

Instructions for Youth Camp Applications

In years past, a lot of children have been sent to camp without completed paperwork. It is imperative that **ALL** paperwork contains the correct information and is filled out completely. It is every Lodge's responsibility to check the paperwork for the children they are sending to camp. If something is not filled out, then it needs to be returned to a parent, guardian, etc, to be completed in its entirety and returned to your Lodge before the child comes to summer camp.

1. The Virginia Youth Camp Registration Form (Blue Form)
This form must have an emergency contact listed, with working phone numbers, where an adult can be reached. The back side of the form must be complete. Sign front and back of form.
2. Camper Health History Form 1 (Green Form) **Note:** Form 2 (Pink Form) is no longer required.
This form must contain accurate information for the camper regarding allergies to medications, foods and environment (especially bees).

If the camper requires a special diet due to food allergies, religious purposes, etc. the Camp Director needs to be notified of this at least one week before said camper arrives. This way if special arrangements are needed the camp has time to make them before the camper arrives.

It is also important to know if the camper has any activity restrictions.

Parent/Guardian must sign at the bottom of Page 1 giving authorization for the camp to seek health care for the camper in cases of emergency.

Page 2 of the green form contains immunizations. This section either needs to be completed by the camper's physician or a copy from the physician's office of immunizations received can be attached. **This is NOT an option. If a camper arrives at camp and does not have this part of the paperwork then the camper will be sent home.** The Camp Director will not be calling after the fact to get completed paperwork after the camper has arrived. **If a camper does not receive immunizations due to religious reasons, then a letter from the child's physician needs to be attached to the green health form and must be signed by Parent/Guardian on the middle of Page 2.**

The Medication Section of Page 2 needs to be completed accurately if your child will be receiving prescribed medication while at camp. The time of day the medication is normally taken needs to be listed here (i.e.: before breakfast, at bedtime, etc.).

All medications will be stored in the infirmary and dispensed as needed or ordered. No camper is allowed to keep medications in their cabin or in their suitcase. All medications need to be clearly marked with the camper's name and in their original container, whether it is prescription or over the counter. In some cases, the cabin counselor will be allowed to keep camper's inhalers and dispense as needed.

3. Income Eligibility Form For The Summer Food Service Program (White Form)
If this form applies to the child coming to camp, please have the parent/guardian complete this form. It will not interfere with any assistance they may be receiving already. It is a form the camp uses to receive reimbursement from the government for eligible campers food.

All persons who transport or otherwise supervise our campers must have read, signed and have a copy of the Elks **Acknowledgment of Youth Supervision Guide** on file at your local Lodge.

This is all important information that each Lodge needs to be aware of before the camping season. Each child's safety and well-being is of utmost importance while they are attending camp. VEYC appreciates everything the Virginia Lodges do to make it possible for children to attend summer camp. Thank you for your assistance in this. It will certainly help with the camper arrival process on Sundays during the camping season.

Additional copies of Camper Forms will be available in the VEYC section of the Virginia State Elks Association web page.



Virginia Elks Youth Camp Registration and Release Form 2024 Camping Season



Boys Ages: 8 - 13

Girls Ages: 8 - 13

Sponsoring Lodge Name: _____ Lodge Number: _____

Please **print** clearly

Application Deadline is _____

Leave for camp: _____

Return from camp: _____

The Virginia Elks Youth Camp is operated on a non-sectarian basis without regard to race, color or national origin for deserving children.

Camper's Name (Last): _____

(First): _____

Date of Birth: _____

Age at Camp: _____

Sex: M ___ F ___

Camper's Mailing Address (Street): _____

City: _____

State: _____

Zip Code: _____

PARENT OR CUSTODIAN INFORMATION

Full Name: _____

Relationship: _____

Address (If different from camper): _____

Email Address: _____

Home Phone No.: _____

Cell Phone No.: _____

Work Phone No.: _____

Ext.: _____

I hereby request that my child be allow to attend the Virginia Elks Youth Camp and authorize the Director of the camp and any medical care personnel to act for me according to his or her best judgment and ability in any emergency medical situation that may arise.

Signature of Parent or Guardian: _____

EMERGENCY CONTACT (Other than Parent)

Relationship: _____

Name (First): _____

(Last): _____

Home Phone No.: _____

Cell Phone No.: _____

Work Phone No.: _____

Ext.: _____

Mail or Bring Application to Sponsoring Lodge.

Lodge Phone Number: _____

Address: _____

Please read and sign the back side of this form.

Standard Media Release Form for Minor Children

The Virginia Elks Youth Camp, its employees, Officers and sponsoring Virginia Elks Lodges take pictures and video of the campers that we are proud to sponsor and serve. This media is primarily for the enjoyment of our campers. Occasionally, this media is used for other internal purposes as listed below. Media and information about our campers is NEVER released for public commercial purposes. In order for us to further our goal of providing a memorable experience for our campers we need your permission to use this material.

I hereby authorize Virginia Elks Youth Camp, Inc., local sponsoring Elks Lodges, the Virginia Elks Association, the Benevolent and Protective Order of Elks, their Officers, employees and members (hereafter referred to as "Elks Organizations") to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use by the Elks Organizations in printed publications, media, and websites for camper entertainment, educational, training and Youth Camp promotional purposes.

I release the Elks Organizations from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Elks Organizations to use their photographs, videos and names.

I acknowledge that since participation in media, publications and websites produced by the Elks Organizations is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any media, publication or website produced by the Elks Organizations confers no rights of ownership whatsoever. I release the Elks Organizations from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Names and Ages of Minor Children:

Printed Name: _____ Age: _____

Printed Name: _____ Age: _____

Printed Name: _____ Age: _____

VIRGINIA ELKS YOUTH CAMP RULES AND REGULATIONS

1. Campers are **NEVER** to touch another camper or staff member inappropriately.
2. Use of bad language or any derogatory remarks at camp is prohibited.
3. Campers must not take or pick up another's clothing, equipment or belongings. If this happens tell a counselor.
4. Camp is **NOT RESPONSIBLE** for any misplaced, lost or stolen items. This includes sentimental items. This includes Cameras, Cell Phones, iPods, etc.
5. Cell Phones are not permitted during camp. If your child requires their phone for travel to and from camp, then we will collect the phone at check-in, and secure them in the office until camp ends, when they will be returned.
6. Campers may not leave the grounds unless they have been signed out and are leaving with an authorized person. Campers are never to go anywhere by themselves.
7. Weapons, drugs and alcohol are prohibited.
8. If a camper has a disciplinary problem, he or she will be counseled by the cabin counselor. If the problem persists, the camper will be directed to the Camp Director. A parent will be called as a last resort. These steps will be followed depending on the severity of the problem.

We agree to the above rules and regulations.

CAMPER'S Signature: _____

PARENT OR GUARDIAN Signature: _____

Date: _____

CAMPER BEHAVIOR / PARENT AGREEMENT RULES

As the parent or guardian, I understand that any disruptive behavior, (i.e. fighting, defiance, unwillingness to participate in daily activities, refusing medication, not eating), constitutes necessity for me, the parent, to pick up my son/daughter in any and all of these circumstances. I understand and will comply with these rules. If any of these behavior patterns occur I understand that it is the parent or guardian's responsibility to bring the camper home.

Parent/Guardian's Signature: _____

Date: _____

CAMPER'S NAME: _____

CAMPER CLOTHING LIST – VIRGINIA ELKS YOUTH CAMP

Campers should bring enough clothing, toiletries, and personal items for a full week (Sunday afternoon to Saturday morning). Good personal hygiene habits will be stressed while at camp thus having the proper hygiene items will be important. Laundry will be done ONCE during the week. Bedding is available at the camp, but sleeping bags are recommended. All bunks have mattresses and pillows. Indicate by circling below which items may be needed, and the camp will provide items if available. Mark clothes with the camper's name. The camp is not responsible for items lost, stolen, or damaged. Morning and evening temperatures can be cool at camp, so please plan accordingly.

ITEMS TO BRING TO CAMP

2 beach towels

Towels & wash cloths

5-6 pair of socks

5-6 underwear

5-6 T-shirts

1 pair of river shoes: not sandals or “flip-flops”

A ragged or old pair of tennis shoes will work well

2-3 pair of blue jeans or sweat pants

4-5 pair of shorts

2 sweatshirts or sweaters

1 pair tennis shoes

2 swimming suits

1 pair of shower shoes

OPTIONAL

Sleeping bag

1 raincoat or poncho

1-2 pair of pajamas

Stationery / stamps

Flashlight

TOILETRIES

Toothpaste, toothbrush, comb/brush, soap, shampoo, deodorant, sanitary napkins, Sunscreen, bug spray, toiletry bag container.

MEDICINE / MEDICAL INFORMATION

Any medication taken during the school year, such as for ADD/ADHD, must be brought in its original container and clearly marked with the camper's name, name of medication, and directions for administering.

Local Elks' Lodge members will arrange for transporting campers, and arrival and departure times. Each camper must have a CAMPER HEALTH HISTORY FORM using ONLY the green form provided by the camp.

The camp phone IS NOT available to campers. The camp administration will contact parents/guardians in case of emergency.

It is very important to complete and sign all appropriate sections of the application and medical form. This includes health insurance information, camper Social Security Number, and USDA family income information.

The camp is reimbursed for every child who meets the income eligibility requirements. The Camp Director will determine eligibility, but the info must be included to assist the camp in administering the program.

DO NOT BRING

Money, stereos, jewelry, fireworks, cell phones, beepers, pocket knives or any type of weapon.

The Virginia Elks Youth Camp IS NOT RESPONSIBLE for lost or stolen items.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
 First _____ Middle _____ Last _____
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

Camper's History Form

First Name _____ Last Name _____ Age _____

Address: _____ Phone # _____

1. Any special circumstances pertaining to school (i.e., special education, learning, disabled, etc.)?

2. Please describe the home environment in detail.

3. Please give a description of the youth's physical development.

4. To the best of your ability describe the youth's general behavior and attitude.

5. Please give a brief statement about any special abilities and interests.

6. If the applicant is a ward of the City, County or other Agency, give name and address of Agency and name of the Guardian:

AGENCY _____ GUARDIAN _____

ADDRESS _____ PHONE # _____

APPLICATION COMMITTEE

This Application has been: ACCEPTED _____ REJECTED _____ for camp.

Application Committee: Director's Signature _____ Session: _____

Date: _____ Lodge # _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earning from work	- A child has a job where they earn a salary or wages
- Social Security -Disability Payments -Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits -A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside of the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/ Child Support	Pensions/ Retirement/ All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) -Strike benefits If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) -Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts or estates - Annuities - Invested income - Earned interest - Rental income - Regular cash payments from outside the household

INSTRUCTIONS Ethnicity and Race

We are required to ask information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B Russell Nation School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifiers for your child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Summer Food Service Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violators of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.
This institution is an equal opportunity provider.

Do not fill out For Sponsor Use Only

Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Household size	Free	Reduced	Paid
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorical Eligibility

Determining Official's Signature	Date	Confirming Official's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>