

# NAACP

Eugene ~ Springfield Branch  
[www.NAACPLanecounty.org](http://www.NAACPLanecounty.org)

Dear Family,

It is our pleasure to invite you to participate in Black Gold Culture Camp this Summer from August, 2019. This camp is for children in grades 6th-8th who identify as African-American. This is the first camp of its kind in the Northwest and is a pilot program.

Black Gold Culture Camp is nestled in the beautiful setting at Camp White Branch located at 61500 Old McKenzie Highway, where communication and leadership are supported.

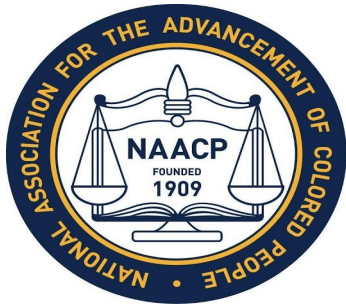
As a camper your child will learn the positive aspects of the African-American culture through, Art and History. Your child's camp days will be filled with activities, white water rafting, fireside storytelling and not to mention meeting other families supporting the same cause of self awareness through knowledge, leadership through experience, civic involvement and responsibility and progressive perspective of the future. You will learn all this through hands-on activities loaded with lots of fun with friends who are learning right alongside with you.

Some of the information in the application is for demographic and statistical purposes used to further the success of the camp in future years.

Thanks for joining us on this journey of exploration and we look forward to seeing you in July!

Sincerely,

Eric Richardson



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**Black Gold Culture Camp Application**  
**For August 6th-August 9th, 2019**

**P.O. Box 11484  
Eugene, OR 97404  
(541)515-56426**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can he/she swim? \_\_\_\_\_ Boy/Girl? \_\_\_\_\_

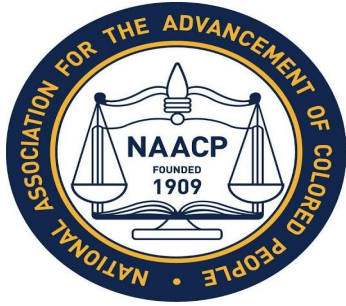
Is your Child a Foster Child? \_\_\_\_\_

Are you participating in any of the following Department of Human Service Programs? (circle the programs you are participating in) SNAP TANF ERDC

Please circle the appropriate total gross, monthly income level for your household:

\$0.00-\$2,426.00	\$4,304.00-\$4,929.00
\$2,427.00-\$3,051.00	\$4,930.00-\$5,555.00
\$3,052.00-\$3,677.00	\$5,556.00 and above
\$3,678.00-\$4,303.00	

**Parent/Guardian contact details:**



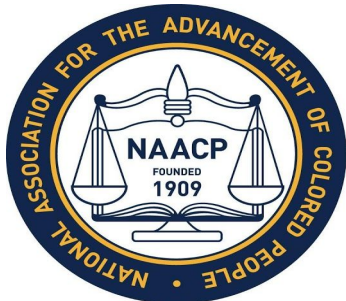
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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Consent from Parent/Guardian for child to go to the Black Gold Culture Camp**

1. I, the undersigned, am adequately informed about the activities offered at the Black Gold Culture Camp at Camp White Branch from August 6th-August 9th, 2019 and hereby give permission for my aforesaid child to participate.
2. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and understand that participation of my child in the Black Gold Culture Camp is not compulsory and any participation therein is at the sole risk of the participant and/or his/her legal guardian.
3. I further agree that I shall be responsible for the payment of any medical expenses incurred through medical treatment required by my child during the camp. In this regard, I cede my powers as parent/guardian to an authorized representative of the Black Gold Culture Camp should medical treatment of any nature whatsoever be deemed necessary for my child by such duty authorized representative. I understand that all efforts will be made to contact me at once should medical treatment be required by my child.
4. I give my permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Black Gold Culture Camp activities. I agree that Black Gold Culture Camp has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Black Gold Culture Camp mission. These uses



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include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release Black Gold Culture Camp and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

5. By typing my name and date below, I am consenting to all the above contingencies.

Print full name of Parent/  
Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## **RELEASE FORM-AUTHORIZATION FOR PICK-UP**

Dear Parent/Guardian:

Please fill out the form below relating to those persons who have your permission to pick up your child from camp this includes any emergency issues as well. Please give any additional information necessary in the appropriate space.

Please be aware that the person may be asked to identify himself or herself before we release your child.

If there are any custody issues we must have legal documents with regard to who can pick up your child.

### RELEASE FORM

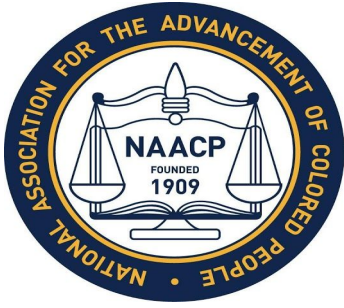
The following people are authorized to pick up my child from the Black Gold Culture Camp. I authorize the release of my child to their care.

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work/cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_



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Work/cell # \_\_\_\_\_

#1 authorized person: Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relation: \_\_\_\_\_

#2 authorized person: Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relation: \_\_\_\_\_

#3 authorized person: Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relation: \_\_\_\_\_

By typing your name and date below you are authorizing the above listed people to pick up your child in the event of an emergency

Parent/Guardian printed name \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information and Consent Form

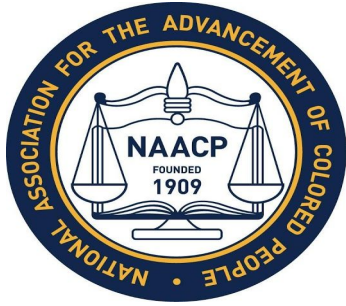
Child's Name: \_\_\_\_\_

Any important information we should know (eg. Special diet, social challenges, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### In case of Emergency:

1<sup>st</sup> Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_



# NAACP

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2<sup>nd</sup> Contact Name:

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

3<sup>rd</sup> Contact Name:

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Medical Insurance

Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Primary Care Physician's phone number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Medical Information to be furnished in respect to the Black Gold Culture Camp**

1. I, the undersigned, hereby advise that my aforesaid child is in good health/hereby advise that the Black Gold Culture Camp's duly authorized representatives at the camp should note the following: (please state if your child has any medical conditions)

Food Allergies yes/no If so explain: \_\_\_\_\_

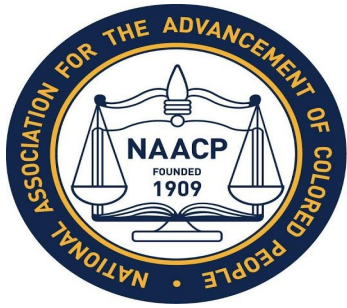
\_\_\_\_\_

Medical Allergies yes/ no If so explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. I further advise that my said child is currently not on any medication/or is currently taking the following medication (parents/guardians be advised you are responsible for providing all medications listed below as well as any medical devices child may need)



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Name of Medication: \_\_\_\_\_  
Dosage amount: \_\_\_\_\_  
Time administered: \_\_\_\_\_

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Dosage amount: \_\_\_\_\_  
Time administered: \_\_\_\_\_

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Time administered: \_\_\_\_\_

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Dosage amount: \_\_\_\_\_  
Time administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_  
Dosage amount: \_\_\_\_\_  
Time administered: \_\_\_\_\_

Every attempt will be made to try and reach the emergency contacts listed; however, if emergency contacts are unavailable, by typing your name and date below you are giving consent to Black Gold Culture Camp to take child to the hospital based on medical necessity determined by the camp nurse.

Also, by signing below you are giving permission for the camp nurse to administer the following over the counter medications if needed: (please check next to the items you are authorizing the nurse to administer)

Ibuprofen \_\_\_\_\_ Tylenol \_\_\_\_\_  
First aid ointment \_\_\_\_\_ Aspirin \_\_\_\_\_  
Anti-itch cream \_\_\_\_\_

Parent/Guardian's

Name: \_\_\_\_\_ Date: \_\_\_\_\_