

MISSISSIPPI CENTRAL STATE TROOPER COALITION

SUMMER YOUTH CAMP APPLICATION



POST OFFICE BOX 31031 JACKSON, MISSISSIPPI 39286-1031

Child- Contact Information

First _____ Middle _____ Last _____

Birth Date ____ / ____ / ____ Gender: Male ____ Female ____ Age ____

Street Address _____

Town/City _____ State _____ Zip Code _____

School Name _____ Grade _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr.

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr.

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

Occupation _____ Employer _____

Emergency Contact Information

Emergency Contact #1

First _____ Last _____

Home Phone _____ Work Phone _____

Cell phone _____ Relation to child _____

Emergency Contact #2

First _____ Last _____

Home Phone _____ Work Phone _____

Cell phone _____ Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>
_____	_____
_____	_____
_____	_____

Date of last physical _____ Performed by _____ (Results from this physical noted that my child is healthy enough to undergo exercises in this camp)

Is your child currently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Authorization Release Form

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand and grant permission that the Camp Director, Assistant Director, or other staff personnel in charge to obtain necessary medical attention in case of sickness or injury to my child, the undersigned, do hereby verify that the above information is correct. I hereby release and discharge the Mississippi Central State Trooper Coalition, its successors or assigns, for all personal injuries, known, unknown or death while my child participate in activities that may arise from the camp.

Parent's/Guardian's Initials _____

Terms of Agreement

Authorization to travel or attend events/media release

I hereby grant permission to the Mississippi Central State Trooper Coalition for my child to:

1. Attend any and all events, on or off campus, while escorted or chaperoned by State Troopers/ and their affiliates on a field trip, athletic events, and special events.
2. Appear in or on following media: brochures, video, newspapers, raid talk shows, television ads, news media, and etc. all which shall be used solely for the promotion of this camp and/or the Mississippi Central State Trooper Coalition. I understand that such promotions will be in keeping with the mission and philosophy of the Mississippi Central State Trooper Coalition (MCSTC), and that they reserve the right to utilize said material in current and future promotional projects.

Parent's/Guardian's Initials _____

Printed Name of Parent/Guardian: _____

Guardian Signature: _____ Date _____

THIS DOCUMENT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

AREA OF NOTARY PUBLIC

This document Sworn to and subscribed before me this the _____ day of _____ in the year 20____ in the county of _____ in this Great State of _____

Notary Public Signature

Date Commission Expires

MISSISSIPPI CENTRAL STATE TROOPER COALITION

CLOTHING AND EQUIPMENT



Campers will report Sunday to the Hinds Community College Campus in Raymond in following attire: Solid white (round neck) T-shirt, long pants, white calf length socks, comfortable tennis shoes, black belt (no designs).

Summer Camp Cadets will be expected to have the following items described below with them when they report on registration day at the designated sight for camp.

- ❖ Four (4) Pairs of trouser- **NO** holes, slits or cuts in them
- ❖ One (1) black belt 1”
- ❖ One (1) black pair dress shoes
- ❖ One (1) pair of quality tennis shoes- **NO COLOR PREFERENCE**
- ❖ One (1) pair of Trouser-Black
- ❖ Ten (10) pair of underwear
- ❖ One (1) pair black dress socks
- ❖ Ten (10) pair of socks
- ❖ Two (2) large bath towels, two (2) face towels
- ❖ Five (5) pair of gym shorts
- ❖ Five (5) T-shirts with round collars
- ❖ One (1) pair shower shoes
- ❖ One (1) laundry bag and detergent
- ❖ Seven (7) black or blue coat hangers
- ❖ All campers must bring ample and necessary items for maintaining good person hygiene.
- ❖ **NOTE:** All items belonging to campers must be marked with a BLACK PERMANENT MARKER (LAST 4 OF SOCIAL SECURITY NUMBER)
- ❖ One (1) Pillow, blanket, fitted sheet, pillow case and top sheet. **NOTE:** linen should be brought to fit a twin size bed.

NOTE: All campers should bring any medication or personal health items they may need. This would include knee braces, ace bandages and other items a camper may believe he/she might need. **NO** food, snacks, etc. should be brought to the camp. All food will be provided.

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"I AM SOMEBODY" Creed



Prior to reporting to the camp on Sunday. The campers will need to memorize the "I AM SOMEBODY" Creed listed below. This is a vital part of the camper's motivational sessions that will be tested daily for familiarization. **NOTE:** Campers must report to the camp with this copy.

"SIR OR MADAME"

"I AM SOMEBODY"

SOME MAY THINK I'VE MADE A POOR START. WELL,
MAYBE I HAVE BUT, I'LL HANDLE THAT PART.

THE FIGHT MAY BE TOUGH, BUT I'M IN IT TO STAY FOR.
I'M DETERMINED TO BE SOMEBODY, SOMEDAY.

THERE'S CERTAINLY SOMETHING I WOULD LIKE TO SEE;
SOMETHING SPECIAL I WOULD LIKE TO BE.

LET OTHERS DO AS THEY WILL OR MAY, BUT AS FOR ME, I
HAVE TO BE SOMEBODY, SOMEDAY

"SIR OR MADAME"