

CISV USA Southern Regional Mini-Camp 2016

Hosted by the Atlanta Chapter

Labor Day Weekend

Friday, Sep 2 - Monday Sep 5, 2016

Arrive – 7:00P on Friday, September 2, 2016 (eat dinner before you arrive)

Depart – 10:00A on Monday, September 5, 2016

Cost – **\$170** b/t Jul 1 & Jul 31, **\$200** after Jul 31

- checks made out to “**CISV Atlanta**”
- send checks to: CISV Atlanta – SRMC, 1048 Walker Drive, Decatur, GA 30030
- write participant’s name & chapter in memo line

Who – 50-100 Junior Branch Members (ages 10 & up) from the CISV USA’s Southern Region

Where – Indian Springs State Park – Camp McIntosh, 678 Lake Clark Road, Flovilla, GA 30216

<http://gastateparks.org/IndianSprings>

What to Pack

- Comfy clothes you can move and run in
- Shoes you can move and run in
- Sleeping bag and/or sheets
- Pillow
- Toiletries/Medicines (toothbrush, toothpaste, soap, deoderant, etc.)
- Bath Towel
- Sunscreen and bug spray
- Water Bottle – reusable – labelled with your name
- Flashlight with batteries
- Snack to share on Friday, Saturday & Sunday night! (dinner on Friday will not be provided)
- FORMS! (YLIF domestic, Health Form domestic, copy of medical insurance card both front and back)
- CISV Spirit!!!

2016 SRMC Staff – (not finalized)

Atlanta – James Outlaw

Chattanooga – Lauren Solomon

Gulf Coast – Elaine Morrow

Jacksonville – Taylor Bousquet

Smoky Mountain – Austin Graham

Smoky Mountain – Luke Hussung

Necessary Forms:

(Despite whatever camps you may have attended in the past, everybody needs to fill out ALL forms)

- 1) Registration form (attached)
- 2) Youth Legal Information Form (YLIF domestic) (attached)
- 3) Copy of medical insurance card (both front and back)
- 4) Health Form (attached) (does not need doctor's signature)

Campers: Send your registration form and check. Keep all other forms (YLIF domestic, Health Form domestic & copy of Medical Insurance Card both front and back) with you which will be collected at camp.

Chapter coordinators, send your forms to:

Tait Anberg – cisvtait@gmail.com
1048 Walker Drive, Decatur, GA 30030

Forms are due August 12, 2016.

CISVers who send in their forms late are not guaranteed a spot or a t-shirt, and they will be charged a late fee of \$15 if there is enough space and they choose to attend.

EVENT ADDRESS

Indian Springs State Park – Camp McIntosh
678 Lake Clark Road, Flovilla, GA 30216

DIRECTIONS

Local Map - <http://www.fortson4h.org/documents/LocalAreaMap2013.pdf>

Coming from North of Flovilla, GA (Atlanta, Chattanooga, Smoky Mountain Chapters):

From I-75 southbound, take exit #205 to Jackson; proceed south on Highway 42 to the park.

Coming from South of Flovilla, GA (Gulf Coast & Jacksonville):

From I-75 northbound, take exit #188; proceed north on Highway 42. Approximately 15 miles from exits.

For more information on Camp Fortson 4-H, visit <http://www.fortson4h.org/>

For any other questions/interests in carpooling from Atlanta, contact either:

- Tait Anberg, SRMC Paperwork Coordinator – cisvtait@gmail.com / 404.421.0818
- Anthony Peace, SRMC On-Site Coordinator - apeace@comcast.net / 678.471.7170

SRMC 2016 Registration Form (must be submitted by 8/12/16)

Cost – \$150 before July 1, \$170 b/t Jul 1 & Jul 31, \$200 after Jul 31

Name: _____

Email: _____

Home Phone: _____

Participant Cell: _____

Parent Cell: _____

Gender: **Male** **Female**

Age: _____

T-shirt size: YM YL AS AM AL AXL

Chapter: _____ Chaperone: _____

Allergies/Disabilites: _____

Any food/dietary restrictions: _____

Mode of transportation/estimated arrival time: _____

I have read the R-7 Info File and National Code of Conduct in this packet.

Parent Signature: _____

Applicant Signature: _____

Cost – \$170 b/t Jul 1 & Jul 31, \$200 after Jul 31

- checks made out to “**CISV Atlanta**”
- send checks to: CISV Atlanta, c/o Tait Anberg, 1048 Walker Drive, Decatur, GA 30030
- write participant’s name & chapter in memo line

BEHAVIOUR POLICY

Appropriate behaviour is required of all members at every level of the organization in order to support and accomplish:

- CISV's mission to educate and inspire action for a more just and peaceful world
- CISV's educational goals and methods
- the expectations of participants and volunteers

Appropriate behaviour is defined as the use of common sense, good manners, being a good host, guest, friend or role model. Standards may be subjective and may vary widely depending on cultural norms. There are three categories of behaviour that are not tolerated in any part of CISV: Forbidden, Unacceptable and Inappropriate. Violations will invoke appropriate consequences. An Incident Report Form (IRF) must be filed if violations occur. Below are the standards adopted across CISV.

<p>FORBIDDEN BEHAVIOUR includes:</p> <ul style="list-style-type: none"> • illegal acts • violence • sexual relations between a child and an adult • sexual relations between children • possession or use of psychoactive drugs without a medical prescription • possession or use of tobacco and nicotine by children, Seminar participants, and 16-18 Youth Meeting participants • failure to take action if legally required • possession or use of weapons • discrimination • physical abuse, psychological abuse, and corporal punishment • excessive consumption and abuse of alcohol • drinking of alcohol by participants or Junior Counsellors in: <ul style="list-style-type: none"> • Village, Interchange, Step Up, Seminar Camp, Youth Meetings (except 19+ YMs) • drinking of alcohol by Seminar Camp Staff during the programme • planning or participating in activities that are inappropriate for an educational setting (e.g. games involving kissing, violence, alcohol consumption)
<p>CONSEQUENCES</p> <p>This type of behaviour or a reasonable suspicion of it, may invoke the most severe consequences, including exclusion from a programme or activity, early return home from a programme or activity, or suspension or loss of membership.</p>
<p>UNACCEPTABLE BEHAVIOUR includes:</p> <ul style="list-style-type: none"> • unnecessary nudity • overt displays of intimacy • failure to adequately disclose existing health conditions
<p>CONSEQUENCES</p> <p>This type of behaviour or a reasonable suspicion of it, may invoke serious consequences including temporary exclusion from a programme or activity, early return home from a programme or activity, or suspension of membership.</p>
<p>INAPPROPRIATE BEHAVIOUR includes:</p> <ul style="list-style-type: none"> • failure to respect privacy except in cases of suspected illegal activity, violation of policies, or when the person's behaviour is a threat to health or safety • failure to respect rules of host families or host sites
<p>CONSEQUENCES</p> <p>This type of behaviour or a reasonable suspicion of it, may invoke a reprimand, including restricted participation in a programme or activity.</p>



building global friendship

Youth Legal Form – USA Domestic Programs Appointment of Temporary Guardian for Travel and Medical Care, Release and Consent

Intended Use: This form shall be used for all activities occurring in the United States (mini camps, NBM, NYM, NLT, etc.), by youth under the age of 18. **THIS FORM IS NOT FOR USE FOR INTERNATIONAL PROGRAMS WHETHER HELD IN THE US OR OUTSIDE THE US.**

This form is to be completed by a parent or legal guardian of the participant. The signed original should be given to the adult chaperone. A copy shall be retained by the sending Chapter. Signing this form is a condition of participation in the CISV Activity noted below.

Part 1: Personal Information.

Full Name of Participant: _____ Date of Birth: _____

CISV Activity and Location: Southern Regional Mini Camp – Indian Springs State Park – Camp McIntosh – Flovilla, GA

Name of Adult Chaperone: _____

Adult Chaperone Telephone: Mobile _____

Name and Mobile phone for chaperone in transit if different from chaperone on site (one chaperone while travelling to site, one at the site): _____

Please list any dietary restrictions:

Please list any allergies or other health restrictions:

IF APPLICABLE, please check: _____ My child is at least 16 years old and has permission to travel to/from this activity without an adult chaperone.

Full Name of Participant's Parent or Legal Guardian _____

Emergency Contact Information That CISV Can Use During the Activity

Name _____

Address _____

Home Telephone () _____ and Mobile Phone () _____

Participant’s Mobile Phone () _____ and E mail _____

Alternate Emergency Contact _____

Alternate Emergency Contact Phone Number () _____

Part 2: Authorization for Participant to Travel with an Adult Leader and Appointment of Temporary Guardian

I give permission for my child to travel to and from the CISV activity with the Adult Leader named above. I hereby appoint the Adult Leader named above as a Temporary Guardian of the Participant named above for the purposes of consenting to medical treatment and providing prescribed medication. If the Adult Leader is not available, and prompt medical attention is needed, I also appoint CISV personnel (Activity Staff or Host Family) from the Host Chapter/ CISV USA to consent to medical treatment on behalf of the Participant. This Appointment is valid for the period stated below.

From (date) September 2, 2016 to (date) September 5, 2016

Part 3: Medical Insurance & Financial Responsibility for Medical Treatment.

I understand that the Participant must have medical insurance in order to participate in this CISV Activity and that I am responsible for any medical expenses incurred on behalf of my child while at the Activity, and a copy of my medical insurance card is attached hereto. (ATTACH BY STAPLING THE COPY)

Insurance Company Name _____

Insured _____ Policy Number _____

Part 4: Legal Release & Responsibility to Pay for Damage.

I understand the nature of the CISV Activity noted above and I consider my child to be capable of taking part in it. I agree not to make a claim or file a lawsuit against CISV if my child is injured while traveling to / from and/or participating in the above Activity, unless there has been gross negligence on the part of CISV.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules, including the Code of Conduct. If my child engages in inappropriate behavior he / she may be sent home before the end of the Activity at CISV’s discretion. I will cover the costs of this trip. I also agree to pay for any damage or injury caused by my child.

Part 5: Membership.

I understand that as part of participation in the above Activity, my child/our family is required to be a Member in a CISV Chapter or of the National Association. I agree that CISV will keep a record of my child’s name and contact details, will use this information for internal administration of membership and participation and may contact my child in the future with information about the organization. A family/child may participate in activities without membership for the purpose of recruitment.

Part 6: Permission to Use Photographs, Artwork, Written Work, Videos and Audiotapes.

I agree that CISV may use and publish photographs, artwork, written works, videos and audiotapes created as part of participation in the CISV Activity. CISV may use these items in the production of educational, social or promotional materials including web pages. These items may be used and published with my child’s first name (or nickname), age, Chapter, and/or nationality. Unless my specific parental consent is obtained, children will not be identified by full name.

Tick One: _____ I agree to use _____ I do not agree to use.

Part 7: Permission to Swim.

I give my child permission to participate in swimming and other water activities. My child’s swimming ability is:

(tick one) None _____ Some _____ Good Swimmer _____

Part 8: Use of the CISV Friends Website.

I give my child permission to register on the CISV Friends website. CISV Friends is designed to assist CISV with its administration of the CISV Activity and to help CISV participants to stay in touch with each other after the CISV Activity.

Part 9: National Code of Conduct for Junior Branch USA

Please ✓ each box after reading each statement,

- I acknowledge that I have read, am familiar with, understand, and agree to respect and abide by R-07 (0536), Behaviour Policy, and its standards, guidelines, and recommendations.
- I will abide by all local laws, including those regarding the buying and consuming of alcohol and tobacco products, and standards of acceptable public behavior. I will not consume or purchase tobacco products if under the age of 18 and under no circumstances will I purchase or consume alcohol if under the age of 21. In addition, if I am of age, I will not purchase or provide these items for someone else. The possession and consumption of illegal drugs will not be tolerated under any circumstances.
- Only people who are assigned to my room/cabin/house will sleep there. In addition, I will respect and follow any additional rules set for the given activity in relation to visitors being in my room.
- I will abide by the curfew set for nighttime activities (if applicable). This means I will be in my room/cabin/house before the established time with no questions asked.
- I will exhibit respectful and reasonably quiet behavior in all areas of the site including bedrooms, hallways, elevators, public areas, and meeting rooms. In addition, I will show respect towards all hotel/site employees and CISV chaperones.
- If I wish to leave the site for any reason, I understand that I must go with and/or get the permission of my chaperone. I understand that it is important that my chaperone must know where I am at all times. I also understand that if I drive somewhere, I will only drive with someone who is over 25 years old as per CISV USA’s insurance policy.
- I will be on time to, attend, and fully participate in all activities throughout the entire program.
- I will abide by any additional rules.
- I understand that if I violate any of the items on this agreement I will be subject to disciplinary action decided upon by the staff of the activity, including but not limited to having my participation limited in future activities to being sent home at my own expense. I also understand that I will have to pay for any damage to the site that I cause.

Part 10: Parent/Guardian Signature

_____ Participant **Printed** Name

_____ Participant **Signature** and Date

_____ Parent/Guardian **Printed** Name

_____ Parent/Guardian **Signature** and Date

Health Form

Participant's full name: _____ Gender: Male o Female o

Date of Birth: / / Participant will attend activity in Hampton, GA (Atlanta Chapter) / Total days away from home: _____
dd mm yyyy

In case of Emergency please contact:

Name: _____ Language spoken: _____

Telephone (Home): _____ / _____ Telephone (Cell): _____ / _____
Area Code / number Area Code / number

Parent's Declaration Concerning Health of Participant:

Height _____ Weight _____ Blood Pressure Problem: Yes o No o Stomach Problem: Yes o No o
 Heart / Lung Problems: Yes o No o Hernia: Yes o No o Menstrual Disorder: Yes o No o

This participant has received all recommended vaccinations for his/her age: Yes o No o

Is the general physical condition: Normal o Abnormal o
 Is the general emotional / mental condition: Normal o Abnormal o
 Is vision / hearing: Normal o Abnormal o
 Is the nutritional condition: Normal o Abnormal o

Is there evidence of alcohol or drug dependence? Yes o No o

Is there evidence of infectious disorders and / or sexually transmitted disease: Yes o No o

Details of Abnormal findings and / or other comments (including past infections & chronic / recurring conditions):

Medication: (Prescription or over the counter / self-medication). **Please ensure sufficient supply for camp's duration.**

Is participant taking medication? Yes o No o If yes, state condition being treated: _____

Brand name	Generic Chemical Description	Dosage: Morning	Noon	Evening	Night	Renewable Prescription
						Yes o No o
						Yes o No o
						Yes o No o

Medication Instructions (with / before / after meals, at bedtime, etc, and contraindications, not with food / alcohol, etc):

This Participant may take part in all activities with the following **Restrictions** or **Recommendations**: None o

Details of limitation on participation (if any):

In case of hospitalization by camp staff, participant's medical records are available from:

Name (please print): _____ Telephone: _____
Physician / Hospital Area Code / phone number

Health Form

Participant's name: _____

Medical History: Apart from minor childhood illnesses, is the participant's health generally good? Yes No

Infection History:

Immunization History:

	Yes	No	Infection History	Year		Yes	No	Year	Booster
<input type="radio"/>	<input type="radio"/>		Measles (Rubella)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Mumps		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Rubella		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Chicken Pox (Varicella)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Whooping Cough (Pertussis)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Scarlet Fever (Scarlatina)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Rheumatic Fever		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Otitis (inflammation of the ear)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Hepatitis (specify)		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Meningitis		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Yellow Fever		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Malaria		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Frequent Tonsillitis		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Sinusitis		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Bronchitis		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Pneumococcal Infections		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Streptococcal Infections		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Staphylococcal Infections		<input type="radio"/>	<input type="radio"/>			
<input type="radio"/>	<input type="radio"/>		Tuberculosis (TB)		Alternative / additional TB test information (if any):				
			Chest X-ray Result		TB Test	Test Date:			Result:

Health Form

Participant's name: _____

Page 3 of 3

Yes No Year Hospitalization History

- Diseases / injuries requiring X-ray examination (specify):
- Illnesses requiring hospitalization (specify):
- Injuries requiring hospitalization (specify):

Yes No Chronic Conditions & Recurring Medical Problems

- 01.** Drug reactions (specify drug & reaction, give details):
- 02.** Other allergic reactions (food, animal, plant, give details):
- 03.** Asthma or other lung / respiratory disorder (give details):
- 04.** Enuresis (bed wetting)
- 05.** Endocrinal disorder: Diabetes o Thyroid o (give details):
- 06.** Epilepsy
- 07.** Gynecological/ Menstrual disorder
- 08.** Kidney / stomach disorder (give details):
- 09.** Heart / blood pressure disorder (give details):
- 10.** Ear / nose / throat disorder (give details):
- 11.** Frequent Diarrhea or Dysentery
- 12.** Sleep disorder
- 13.** Other disorders (give details):
- 14.** Emotional / behavioural counselling (give details):
- 15.** Wears braces or has "caps" / artificial teeth
- 16.** Glasses / contact lenses
- 17.** Physical limitations (give details):
- 18.** Special diet (give details):

I certify that this health information is accurate to the best of my knowledge.

Signature: _____
of Participant's Parent or Guardian / Adult Delegate / Staff (as relevant)

Date: ____ / ____ / ____
dd mm yyyy