



CAMP CULTURAL LEADERSHIP APPLICATION FOR PARTICIPATION

Page Two must be completed by applicant. Please **type** or **print** in ink. Please send your completed packet to:

Camp Cultural Leadership
225 S. Meramec Ave, Suite 107
St. Louis, MO 63105

Complete application packet includes :

- | | |
|--|---|
| <input type="checkbox"/> this 3-page Application, | <input type="checkbox"/> Medical Form |
| <input type="checkbox"/> one (1) Recommendation - including form, (unless sent directly by recommender) | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Behavior Policy | <input type="checkbox"/> Financial Aid Form (will be distributed separately) |
| <input type="checkbox"/> Photo Release Form | <input type="checkbox"/> Payment Options Form |
| | <input type="checkbox"/> a picture of yourself |

I. PERSONAL INFORMATION

A. LEGAL NAME (& NICKNAME) _____

B. ADDRESS
 Street _____
 City / State / ZIP _____

C. CONTACT INFORMATION
 Home phone (_____) _____ - _____
 Cell phone (_____) _____ - _____
 Fax (_____) _____ - _____
 Email _____

D. DATE OF BIRTH _____ / _____ / _____

E. IDENTITY
 Race _____
 Religion _____
 House of worship _____

F. GENDER Male () Female () Other ()

G. WHAT GRADE WILL YOU BE IN THIS FALL? Eighth () Ninth ()

H. CURRENT SCHOOL _____

I. T-SHIRT SIZE (Adult) XS () S () M () L () XL () XXL ()

J. PARENT(S) / GUARDIAN(S) INFORMATION	Name	Street Address	City / State / ZIP	Home phone	Cell phone	Email
		_____	_____	_____	(____) _____	(____) _____

II. EXTRACURRICULAR ACTIVITIES, RECREATIONAL INTERESTS, ACADEMICS, ASPIRATIONS

A. SCHOOL AND COMMUNITY ACTIVITIES

List activities you engage in or organizations you belong to, including offices held.

B. TALENTS AND INTERESTS

List any hobbies or other interests.

III. OTHER INFORMATION ABOUT YOU

A. FRIENDS

How would a good friend describe you?

B. COMFORT ZONE

Describe a time when you were out of your comfort zone or in an uncomfortable situation and what you did about it.

C. PASSION

What social justice issue(s) are you most passionate about? Why? How have you taken any action to improve it/them?

D. CURIOSITY

Curiosity is a core value. How have you exemplified curiosity in your life?

E. MOTIVATION

Why are you applying for Camp Cultural Leadership?

F. REFERRAL

How did you learn about Camp Cultural Leadership?

IV. REFERENCE (PAST OR PRESENT TEACHERS, COUNSELORS, OR CLERGY)

**A. PERSON SUPPLYING
RECOMMENDATION**

Name _____
Phone (_____) _____ - _____
Email _____
Relationship _____

V. REQUIRED FEE and PROGRAM COSTS

Camp Cultural leadership requires a completed application and a \$100 non-refundable deposit per child to secure rate. Balance paid in full is required by June 1, 2017. However, full payment at the time of application is greatly appreciated.

Checks may be mailed to our office, along with your completed registration forms.

- A limited amount of Financial Aid is available – please request a Financial Aid Form. Students are welcome and encouraged to raise their program fee through fundraising.
- If you would like to support another student going to camp, donations are appreciated.
- Fees increase after March 24; after April 21; and after June 1.
- Refunds (less the \$100 deposit) will be granted before June 1, 2017. Withdrawals after June 1, 2017 incur full tuition charges for the session. Exceptions to the payment policy will be granted for medical reasons.

Before and After care services are available for an additional cost. Before Care is available from 8:30-9:30am and After Care is available from 3:15-5:00pm, please see Payment Options form for rates.

Fill out and submit our **Payment Form** [Attached].

VI. CAMP SESSION (Circle a session)

3-Week Session: July 10th – July 28th

2-Week Session: July 10th- July 21st

VII. CONSENT A parent or guardian and the applicant must sign below to make this application complete.

The undersigned parent / guardian has reviewed the above and hereby authorizes **(Student Name)** _____ to participate in Camp Cultural Leadership. Furthermore, I am not aware of any circumstances or conditions (including, but not limited to, physical or psychological conditions) that would impair my/my child’s ability to participate in Camp Cultural Leadership or to perform any of the obligations required by the Program. I agree to notify Cultural Leadership immediately if any such circumstances should arise.

I hereby represent and warrant that to the best of my knowledge all of the information contained herein is accurate and complete.

A. PARENT / GUARDIAN

Signature _____
Date _____ / _____ / _____
Relationship _____

B. STUDENT

Signature _____
Date _____ / _____ / _____

DEADLINE TO REGISTER IS JUNE 1, 2017.



CAMP CULTURAL LEADERSHIP

BEHAVIOR POLICY

REQUIRED FORM

Camp Cultural Leadership is designed for young adults to function in an atmosphere dedicated not only to individual growth but also to group cohesion. These situations sometimes stimulate various behaviors including both positive and negative peer pressures. Since our program population is a sampling of the world we live in, we deem it advisable to delineate very clearly what Cultural Leadership's standards and rules are. Please initial the following points to show that you have read them.

I will not:

- Possess, consume, or distribute alcoholic beverages;
- Possess, use, or distribute any illegal drugs or drug paraphernalia;
- Smoke, consume, or distribute tobacco products;
- Possess or use any weapon, firearm, or anything that may be construed as a weapon;
- Engage in **ANY** sexual behavior with my fellow participants, regardless of gender;
- Leave any program venue without permission from Cultural Leadership staff.
- Engage in activity detrimental to the welfare or health of others, including, but not limited to, persistent physical or verbal abuse, theft, or vandalism. Cultural Leadership will charge the offender for repairs or removal of graffiti.
- I agree to abide by any additional rules**, pertinent to a specific event, that may be announced, and to accept the consequences of their violation, including possible expulsion from Cultural Leadership.

I understand that:

- Being a part of the Cultural Leadership community means doing activities together. Participants are expected to join in group activities and are encouraged to participate in all program activities.

Camper's Name: _____

Parent/Guardian Signature: _____

Date: _____



CAMP CULTURAL LEADERSHIP AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

I, _____, hereby expressly grant to Cultural Leadership and its employees, agents, and assigns, the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness (as the same may appear in any still camera photograph and/or motion picture film), in and in connection with the exhibition, theatrically, on television or otherwise, of any motion pictures in which the same may be used or incorporated, and also in the advertising, exploiting and/or publicizing of any such motion picture, but not limited to television or theatrical motion pictures. I further give Cultural Leadership the right to reproduce in any manner whatsoever any recording made by Cultural Leadership of my voice and all instrumental, musical, or other sound effects produced by me.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound, I have hereunto set my hand this _____ day of _____
20_____.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____



CAMP CULTURAL LEADERSHIP

MEDICAL CONSENT FORM

This form must be completed and returned to Cultural Leadership prior to participation in ANY Cultural Leadership program.

STUDENT NAME _____ DATE OF BIRTH ____/____/____

STUDENT ADDRESS _____

PARENT/GUARDIAN NAME _____ PHONE #1 ____ - ____ - _____

PHONE #2 ____ - ____ - _____

PHONE #3 ____ - ____ - _____

OTHER CONTACT NAME _____ PHONE ____ - ____ - _____

FAMILY DOCTOR NAME _____ PHONE ____ - ____ - _____

HOSPITAL _____

CURRENT CONDITIONS
& MEDICATIONS _____

ALLERGIES TO FOOD OR
MEDICATION _____

DATE OF MOST RECENT TETANUS SHOT ____/____/____

INSURANCE COMPANY _____ PLAN # _____

POLICYHOLDER'S NAME _____

Medical services can be performed on a person under 18 years of age only with permission of the parent or guardian. In the event of serious illness or accident, every effort will be made to contact the parent or guardian. However, in the event that delay of treatment may be detrimental, authorization for consultation and treatment is requested. With this understanding, permission is hereby granted to perform emergency medical or surgical service during the period of this program. ALL expenses related to locating, acquiring, and providing medical services will be the responsibility of the parent and/or guardian. All participants must have their own health insurance.

SIGNATURE _____
(STUDENT)

DATE ____/____/____

SIGNATURE _____
(PARENT/GUARDIAN)

DATE ____/____/____



CAMP CULTURAL LEADERSHIP

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Participant's Name: _____ Birth Date: _____
Address: _____ Phone: _____
Proposed Activity: _____

Note: This form must be signed and notarized.

In consideration of Cultural Leadership ("CL") permitting me to participate in CL activities either on or off its property, I, for myself, my heirs, personal representative or assigns, do hereby agree as follows:

- 1. Waiver.** I, on behalf of myself, my heirs, personal representative or assigns hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify CL and its agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participating in CL activities on or off CL property. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the conditions of CL premises, and/or for the negligent acts or other conduct by the agents, officers or employees of CL.
- 2. Assumption of Risks.** I fully understand and acknowledge that even the simplest activities have: (a) inherent risks, dangers and hazards; (b) my participation in such activities may result in serious injury or illness; and (c) these risks and dangers may be caused by the negligence of the employees, officers or agents of CL, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. I have read the previous paragraphs and I know, understand, and appreciate these and other risks. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.
- 3. Indemnification.** I agree to indemnify and hold CL harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including those caused by negligence and any attorney's fees brought as a result of my involvement in such activities and to reimburse them for any such expenses incurred.
- 4. Severability.** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 5. Acknowledgment of Understanding.** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to completely and unconditionally release CL from all liability caused by negligence or any other cause to the greatest extent allowed by law.

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which CL or its agents is a party shall be the St. Louis County Circuit Court, St. Louis, Missouri.

Signature of Participant (or Parent/Guardian of Participant if minor) _____ Date

Notary Signature and official seal _____ Date



CAMP CULTURAL LEADERSHIP

FINANCIAL AID FORM

Camp Cultural Leadership is a three week, day camp for rising 8th and 9th grade students in the St. Louis area. Students will develop leadership skills and explore social justice through hands-on, interactive programs. There will be a two day, one night trip to Memphis during camp.

Camper Info:

Student: _____

Date: _____

School: _____

Grade/Class: _____

We are a non-profit organization and have a limited amount of financial aid to provide our campers. Financial aid is need-based and determined on a first come, first served basis. Payment plans are also available.

Are you currently employed?

If yes, who is your employer and what is your position?

Have you approached your child's school or other community organization for assistance with the camp fee?

Are you currently receiving assistance from the federal government? For example, your child is eligible for the Free and Reduced Lunch program; your family receives TANF funds, etc.

Please explain your family's need for financial aid. (Attach additional documents, if necessary)

Please return completed form to:

Camp Cultural Leadership
225 S. Meramec, Ste. 107
St. Louis, MO 63105



CAMP CULTURAL LEADERSHIP

PAYMENT OPTIONS

Please complete and return this form along with your payment. A minimum \$100 deposit is due by date listed to lock in rate.

REQUIRED PROGRAM FEE (3 WEEK CAMP OPTION)

Please check the appropriate box.	Pay this Program Fee:	If you are submitting your payment...
<input type="checkbox"/>	\$950	before March 24, 2017
<input type="checkbox"/>	\$1,050	before April 21, 2017
<input type="checkbox"/>	\$1,100	before June 1, 2017
<input type="checkbox"/>	\$1,150	on or after June 1, 2017

BEFORE/AFTER CARE FEE

Please check each option you require	Pay this Before/After Care Fee	If you require...
<input type="checkbox"/>	\$150	Before Care - 8:30 to 9:30 am After Care - 3:00 to 5:00 pm

OPTIONAL DONATION TO SUPPORT SCHOLARSHIPS

We are currently accepting donations to fund partial and full scholarships for students with financial need. Please check the box if you are making an additional donation.*

Please check the appropriate box	Donate this amount:	To generously fund a...
<input type="checkbox"/>	\$950	Full Scholarship
<input type="checkbox"/>	\$475	Half-scholarship
<input type="checkbox"/>	enter amount of donation	Partial scholarship
Enter total amount enclosed	Total Amount Enclosed, including program fee, before/after care fee, and scholarship donation.	

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CHECK

Completed form and check - made payable to "Cultural Leadership" - should be mailed to:

Camp Cultural Leadership
225 S. Meramec Avenue, Suite 107
St. Louis, MO 63105

CREDIT CARD

Billing Street Address			
City, State, Zip			
Credit Card #			
Type of card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Expiration Date			
3-digit Security Code			
Item charged			
Total Amount of Charge			
Signature			

*Donations are tax-deductible.



CAMP CULTURAL LEADERSHIP

PAYMENT OPTIONS

Please complete and return this form along with your payment. A minimum \$100 deposit is due by date listed to lock in rate.

REQUIRED PROGRAM FEE (2 WEEK CAMP OPTION)

Please check the appropriate box.	Pay this Program Fee:	If you are submitting your payment...
	\$650	before March 24, 2017
	\$700	before April 21, 2017
	\$750	before June 1, 2017
	\$800	on or after June 1, 2017

BEFORE/AFTER CARE FEE

Please check each option you require	Pay this Before/After Care Fee	If you require...
	\$100	Before Care - 8:30 to 9:30 am After Care - 3:00 to 5:00 pm

OPTIONAL DONATION TO SUPPORT SCHOLARSHIPS

We are currently accepting donations to fund partial and full scholarships for students with financial need. Please check the box if you are making an additional donation.*

Please check the appropriate box	Donate this amount:	To generously fund a...
	\$650	Full Scholarship
	\$325	Half-scholarship
	enter amount of donation	Partial scholarship
Enter total amount enclosed	Total Amount Enclosed, including program fee, before/after care fee, and scholarship donation.	

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St. Louis, MO 63105

CREDIT CARD

Billing Street Address			
City, State, Zip			
Credit Card #			
Type of card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Expiration Date			
3-digit Security Code			
Item charged			
Total Amount of Charge			
Signature			

*Donations are tax-deductible.