

**MAGNOLIA BAR FOUNDATION, INC.
BOYS & GIRLS LAW CAMP 2017**

Sponsored by
The Magnolia Bar Foundation, Inc.
June 6-9, 2017
Jackson State University
Jackson, Mississippi

MAGNOLIA BAR FOUNDATION
BOYS & GIRLS LAW CAMP 2017
Return by April 37, 2017

Dear Parent(s)/Guardian(s):

The Magnolia Bar Foundation's Boys and Girls Law Camp is a free overnight camp for boys and girls, ages 13 to 15. The camp consists of programs and activities relating to the field of law, as well as personal and social enrichment activities. The camp will be held at Jackson State University, June 6-9, 2017.

It is important that you read the entire application and submit the completed forms to the Magnolia Bar Foundation. Applications must be returned no later than Wednesday, April 37, 2017. You may mail your application to the Magnolia Bar Foundation, P. O. Box 2792, Jackson, MS 39207, or send it electronically to magbarlawcamp@gmail.com.

You will be notified of our decision regarding your child's admission no later than May 1, 2017. If your child is selected to attend, you will receive a detailed agenda of the camp activities.

Sincerely,

Boys & Girls Law Camp Committee

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Child Information

First Name _____ Last Name _____

Gender: _____ Has student attended the law camp before? _____

Date of Birth _____ Age as of June 6, 2017 _____

Address _____

City _____ State _____ Zip Code _____

Grade _____ School _____

Telephone Home _____ Telephone Cell _____

T-shirt size (select one):

Parent/Guardian Information

Child lives with: Both parents ____ Mother ____ Father ____ Other (please specify) _____

Parent/Guardian Name _____ Parent /Guardian Name _____

Relationship to child _____ Relationship to child _____

Home Address _____ Home Address _____

Home Phone _____ Home Telephone _____

Work Telephone _____ Work Telephone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

The emergency contacts will be notified if the parent(s)/guardian(s) listed above cannot be reached.

Primary Emergency Contact

Full Name _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Secondary Emergency Contact

Full Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

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Child's Medical Information

Health Insurance: _____ Doctor's Name: _____ Doctor's Phone: _____

Does your child have any allergies? Y _____ N _____

If yes, please list _____

Does your child have any medical conditions we should be aware of? Y _____ N _____

If yes, please list _____

Does your child have any dietary restrictions (other than allergies)? Y _____ N _____

If yes, please list _____

Will your child need to take medication while at camp? Y _____ N _____

If yes, please list _____

Is there any other information about your child that staff could benefit from knowing to better serve your child? _____

Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and understand the importance of following the code of conduct.

I will follow the camp schedule and will not disrupt any camp activities. I will bring only the listed items to camp (no weapons). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all behavior and safety rules set forth by the camp staff.

Camper Signature: _____ Date: _____

I have discussed this code of conduct with my child.

Parent Signature: _____ Date: _____

Disciplinary Steps

The law camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately. If necessary, camp counselors will take the following disciplinary steps outlined below.

1st incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.

3rd incident: The parent/guardian will be required to pick up the child immediately.

The Law Camp Staff reserves the right to dismiss a camper from the camp following a first incident in cases of serious behavior problems.

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Release Statements

By signing below, you (Parent/Guardian) acknowledge that you have read and agreed to each item.

Authorization for Medical Treatment:

I give my permission to the medical personnel selected by the camp director to order medical treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I give my permission to the physician to administer treatment for my child.

Photo/Media Release:

I give my permission for my child's picture to be used by the Magnolia Bar Foundation/Association for promotional purposes included, publications, brochures, videos, advertisements, internet and/or other uses that it may deem appropriate.

Release to Participate in Water Activities:

I understand that the camp may include activities in or near water or a pool. I give my permission for my child to participate in all water activities included in the camp.

Permission to Travel:

I give my permission for my child to participate in all field trips and camp activities. I understand that I will be informed of the schedule of activities prior to the first day of camp.

Medication Waiver:

I understand that if necessary, Magnolia Bar Association staff will store my child's medication in a safe location. Medicine must be in its original container, with specific dosage instructions and clearly labeled with my child's name. Prescription drugs must be accompanied by the physician's instructions and telephone number. Magnolia Bar staff is not responsible for reminding my child when to take the medication, nor will they administer it to my child. It is my responsibility to inform my child of the proper dosage and I release the Magnolia Bar Foundation/Association, its officers, members, agents, employees, and volunteers from and against any and all claims resulting from my child bringing medicine to camp.

Release of Liability:

I affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of the Magnolia Bar Foundation/Association accepting my child, I release and forever discharge the Magnolia Bar Foundation and Association, its officers, members, employees, agents, and volunteers from all claims of liability and/or for any damages or injuries which may be sustained while my child is at camp.

Parent/Guardian Signature: _____ **Date:** _____

Release of Minors to Authorized Persons Only:

All campers are released at the end of camp ONLY to a parent/guardian or one of the individuals listed below. NO EXCEPTIONS! **Photo Identification must be provided at time of pick up.**

In addition to parent(s)/guardian(s) already listed on this application, my child may be released to the following individual(s).

Name: _____ **Telephone Number:** _____
Name: _____ **Telephone Number:** _____
Name: _____ **Telephone Number:** _____

