



# **CAMP BARNES 2020**

# **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@delaware.gov](mailto:James.Hatfield@delaware.gov)**  
**(302) 752-3834 Office**  
**(302) 856-5080 FAX**

# **CAMP BARNES 2020**

**JUNE 22-JUNE 26 (BOYS)**

**JUNE 29-JULY 3 (GIRLS)**

**JULY 6- JULY 10 (BOYS)**

**JULY 13-JULY 17 (GIRLS)**

**JULY 20-JULY 24 (BOYS)**

**JULY 27-JULY 31 (GIRLS)**

# CAMP BARNES 2020 CAMPER ORIENTATIONS

## TROOP 2

MARCH 3rd	(TUE)	6:00pm – 8:00pm
MARCH 9th	(MON)	6:00pm – 8:00pm

## TROOP 3

MARCH 4 <sup>TH</sup>	(WED)	6:00pm – 8:00pm
MARCH 11 <sup>th</sup>	(WED)	6:00pm – 8:00pm

## TROOP 7 (\*NEW LOCATION\*)

MARCH 2 <sup>ND</sup>	(MON)	6:00pm – 8:00pm
MARCH 10 <sup>th</sup>	(TUE)	6:00pm – 8:00pm

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### New Troop 7 address:

19444 Mulberry Knoll Road  
Lewes, DE 19958

**IF AN ORIENTATION IS CANCELLED DUE TO  
WEATHER, THERE WILL NOT BE A MAKEUP  
DATE.**

## 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 ASAP. 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. REMEMBER THE CAMP FILLS UP QUICKLY.**
- Candidates are encouraged to attend orientations that are held at State Police Troops 2, 3 and 7 with a guardian.
- **Orientations are not mandatory. They are for informational purposes only.**

### 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](mailto:James.Hatfield@state.de.us)

**Camp Barnes Camper Application 2020**  
**Delaware State Police**  
**Camp Barnes, Inc.**

**REMINDER: YOUR CHILD WILL NOT BE PLACED IN A WEEK UNTIL AN UP TO DATE PHYSICAL IS TURNED IN**

Week requested: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

PHYSICAL INCLUDED: \_\_\_\_\_

**Friends your child would like to attend with:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

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

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 \_\_\_\_\_

# 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

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# Camp Barnes Physical

## (Must be turned in with application)

### 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: \_\_\_\_\_

**NO CAMPER WILL BE ASSIGNED A WEEK WITHOUT AN UP TO DATE PHYSICAL**

**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\_\_\_\_\_



# 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: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Physician's 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)

**CAMP BARNES  
PARENT PERMISSION FORM FOR OFF SITE FIELD TRIPS**

**I HAVE READ, AND FULLY UNDERSTAND THE CODE OF CONDUCT OF CAMP BARNES LISTED ON THE CAMPER APPLICATION FORM. I HEARBY GIVE MY CONSENT FOR (NAME OF CAMPER BELOW)**

**\_\_\_\_\_**  
**TO GO ON A FIELD TRIP AWAY FROM CAMP BARNES PROPERTY, AND TO BE SUPERVISED BY CAMP BARNES STAFF MEMBERS AND THE ON DUTY DELAWARE STATE TROOPERS. CAMP BARNES WILL NOT BE RESPONSIBLE IN THE EVENT OF AN ACCIDENT. THE CAMPERS APPLICATION (CONTAINING UP TO DATE PHYSICAL AND INSURANCE INFORMATION) WILL ACCOMPANY THE CAMPER ON FIELD TRIP IN CASE OF EMERGENCY. ALL RULES AND CODE OF CONDUCT OF CAMP BARNES WILL BE IN EFFECT AND STRICTLY ADHERED TO ON ANY FIELD TRIP.**

**A CAMPER THAT VIOLATES THE RULES OR CODE OF CONDUCT OF CAMP BARNES DURING THE FIELD TRIP MAY BE REMOVED AND RETURNED TO CAMP AT THE TROOPERS DISCRETION. THE PARENTS OF THE CAMPER WILL BE CONTACTED AND A CAMP BARNES INCIDENT REPORT WILL BE COMPLETED BY CAMP BARNES STAFF MEMBERS OR THE ON DUTY TROOPERS. CAMPERS ARE NOT REQUIRED TO GO ON FIELD TRIPS. CAMPERS WITHOUT THIS SIGNED FORM WILL STAY AT CAMP AND PARTICIPATE IN NORMAL CAMP ACTIVITIES.**

**DATE: \_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_**