

CAMP CROSS POINT AT LAKE TEXOMA

NEW DAY CAMP

JUNE 9-13, 2022

AGES 8-14

APPLICATION DEADLINE MAY 9, 2022



New Day Camp is for children with a currently incarcerated parent.

Sponsored by:

Criminal Justice and Mercy Ministries of Oklahoma, Inc.

For more information contact: Kristin Terrell-Wilkes, 405-525-3522,
office@cjamm.org



**Keith Dobbs, Executive Director
Criminal Justice and Mercy Ministries (CJAMM)
PO Box 1149, Oklahoma City, OK 73101
405-525-3522, www.cjamm.org
office@cjamm.org**

April 25, 2022

To: Parents/Caregivers:

Re: New Day Camp – Summer 2022

We have obtained your name as a courtesy of Prison Fellowship Ministries because of your child's participation in Project Angel Tree. To be eligible for New Day Camp, a child must **currently** have an incarcerated parent and be **8 – 14 years of age**. The child must be at least 8 years of age and no older than 14 years of age at the time of camp. Due to the number of children eligible we are unable to make any exceptions to these requirements.

The date for New Day Camp 2022 is June 9-13, 2022.

Both camps will be held at Camp Cross Point in Kingston, Oklahoma on the beautiful shores of Lake Texoma. Food, bedding, snacks and toiletries will be provided. We transport children from a nearby meeting place on the first day of camp and return to the meeting place on the last day of camp. There will be both a nurse and a counselor at the camp at all times. We require background checks on all volunteers and staff.

As caregiver, please fill out **both sides of the enclosed enrollment form and Cross Point waiver**, sign as indicated and mail it back by **May 9, 2022** to save the spot for your child. Please fill out **one form for each child**. Make photocopies of the forms if necessary. Only children of incarcerated parents are invited. **The camp will be filled on a first-come basis, so it is important to return the enrollment form as soon as possible.** If you have any questions, please direct them to Kristin Terrell-Wilkes, (405) 525-3522 or by email at office@cjamm.org.

Also, enclosed is a scholarship application from Angel Tree Camping. Please fill out one sheet per family and make a photocopy if your household includes more than 3 children. This enables our ministry to receive scholarships to help offset the cost of New Day Camp. We will **not** process applications without this completed form.

Acceptance letters will be sent out approximately one month prior to camp. We will also send out current COVID guidelines and a pack list at that time. Transportation details will be sent out as we get closer to the camp date.

Be sure to include the incarcerated parent's name, DOC# and current correctional institution. If you do not know the incarcerated parent's DOC# please provide the date of birth. **Also, please be sure to sign and date the enrollment form. Incomplete forms will be returned.**

Sincerely,

Keith Dobbs

NEW DAY SUMMER CAMP ENROLLMENT FORM 2022

****PLEASE FILL OUT ONE FORM FOR EACH CHILD. PHOTO COPY IF NECESSARY. PLEASE PRINT CLEARLY.****
CHILD MUST BE 8 YEARS OF AGE BUT NOT OLDER THAN 14 YEARS BY JUNE 9TH

Child's Name _____ Age (as of June 9th) _____ Date of Birth (mm/dd/yy) _____
Please circle: Male Female T-Shirt Size (circle one): **ADULT SIZES ONLY** S M L XL 2XL
Address _____ City _____ State _____ Zip _____
Caregiver's Name _____ Cell # _____ Work # _____
E-Mail Address _____ Home # _____
Incarcerated Parent Name _____ DOC # _____ Correctional Institution _____
Returning Camper? Yes No If known, year(s) attended: _____ Race/Ethnicity _____

INCARCERATED PARENT'S Relationship to Child: Father Step-Father Mother Step-Mother Legal Guardian

Emergency contact (someone other than the caregiver above): Name _____ Phone # _____

New Day Camp will offer a variety of recreational opportunities. The camp will be held on the shores of Lake Texoma. The activities will include, but not necessarily be limited to: bank fishing, canoeing and paddle boating, softball, ropes challenge courses, hiking, swimming, basketball, board games and crafts.

New Day Camp depends on donations for its existence. Hence campers may be photographed and videotaped to be used by the Criminal Justice and Mercy Ministries and its affiliate ministries for camp promotions.

New Day Camp will also provide worship and Bible study experiences which are of the Christian faith and involve the campers in those events. This camp will offer counseling services to children who attend. These services may involve group and/or individual counseling sessions, which will be led by a licensed professional social worker who specializes in working with children and families. The purpose of this counseling is to provide a safe environment for children to discuss their feelings regarding their parent's incarceration.

I agree to allow the child attending to participate in counseling sessions at New Day Camp. I further understand that this information will be kept confidential unless disclosure is mandated by state law. (i.e. cases of child abuse or neglect.) Information obtained through New Day Camp counseling sessions will be forwarded to the appropriate authorities when required by law.

New Day Camp will have nurse(s) as part of the camp staff. They will provide emergency medical assistance, secure any additional assistance required and monitor the dispensing of prescription and over-the-counter medication.

If you have any questions regarding any of the foregoing information please call: Kristin Terrell-Wilkes at (405) 525-3522. I hereby certify that I have read all of the foregoing and by virtue of my signature affixed hereto below do authorize the participation of each child that I enroll in New Day Camp 2022 in the activities above-described and permit said child's participation in all said activities and consent to said camp staff providing for the medical needs of the below enrolled child. **Please label all items that your child brings to camp with first and last name. We are not responsible for items lost or left at camp.**

Parent or Caregiver Permission

I, _____ hereby give my permission, allowing _____
(Caregiver Name – Please Print) (Child Name – Please Print)

to attend the CJAMM New Day Camp (ages 8-14), June 9-13, 2022 at Cross Point Camp in Kingston, OK. I also give CJAMM Executive Director and designated Camp Nurse the authority needed to ensure medical care is provided, as the need may arise, while participating in this event. My signature certifies that I have the legal authority to authorize treatment for the above child.

Signature of Parent or Caregiver

Date

Name (please print)

Relationship to child

Please return this completed Enrollment Form, Cross Point Waiver and the Angel Tree Scholarship Application by May 9, 2022 to:

FOR OFFICE USE ONLY

Date Received: _____

Received: _____

Returning: Yes No Waiting List

Camp One or Two: _____

**MAIL: NEW DAY CAMP
PO BOX 1149
OKLAHOMA CITY, OK 73101-1149
EMAIL: office@cjamm.org**

(PEASE FILL OUT OTHER SIDE➔)

****HEALTH INFORMATION****

Our Health Insurance Co. is _____ Policy # _____

Dr.'s Name _____ Phone # (_____) _____

PERMISSION TO DISPENSE PRESCRIPTION MEDICATION

<u>Child</u>	<u>Medication</u>	<u>Dosage Amt and Times</u>	<u>Special Instruction\Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information of which the nurse should be aware: _____

****OTHER INFORMATION****

**** This section must be filled out for both New Day Camp One and Two, if NONE please list "NONE." ****

1. Any allergies to food or medication? _____ Any Dietary Retrictions? _____

2. Any recent injuries or illness? _____ Past injuries or illnesses? _____

3. Any physical handicaps or conditions which restrict physical activity? _____

4. Does the child take any medications? _____

5. What type of school does the child attend? Circle One: Public Home School Private Charter Magnet Alternative School

6. Does the child have any special classes, special accomondations or school staff that works with him/her in the classroom at school?

_____ If yes, please explain: _____

7. Are there any behavioral concerns? _____

8. Does the child have a medical or educational diagnosis? (Example: ADHD, bi-polar, attachment disorder, oppositional-defiant, diabetes, seizures, asthma, etc.) _____

9. Are there any special or unusual needs the child might have at camp? _____

10. Any Tribal affiliation? _____ If yes, what tribe? _____

Caregiver Signature: _____ Date _____

PLEASE FILL OUT THE ENTIRE APPLICATION (FRONT AND BACK) AS THOROUGHLY AS POSSIBLE. INCOMPLETE APPLICATIONS WILL BE RETURNED. IF YOU HAVE ANY QUESTIONS, PLEASE DIRECT THEM TO KRISTIN TERRELL-WILKES, (405) 525-3522 OR OFFICE@CJAMM.ORG. THANK YOU.

CROSS POINT CAMP WAIVER

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY

Cross Point Camp, 7310 Rock Creek Road, Kingston, OK 73439 ("Camp") has and will make every reasonable effort to comply with all applicable health and safety rules, however accidents and mistakes can and do happen. Activity at Camp involves physical activity and some degree of proximity to others, which can a present risk of damage or injury to your property or to your person, including serious injury, such as cuts, bruises, broken bones, paralysis, concussions, diseases, or even death. Additionally, illnesses and diseases, such as COVID-19, present risks that cannot be fully mitigated, particularly in group settings, where the risk of transmission may be increased. For example, a carrier of COVID-19 or other disease may be asymptomatic but still able to infect others, who may become seriously ill or die. Finally, there is currently no cure or immunization for COVID- 19 and infection with COVID-19/SARS-2 may cause serious illness and, in some cases, death. Camp has put in place preventative measures to reduce the spread of COVID-19; however, Camp cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge Camp has no lifeguards on duty, and all use of swimming pools, ponds, creeks, streams or lakes are at each person's own risk and subject to such rules and supervision as may be required by employees, agents and personnel of Camp. I further acknowledge that I voluntarily assume the risk that my or my child's use of these areas may result in personal injury, illness, permanent disability, drowning or death. I understand that these risks may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp's employees, volunteers, and program participants and their families. I further acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp and that such exposure or infection may result in personal injury, illness, permanent disability, drowning or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp employees, volunteers, and program participants and their families.

By signing this agreement, I agree that I will follow all rules that are posted or announced at Camp, and I will practice safe social distancing and clean hygiene during my or my child's participation at Camp.

By signing this agreement, I understand that my child must be free from COVID-19 symptoms and, should symptoms develop while in the care of Camp, my child will be separated from the rest of the people at Camp. I will be contacted and my child must be picked up within six (6) hours of my being notified. I further voluntarily agree that Camp may monitor my child for symptoms of COVID-19 (including, but not limited to, fever of 100.4 degrees Fahrenheit or higher, shortness of breath, chills, dry cough, sore throat and muscle aches). I will immediately notify Camp Management if I become aware of any person with whom my child or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate, quarantine, or has tested positive for COVID-19.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT CAMP OR PARTICIPATION IN CAMP PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE BOARD OF TRUSTEES OF CAMPS AND CONFERENCES OF THE OKLAHOMA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH, INC. ("OKUMC CAMPS"), ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CAMP, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER THE INJURY, ILLNESS, PERMANENT DISABILITY, DROWNING, DEATH, OR COVID-19 INFECTION OCCURS OR MANIFESTS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY CAMP PROGRAM.

Name of Camp Participant: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name of Parent or Guardian: _____

Address: _____ City _____ State: _____ Zip Code: _____

Telephone: _(_____) _____

ANGEL TREE CAMPING SCHOLARSHIP APPLICATION



Prison Fellowship Angel Tree™ is pleased to partner with your camp to provide scholarships to allow children with incarcerated parents to attend camp at little to no cost. **Please fill out one sheet per family.**

Name of Camp Attending _____

CAREGIVER INFORMATION

Parent/Caregiver's Name _____

Parent/Caregiver's Address _____

Parent/Caregiver's Phone Number _____ Parent/Caregiver's Relationship _____

INCARCERATED PARENT'S INFORMATION (Must be complete for scholarship purposes)

Incarcerated Parent's Name _____

Incarcerated Parent's Last Known Location: Prison Name _____ State _____ Released

**This information WILL NOT be shared with the child.*

When participating in the Angel Tree associated camp (the "Camp"), I acknowledge that my child may be photographed for print, videotaped, or electronically imaged (Images) and that my child's first name and biographical information, and/or comments and quotes may be obtained (Statements); and that such Images and Statements (Materials) may be used by Prison Fellowship and/or the Camp in promotional materials, news releases, websites, and other published formats. I hereby release Prison Fellowship and the Camp, and anyone working on their behalf from any and all liability, claims, and causes of action that I might have arising out of the use of such Materials, to include rights of publicity and privacy. The Materials will be the sole property of Prison Fellowship and/or the Camp.

Caregiver's Signature _____ Date _____

CHILDREN'S INFORMATION

Child's Name _____

Name of Camp Attending _____ Date of Camp Attending _____

Child's Date of Birth _____ Child's Ethnicity (Hispanic, African American, Caucasian, etc.) _____

Please check appropriate box.

Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? Yes No

The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.
(Check the box if this statement is true.)

The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.
(Check the box if this statement is true.)

Child's Name _____

Name of Camp Attending _____ Date of Camp Attending _____

Child's Date of Birth _____ Child's Ethnicity (Hispanic, African American, Caucasian, etc.) _____

Please check appropriate box.

Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? Yes No

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The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.
(Check the box if this statement is true.)