

CAMPER'S APPLICATION**Mississippi National Guard Summer Youth Resiliency Camp (Camp McCain)****July 19 – July 21, 2019****Grenada, MS****Must be in our office no later than July 2, 2019.****Date Submitted:** _____**Camper's Name:** _____
(Last) (First) (MI)**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____**Phone:** (Day) _____ (Evening) _____ (Cell) _____**Age:** _____ **Date of Birth:** (Month/Day/Yr) _____ **Sex:** _____**Parent's Email:** _____**Guard Member Information:** _____
(Rank) (First Name) (Last Name)**Last 4 digits of Service Member's SSN:** _____ **Relationship to Camper:** _____**Service Member's Unit & Location:** _____ Gold Star Army NG Air NG Retired**T-shirt size:** (Youth) Small Medium Large
(Adult) Small Medium Large Extra Large XX Large**Mother's Name:** _____
(First Name) (Last Name)**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____**Phone:** (Day) _____ (Evening) _____ (Cell) _____**Father's Name:** _____
(First Name) (Last Name)**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____**Phone:** (Day) _____ (Evening) _____ (Cell) _____**In case of emergency, who should we contact?** _____**Phone:** (Day) _____ (Evening) _____ (Cell) _____**Alternate contact, if persons(s) listed above cannot be reached?** _____**Phone:** (Day) _____ (Evening) _____ (Cell) _____

Applications should be received before July 2, 2019.
PLEASE FILL OUT APPLICATION COMPLETELY

Does the camper have a parent or legal guardian that is currently deployed or mobilized? Please list the service member's name and unit. _____

PARENTS: In-processing will begin at 2:30 p. m. on Friday, July 19, 2019.

Will you attend the in-processing with your child? Yes No

If no, who will bring your child to camp? _____

Tribal ceremonies will be held at 12:15 p.m. on Sunday, July 21, 2019.

Will you attend the Closing Ceremonies? Yes No

If not, who will pick up your child from camp? _____

ALL CAMPERS MUST BE PICKED UP IMMEDIATELY FOLLOWING CEREMONY.

INCLUDES: Meals (1) Bandana Lodging Craft Supplies
All expenses during camp
(Campers SHOULD NOT bring money to Camp.)

**NGMS-PEF-P
Youth Resiliency Camp
Post Office Box 5027
Jackson, MS 39296-5027
Or email to: msngyouthprograms@gmail.com**

**For further information, you may contact the Child & Youth Programs Coordinators:
Nikita Loper at 601-313-6317 or Melanie Sutterfield at 601-313-6620.**

NOTE: ALL APPLICANTS WILL BE NOTIFIED BY EMAIL WHETHER OR NOT THEY HAVE BEEN ACCEPTED. WRITTEN DETAILS WILL BE SENT TO CAMPERS AND PARENTS AS TO DATES, TIMES, INPROCESSING LOCATIONS, ITEMS TO BRING ETC.

CAMPER HEALTH RECORD

Name: _____ Sex: _____ Date of Birth: _____
(Last) (First) (MI)

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER(S): (DAY) _____ (EVENING) _____
(CELL) _____

- **Failure to disclose any and all pre-existing health information will result in refusal of applicant for Summer Youth Camp.**
- **Any change in camper's health after application submission needs to be sent to State Youth Coordinators at P.O. Box 5027 Jackson, MS 39296-5027, or by email: nikita.n.loper.nfg@mail.mil or mary.m.sutterfield.nfg@mail.mil . Failure to submit required medical changes or updates could result in refusal for admittance. Cases will be handled individually and decisions will be made by medical staff.**

HEALTH HISTORY: To be completed by parent or guardian. All questions MUST BE ANSWERED.

Is the child in good health? YES NO (Check one)

Does child have ADD/ADHD? YES NO

If yes, (ADD or ADHD) is the applicant currently on medication? YES NO

Does the applicant have any known allergies? YES NO

If yes, please list: _____

Please list all medication(s) you are currently taking?

Name of current physician: _____

Telephone number of current physician: _____

Does the child suffer from ANY illness, disease, or condition other than those listed above? Yes No

If yes, please indicate specific illness, disease or condition: _____

Is there any known physical disorder that might handicap the child while participating in the Summer Youth Camp?

YES NO If yes, please list: _____

Name and address of Health Insurance Company: _____

Policy number: _____

- **The Mississippi National Guard nor Family Programs will be responsible for medical bills incurred by the Campers.**
- **Campers must have health insurance to be able to attend camp due to liability issues.**

APPROVAL OF PARENT(S) OR GUARDIAN(S)

I hereby voluntarily waive any claims against the Mississippi National Guard, the Mississippi Military Department, State of Mississippi or the United States of America for any cause of action which may arise in connection with the participation of _____
(Child's Name) in the Mississippi National Guard Summer Youth Camp
(Camp McCain).

Date: _____ Signature: _____

MEDICAL TREATMENT PERMISSION STATEMENT

If my child _____ becomes ill or injured while attending
(Child's Name)
the Mississippi National Guard Summer Youth Camp, I grant permission for the Mississippi National Guard Summer Youth Camp Program to seek medical assistance as may be deemed necessary.

Signature - Parent or Guardian

Date

**NOTE: Copy of "FRONT & BACK" of insurance card
MUST be included with application.
*** Failure to provide proper information will cause
applications to be denied/returned.*****

MEDIA RELEASE

My child, _____ may be interviewed and
(Child's Name)
photographed by members of the media, to include newspapers, TV, etc. I give permission for the media to use these interviews and photos in their coverage of the Mississippi National Guard Summer Youth Camp.

I do not wish to consent to this Media Release.

Signature - Parent or Guardian

Date