harmless Participant Waiver & Release Form shall be considered valid for a period of one (1) year from the date of signature.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent Guardian Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

**I am fully authorized and empowered to sign this agreement to participate in the Youth Community Enhancement Summer Camp.**

Camp participants in activities and events are open to all citizens without regard to race, color, nationality, origin, gender, religion, age, or disabilities. If your child has a disability that requires special accommodations for East Feliciana Drug and Alcohol Awareness event, please contact our office no later than April 23, 2021.

## TRANSPORTATION CONSENT FOR PARTICIPANT

I, the undersigned, give my consent for the person identified below to be transported by East Feliciana Drug and Alcohol Awareness Council and I will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold East Feliciana Drug and Alcohol Awareness Council, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize East Feliciana Drug and Alcohol Awareness Council to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for my minor child to travel with East Feliciana Drug and Alcohol Awareness Council.

### Transportation Permission:

I do hereby give permission for person identified below to ride in the East Feliciana Drug and Alcohol Awareness Council van driven by an approved and licensed East Feliciana Drug and Alcohol Awareness Council employee/volunteer from:

\_\_\_\_\_ to \_\_\_\_\_  
**Date** **Date**  
**Transportation Safety**

All individuals transported by East Feliciana Drug and Alcohol Awareness Council must adhere to safety rules. Children must remain seated, wear a seatbelt, and always follow the staff's directions. Because of our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT VOLUNTARILY.

PRINT NAME OF LEGAL PARENT/GUARDIAN OF MINOR:

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LEGAL PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME OF MINOR PARTICIPANT \_\_\_\_\_ DOB \_\_\_\_\_  
(IF SAME AS ABOVE PLEASE WRITE SAME)

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
RELATION TO MINOR \_\_\_\_\_