



Tennessee Prison Outreach Ministry

CAMP C.O.P.E

Camper Application

FAMILY INFORMATION

Caregiver's LAST name:	Caregiver's First name:	How many campers are you applying for?	
Street Address	City	State	Zip
Phone Number:	Email Address:		

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

Please designate two people you trust enough for us to contact in case on an emergency

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

SCHOLARSHIP REQUEST FORM

Choose One

- All campers on this application have an incarcerated parent. I qualify for and request a full scholarship.
- I can pay/will pay the \$150 fee in its entirety
- I can pay/will pay \$75, but request a \$75 scholarship
- I can pay/will pay \$25, but request a \$125 scholarship

On the lines below, please state reason/s in detail why your child needs a scholarship. Scholarships are NOT fully guaranteed unless the child CURRENTLY has an incarcerated parent.

Do you agree to provide all campers in your care with clothing and other basic needs for camp?

Do you understand and agree that unsafe or disrespectful actions by your campers will result in them being expelled, and that you will be required to immediately pick them up from camp?

CAMPER PROFILE

The following section asks about EACH child you are applying for. Please complete this questionnaire for each child. There is space for up to three potential campers. Please contact us if you have more than three applicants

First _____ Middle _____ Last _____ Gender: Male Female

School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 17, 2018) _____

Has this child attended Camp C.O.P.E. before? _____ If yes, what was the most recent year they attended? _____

Does this child live with you? _____ Allergies: _____

Dietary Restrictions: _____

Does this child have any health issues that we should consider (example: asthma) (Yes/No) If yes, please explain:

T-Shirt Size (circle one): **Youth:** XS SM MED LG or **Adult:** SM MED LG XL XXL XXXL

Does this child take any medication? (Yes/No) Can you provide the medication and instructions? (Yes/No)

If applicable, do consent/give TPOM permission for trained personnel to administer medication to this camper? (Yes/No)

If applicable, Please describe any medication below.

Medication Name	Dosage	Time	Does this child know how to take this medication when needed?

Child's Physician Name: _____ Phone: _____ Location: _____

Will you be able to provide a copy of this child's insurance card? (yes/no)

How would you rate this child's overall academic performance this past school year?

Very good Mostly Good Average Needs some improvement Needs a lot of improvement

What extracurricular activities or organizations has this child been involved in? _____

What are this child's interests? _____

How would you rate this child's overall behavior this past school year?

Very good Mostly Good Average Needs some improvement Needs a lot of improvement

Are there any experiences or situations that this youth should avoid due to fear, past trauma or other concerns?

How would you rate this child's ability to get along with other kids?

Very good Mostly Good Average Needs some improvement Needs a lot of improvement

Please give us any advice about how to BEST work with this camper, so that they have the BEST possible experience.

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Release from Liability

Liability Release and Parental Consent Form: In order for my child to participate in the Tennessee Prison Outreach Ministry's Camp C.O.P.E. and I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Tennessee Prison Outreach Ministry, Whispering Pines, or any of their, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18) I give consent for the youth applicants on this application to participate in the all camp activities, and I execute the above liability release on their behalf. _____Caregiver Initials

Consent for Treatment

Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Tennessee Prison Outreach Ministry will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. _____Caregiver Initials

Photo Release

I hereby authorize Tennessee Prison Outreach Ministry/Camp C.O.P.E. to use pictures of the youth listed on this application, taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words).The undersigned hereby releases Tennessee Prison Outreach Ministry/Camp C.O.P.E., its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid videotape, testimonial, motion picture, digital image, or photograph likeness may be used pursuant to this Consent and General Release. It is also my understanding that I will receive no compensation for my likeness or testimonial. _____Caregiver Initials

Parent/Guardian Signature
_____Date

Print Name

Child's Name

Age

Child's Name

Age

Child's Name

Age