



CAMP BARNES 2017

CAMPER APPLICATION

PLEASE SEND/FAX/E-MAIL APPLICATIONS TO:

Cpl/3 Shawn Hatfield
Delaware State Police – Troop 4
23652 Shortly RD
Georgetown, DE 19947
James.Hatfield@state.de.us
(302) 752-3834 Office
(302) 856-5080 FAX

CAMP BARNES 2017 SCHEDULE

June 26-June 30 – Camp Barnes Week 1 (boys)

July 3-7 – Camp Barnes Week 2 (girls)

July 10-14 – Camp Barnes Week 3 (boys)

July 17-21 – Camp Barnes Week 4 (girls)

July 24-July 28 – Camp Barnes Week 5 (boys)

July 31-Aug 4th – Camp Barnes Weeks 6 (girls)

WEEKS ARE MONDAY-FRIDAY

IMPORTANT INFORMATION TO CONSIDER. PLEASE READ!

- Campers must be between the ages of 10-13
- All applicants are not automatically accepted
- Camp Barnes is intended to promote teamwork and self development through group activities.
- Camp Barnes is a recreational camp.
- Campers must have a physical or proof of an updated physical (exam) prior to being assigned a week. If you attend one of the below listed informational meetings without a completed physical you will not be assigned a week until a physical is received.
- ***(Completed physicals will be due no later than May 15, 2017 and spots will be filled on a first come first serve basis as physicals are received). NO WEEK WILL BE ASSIGNED UNTIL A PHYSICAL IS RECEIVED.***

Please Note:

It is the goal of Camp Barnes to ensure that each child who attends is able to enjoy the activities in a friendly and safe environment. Therefore Camp Barnes staff reserves the right to remove any camper who jeopardizes this goal. It will be the guardian's responsibility to transport his/her child from the premises. It is also important to understand that the children who attend Camp Barnes each week come from many backgrounds. Although the staff makes every effort to prevent foul language, fighting, excessive horseplay it is difficult to control it totally in a camp setting. The camp staff will enforce the rules of good conduct and not tolerate intentional antisocial behavior.

Questions?

Contact Cpl/3 Shawn Hatfield – Camp Director
DSP Troop 4
(302) 752-3834
James.Hatfield@state.de.us

**Camp Barnes Camper Application
Delaware State Police
Camp Barnes, Inc.**

Week requested: 1st choice _____ 2nd choice _____ 3rd choice _____

Interviewing Trooper: _____ Week Assigned: _____

Accepted: Yes No Needed Information: _____

Last Name _____ First Name _____ MI _____

Address _____

City/Town _____ State _____ Zip Code _____

Race _____ Sex _____ DOB _____ Age _____

School _____

Parent/Guardian _____ Employer _____

Home Phone _____ Work Phone _____ Mobile/Pager _____

Child Resides With _____ Phone _____

Parent(s) Medical Insurance _____

Policy # _____

Will Parents Be Home While Child Is Attending Camp? Yes _____ No _____

Has Your Child Attended Camp Barnes Before? Yes _____ No _____ Year _____

Emergency Contact (**other than parent/guardian**) _____ Phone _____

PLEASE BRIEFLY TELL ABOUT YOUR CHILD AND HIS./HER DISLIKES

COUNSELOR REPORT ON CAMPER

Camp Barnes, Inc.
Medical Authorization Form

I am the parent/guardian of (child's name)_____. My child may attend and participate in a weeklong interactive camping program at Camp Barnes, Inc., located in Sussex County, Delaware.

In the unlikely event that my child should require emergency medical care, I hereby authorize a representative of Camp Barnes, Inc. or their designate, to seek prompt emergency or urgent care for my child. I specifically authorize the representative of Camp Barnes, Inc. or their designate, to execute any document, on my behalf, that would ordinarily be required of a parent/guardian to undertake the necessary medical procedures.

If such care is required, I will assume, as my own debt, all reasonable medical expenses associated with the care of my child.

Further, I release, for all time, any manner of liability or claim for injury, or whatever nature, any physician, hospital, subcontractors, when they act in good faith reference upon this medical authorization.

Parent/Guardian_____

Street Address_____

City, State, Zip Code_____

Home Phone_____

Employer_____

Work Phone_____

Camp Barnes, Inc. Code of Conduct

Requirements

Respect- Must be given to all that attend the camp at All Times
Be Kind to Others
Cooperate-Participate in Activities
Follow All Rules and Reasonable Directions from Camp Staff
Be Prompt.

Acts of Misconduct That Can Cause Removal From Camp

Fighting
Foul or Abusive Language
Repeated Disrespect for Staff or Other Campers
Stealing
Smoking
Vandalism
Repeated Disruptive Behavior

Any act considered inappropriate by Camp Barnes' staff could result in removal from the camp. The child's parent/guardian will be responsible for responding to Camp Barnes and removing the child from the premises.

A "Time Out" area will be designated by the staff to be used as a type of "deterrent" discipline. This will be used with the understanding that continued bad behavior could result in being dismissed from the camp.

I understand and will abide with the rules and policies concerning requirements, conduct, expected behavior and discipline at Camp Barnes.

I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED TO AND FROM CAMP BARNES BY BUS. WHILE BEING TRANSPORTED I UNDERSTAND THAT THE ONLY ADULT SUPERVISION ON THE BUS WILL BE THE DRIVER. I ALSO UNDERSTAND THAT MY CHILD IS EXPECTED TO EXHIBIT GOOD BEHAVIOR WHILE ON THE BUS. IF MY CHILD MISBEHAVES I UNDERSTAND HE/SHE WILL BE REMOVED AND I WILL BE RESPONSIBLE FOR PICKING HIM/HER UP AT A DESIGNATED LOCATION.

Parent/Guardian Signature

Date

Camper's Signature

Date

Camp Barnes Physical
(Must be returned by May 15, 2017)

Part A
To Be Filled Out By Parent

Name _____ Address _____

Does Child Have Any Allergies, Including Medicine? Yes _____ No _____

If Yes, Please List _____

Does Child Have:

Asthma	Yes _____	No _____	
Convulsions	Yes _____	No _____	
Glasses	Yes _____	No _____	(If yes, please send extra pair, if possible)
Dentures	Yes _____	No _____	
Hearing Aid	Yes _____	No _____	

Does Child Take Medication? Yes _____ No _____ If Yes, For What Reason and What Medication? _____

May Camp Personnel Issue Medication (Tylenol, aspirin) for Minor Problems Such As Headaches, Etc.? Yes _____ No _____

Please List Any Other Information that May Be Necessary For Camp Personnel:

Part B
Physician's Report

(To be filled out by physician)

Condition of: Heart _____	S/P Hernia _____
Lungs _____	Athlete's Foot _____
Eyes _____	DPT Shot _____ Date _____
Sinuses _____	Polio Shot _____ Date _____
Throat _____	General Health _____
Ears _____	Physical Limitations _____
Teeth _____	_____

CAN CHILD PARTICIPATE IN FULL CAMPING ACTIVITIES? THIS MAY INCLUDE, BUT NOT LIMITED TO, SWIMMING, ROWING, JUMPING, PULLING, LIFTING, AND OTHER FORMS OF PHYSICAL FITNESS. Yes _____ No _____

If No, Please Describe Physical Limitations:

Physician's
Signature _____ Date: _____

PARENTAL REQUEST TO HAVE PRESCRIPTION MEDICATIONS ADMINISTERED AT CAMP.

If it is necessary for your child to receive medication during camp, please do the following:

1. Send the medication to Camp (No holidays if on behavior medication).
2. SEND MEDICATION IN **ORIGINAL CONTAINER** (NOT A BAGGY) PROPERLY LABELED WITH CORRECT NAME, TIME, DOSE AND DATE. (DO NOT SEND SOMEONE ELSE'S MEDICINE).
3. Please be advised that the nurse cannot administer any medication unless medication is in original container and is properly labeled with campers name and dosage requirements.
4. Fill out the following information:

Date: _____

Childs Name: _____

Physicians Name and number _____

Medication _____

Dose _____ Time _____

Reason for Medication _____

Allergies to any medication _____

Number of tablets sent _____

Amount of liquid _____

Inhaler _____

Parent/Guardian Signature _____ Date _____

NON PRESCRIPTION MEDICATION AUTHORIZATION FORM

CAMPER'S NAME

_____ AGE _____

The camp nurse may give nonprescription medications to campers with certain guidelines and with parental permission. Listed below are medications that your child may receive at camp. ***Please check the ones that the camp nurse may give your child.***

If you ***do not*** want the nurse to administer any medications unless you are notified first, please initial here _____.

List any known allergies to medications (if none please write none) _____

_____ Acetaminophen (Tylenol)

_____ Chloraseptic Spray

_____ Ibuprofen (Advil, Motrin)

_____ Anbesol (tooth ache)

_____ Mylanta, Tums tablets

_____ Calamine Lotion

_____ Neosporin Ointment

_____ Benadryl

_____ Hydrocortisone Cream

_____ Peroxide

Medications will be given according to the directions on the bottle unless you indicate otherwise.

Any other medications that you wish your child to be able to take at camp must be brought in from home in their original container along with a signed nonprescription medication permission form. They must be kept in the nurse's office.

I have read the above and request that the camp nurse give the above checked medications if she deems them necessary.

Parent/Guardian Signature _____.

Date: _____

* Please contact the camp nurse at 302-539-7775 if you have any questions.

Permission to Photograph/Video Campers

I, _____, give permission for the Delaware State Police and staff members of Camp Barnes to photograph/video my child, _____ for the following purposes:

Display still photos of camper at Camp Barnes or other Delaware State Police Facilities:

Grant Permission _____

Decline Permission _____

Display still photos/videos of camper on Camp Barnes website:

Grant Permission _____

Decline Permission _____

Post photos/videos of camper on Delaware State Police Facebook and other DSP social media outlets:

Grant Permission _____

Decline Permission _____

Use photos/videos of camper in Camp Barnes/Delaware State Police Promotional materials:

Grant Permission _____

Decline Permission _____

NAMES OF THE CAMPERS WILL NOT BE USED OR DISPLAYED IN ANY OF THE ABOVE SITUATIONS

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's stay at Camp Barnes.

Signed:

(Parent or Guardian Signature)

(Date)

SWIMMING LESSONS PERMISSION SLIP

Camp Barnes is offering swimming lessons to those campers who cannot swim. **Please do not sign your child up if they are an experienced swimmer.**

I give permission for my child _____
to receive swimming lessons from a certified swim
instructor while at Camp Barnes.

Parent Signature
