2020 Camp CRAVE
4-day Summer Youth Camps
Facilitated by Nome Community Center

Application Due: June 12, 2020

Camp Fee: $40 (non-refundable)

*Limited Space Available; completed applications accepted on a first come first serve basis.*

Please complete application and return with camp fee (check payable to Nome Community Center) to NCC’s office, 505 West 3rd Avenue, Monday through Friday 10am-4pm. There is no refund unless applicant is unable to attend due to lack of space. If completed electronically email to staff@nomecc.org.

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Foxes (Day Camp): Ages 8-10, July 27-30
(with one overnight stay on the 29th)

Wolves (Overnight): Ages 10-12, July 30- August 2

Bears (Overnight): Ages 12-14, August 6-9

(Place an “X” marking the appropriate session.)

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Participant/Camper Information

Last Name: ___________________________ First Name ________________________________

Date of birth: ____/_____/_______

Age _______ Grade completed ________ Circle one: Male Female

Sweatshirt Size (circle one): YM  YL  AS  AM  AL  AXL

Parent/Guardian Information

Primary Contact Name: ________________________________

Home (Physical) Address: ________________________________

Main Phone Number: ____________________ Work  Cell  Home

Second Phone Number: ____________________ Work  Cell  Home

Email address: ________________________________

Secondary Contact Name: ________________________________

Home (Physical) Address: ________________________________

Main Phone Number: ____________________ Work  Cell  Home

Second Phone Number: ____________________ Work  Cell  Home

Email address: ________________________________
Emergency Contact (other than parent/guardian)

In case of emergency and primary and secondary contact are not available, please call:

Name: ______________________________________

Main Phone Number: __________________________ ☐ Work ☐ Cell ☐ Home

Second Phone Number: _________________________ ☐ Work ☐ Cell ☐ Home

Relationship to participant: ___________________________________________________

Medical Information

Health Insurance Company: _______________________________________________________

Policy Number: __________________________

Primary Care Physician: _________________________________________________________

Does the participant have any allergies (ie. foods, insects, medicines)? _________

If “yes” please explain.
_________________________________________________________________________
_________________________________________________________________________

Does the participant take any medications? _________

If “yes” please explain and note dose and frequency.
_________________________________________________________________________
_________________________________________________________________________

Any physical impairments or disabilities we should know about (vision requiring corrective lenses, asthma, diabetes, injuries, etc.)? _________

If “yes” please explain.
_________________________________________________________________________
_________________________________________________________________________

*Date of last Tetanus shot (REQUIRED):
If unknown, please call public health to access your child’s records. Applications without this information will be considered incomplete.
RELEASE, INDEMNIFICATION, AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In consideration of the permission granted to __________________________ (participant) to participate in the 2020 Camp CRAVE Youth Camp, the undersigned Participant or if the Participant is under the age of 18, his/her parent or legal guardian, do hereby execute this release, and indemnification for himself/herself and his/her heir, successor, representatives and assigns and hereby agree:

To release Nome Community Center (NCC), NCC partners, Alaska Missions and Retreat, Danielle Slingsby and Bear Creek Fish Camp, their employees, officers, volunteers, and agents from any and all liability, loss, damage, costs, claims or causes of action including all personal injuries and property damage, arising out of the sole negligence of the aforementioned agencies and individuals there within.

The undersigned further agrees to defend, indemnify, and hold harmless NCC, NCC partners, Alaska Missions and Retreat, Danielle Slingsby and Bear Creek Fish Camp, their officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities or expenses (including but not limited to reasonable legal, consulting and other fees) (the Claims and Liabilities) which may be asserted against, imposed upon or incurred by NCC, NCC partners the undersigned’s obligation to defend, indemnify, and hold harmless shall not apply to any Claims and Liabilities that arises as a result of the negligence of the aforementioned parties.

AGREEMENT AND CONSENT FOR PARTICIPATION AND NECESSARY TREATMENT

This is to certify that, I, the undersigned parent/guardian do hereby consent to and authorize the participation in the NCC activities, as well as administration and performance of all needed medicines, surgical treatment and administration of any anesthetic, which in the opinion of the attending counselor who is responsible for medications may be necessary and advisable in the event of any medical emergencies to the Participant. It is understood that efforts shall be made to contact the undersigned parent or guardian prior to rendering emergency treatment to the patient.

I, __________________________ (the undersigned), agree to all provisions listed herein.

Participant’s Name: ____________________________________________________________

Date of birth: ___/___/_______

Parent/Legal Guardian Signature: _______________________________________________

Date signed: ___/___/_______
MEDIA RELEASE

The undersigned agrees to release all rights to the original and all future versions of any pictures, audio, video, and all types of media taken at the 2020 Camp CRAVE Youth Camp. I approve by my signature the production and reproduction of any photos, audio and video to any and all forms of media deemed appropriate by NCC.

Signature of Parent or Legal Guardian: ____________________________________________

Relationship _____________________ Date signed: ___/___/_______

TRANSPORTATION WAIVER

I authorize the Nome Community Center staff, NCC Partners and staff, and Bear Creek Fish Camp Staff to provide car and boat transportation for my child, ____________________. I hereby waive, release, discharge, hold harmless and indemnify Nome Community Center (NCC), NCC partners, its staff, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), loss of life, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with NCC, NCC partners or Bear Creek Fish Camp.

If any provision of this agreement, or the application of the same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

Signature of Parent or Legal Guardian: ____________________________________________

Date signed: ___/___/_______
REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent/guardian participation. Due to the COVID-19 pandemic and the health mandates, we will not be hosting a Family BBQ following the camp sessions. Please ask your campers to share the songs they sang, lessons they learned, and their favorite activities. There is so much to reflect on after camp and we hope you enjoy their stories!

AGREEMENT (REQUIRED)

I understand I am required to read the parent/guardian letter to prepare my camper (received when application is turned in). In addition, I understand that once a deposit is made, there is no refund unless camper is unable to attend due to lack of space. I also agree to notify Nome Community Center staff immediately of any changes with participant’s application information or if he/she is unable to attend.

Signature of Parent or Legal Guardian: ______________________________________

Participant’s Name _________________________ Date signed: ____/____/_______
Camper Pre-test

(Participants are **required** to fill out this page for admission to camp)

**Camper Name** (first and last) _____________________________________

Share why you want to go to camp.

List as many traditional values you think are important.

Name 2 ways to prevent diabetes.

Name 3 bad things tobacco does to your body.

What is the most important fluid to drink?

What is one way that too much alcohol can affect the body?

What are 2 things you can do to calm yourself?

Name 3 fun ways to get more exercise.
IMPORTANT DATES

FOXES DAY CAMP (ages 8-10)
July 27th to 30th with an overnight stay on the 29th
Drop off at B&G by 8:45am on the 27th, 28th, and 29th
Pick up at B&G at 5:30pm on the 27th, 28th, and 30th

WOLVES CAMP (ages 10-12)
July 30th- August 2nd
Drop off at B&G by 10:00am on the 30th
Pick up at B&G at 5:30pm on the 2nd

BEARS CAMP (ages 12-14)
August 6th- 9th
Drop off at B&G by 10:00am on the 6th
Pick up at B&G at 5:30pm on the 9th

REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent participation. Parents are required to read the parent letter and inform Nome Community Center of any equipment needs or other special requests for campers.

Failure to report to these activities will jeopardize your child’s chances of participating in Camp CRAVE in future years.

Please note that there is no refund unless your camper is put on the waiting list and will not be able to attend due to space. Please make sure to contact Nome Community Center at 907-443-5259 or staff@nomecc.org if there are any changes with the participant’s application information or if he/she is unable to attend.

*If you have a last minute cancellation, please call Kimberly Bishop at 703-965-0763 for Wolves and Bears Camp. Please call Shoni Evans at 304-1071 for Foxes Camp.