

CAMP MARIPOSA® 2021 YOUTH APPLICATION



Camp Mariposa Location

- | | | |
|---|---|---|
| <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Irvine, KY | <input type="checkbox"/> San Diego, CA |
| <input type="checkbox"/> Dandridge, TN | <input type="checkbox"/> Martinsburg, WV | <input type="checkbox"/> Sarasota, FL |
| <input type="checkbox"/> Dayton, OH | <input type="checkbox"/> Nashua, NH | <input type="checkbox"/> South Bend, IN |
| <input type="checkbox"/> Everett, WA | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> St. Petersburg, FL |
| <input type="checkbox"/> Hamilton, OH | <input type="checkbox"/> Philadelphia, PA | <input type="checkbox"/> Vancouver, WA |
| <input type="checkbox"/> Indianapolis, IN | <input type="checkbox"/> Princeton, WV | <input type="checkbox"/> Other: _____ |

Camp Mariposa (CM) Component

Camp Mariposa Program: Camper (Youth ages 9-12)
 Junior Counselor/Alumni/Teen

How did you learn about Camp Mariposa? CM Director/Staff CM Parent Friend
 Therapist School Social Worker/Case Manager
 Social Media Eluna Website Other: _____

Youth Applicant Information

First Name: _____ Last: _____ MI: _____

Preferred/Nickname (if any): _____ Age: _____ Date of Birth (mm/dd/yy): _____

Gender: Female Male Non-conforming/Nonbinary Other: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

The following information is used to gather demographic statistics.

Does the youth applicant qualify or receive free lunch at school? Yes No

Race/Ethnicity of Youth Applicant: African-American/Black American Indian/Native American Asian
 Hispanic/Latino Pacific Islander White/Caucasian Multi-racial (please select all race/ethnicities that apply)
 Other Race/Ethnicity: _____

Has the youth applicant ever been involved with the juvenile justice system? Yes No

If yes, (check all that apply): Arrested Held in juvenile detention Placed on probation
 Went to court Involved for status offense (example: truancy, runaway, ungovernable)
 Other: _____

Has the youth applicant ever received services from this organization? Yes No

Youth Activities

Does youth applicant participate in any of the following outside of this program (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Sports | <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Boys/Girl Scouts |
| <input type="checkbox"/> YMCA Activities | <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> Dance/Theater/Art | <input type="checkbox"/> 4H |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Other: _____ | |

Is the youth applicant currently in counseling? Yes No

Youth Family Information

Youth applicant lives with (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Group & Residential Staff/Program | | <input type="checkbox"/> Other: _____ | | |

Youth applicant's family member who has struggled with the disease of addiction (past or present) (check all that apply):

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Adopted Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Father (biological) | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Adopted Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Step-Sibling(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Uncle(s) |
| <input type="checkbox"/> Other: _____ | | | | |

Please indicate the type of substance(s) the youth applicant's family member(s) has struggled with (check all that apply):

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogens (LSD, PCP, etc.) | <input type="checkbox"/> Stimulants (Cocaine, Meth, Adderall etc) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Opioids (Heroin, Fentanyl, Oxycodone etc.) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Prefer Not to Say | |

Youth applicant has a family member/guardian in the military (past or present): Yes No

If yes, please indicate all branches that your family has an affiliation with:

Army Navy Marine Corps Air Force National Guard Coast Guard

If yes, please indicate the status of the family member(s) with military affiliation:

Active Reserve Retired/Veteran

If yes, please indicate the family member(s) who were or are in the military (check all that apply):

Mother (biological) Step-Mother Adopted Mother Foster Mother Grandmother
 Father (biological) Step-Father Adopted Father Foster Father Grandfather
 Sibling(s) Step-Sibling(s) Cousin(s) Aunt(s) Uncle(s)
 Other: _____

Youth Applicant History

Camp Mariposa has been providing services for youth and families experiencing issues such as addiction, poverty, abuse and mental health for over a decade. We recognize the following questions may be sensitive information to share, but this will help us plan and prepare a program that will benefit all youth. In the event of current abuse of any type, Camp Mariposa staff are mandated reporters.

Mental Health

Has youth applicant or anyone in his/her family experienced mental health issues? Yes No

If yes, please indicate who has had this experience (check all that apply) :

Self Mother Father Sibling (brother/sister)
 Uncle/Aunt Grandparent Cousin Other: _____

Abuse/Neglect

Has youth applicant experienced abuse? Yes No

If yes, please indicate type of abuse (check all that apply): Emotional Neglect Physical
 Sexual Verbal Other: _____

Foster Care/Kinship Care

Has the youth applicant had experience in the foster care system (foster parents, group homes, kinship care, adoption)? Yes No

If yes, please indicate the youth applicant's status in the foster care system:

- Previously in foster care
- Currently in foster care/kinship/group care
- In foster care, but in the process of reunifying with their family

Grief/Loss

Has the youth applicant experienced grief or loss such as loss due to death, separation or incarceration?

- Yes
- No

If yes, please specify:

Program Interest

Youth Applicant T-shirt size:

Youth Size: M L XL

Adult Size: XS S M L XL XXL

Has the youth applicant ever spent the night away from home? Yes No

Parent/Guardian Contact Information

First Name: _____ Last: _____ MI: _____

Preferred/Nickname (if any): _____ Age: _____ Date of Birth (mm/dd/yy): _____

Gender: Female Male Non-conforming/Nonbinary Other: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship to youth applicant: _____

Emergency Contacts

Please list two people other than you to contact in case of an emergency at camp.

Emergency Contact #1

Name: _____ Relationship to youth applicant: _____

Day Phone: _____ Eve. Phone: _____ Cell Phone: _____

Emergency Contact #2

Name: _____ Relationship to youth applicant: _____

Day Phone: _____ Eve. Phone: _____ Cell Phone: _____

Additional Youth Information

Please list any special needs or physical challenges the youth applicant has:

Please tell us what it would mean for the youth applicant to participate in the Camp Mariposa program:

Please list any hobbies/interests the youth applicant has:

Acknowledgment

- ✓ **Camper:** I understand that Camp Mariposa is a yearlong program. I will make every effort to attend each weekend camp and a majority of the activities that will be held during the coming year.

- ✓ **Junior Counselor:** I understand that the Junior Counselor program is a leadership program for Camp Mariposa alumni interested in gaining valuable experience by assisting staff and supporting campers. I will make every effort to attend all weekend sessions I am invited to and a majority of the additional activities that will be held during the coming year.

- ✓ **Teen/Alumni:** I understand that as a teen participant of the Camp Mariposa teen program, I will be invited to attend special activities. I will make every effort to attend all activities during the coming year.

Parent/Guardian Signature: _____ **Date(mm/dd/yy):** _____

Youth Applicant Signature: _____ **Date(mm/dd/yy):** _____

Assent & Consent:

Below we request the assent of Camp Mariposa campers and the consent of camper parents/guardians. Your signatures mean that you have read this form in its entirety, comprehend the consent, and are willing to participate in sharing your information for program evaluation and research purposes.

Parent/ Guardian signature for consent: _____ Date _____

Parent/ Guardian printed name for consent: _____

Signature of Camper for assent: _____ Date _____

Printed name of Camper for assent: _____

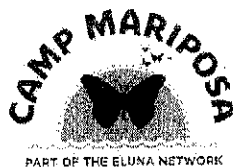
Thank you for your time and consideration in this matter.

Sincerely,

The Camp Mariposa Team

For any questions about this form or the research/evaluation project, please contact:

Brian J. Maus, MA, LMFT
Director of Addiction Prevention and Mentoring Programs
brian@moyerfoundation.org or 267-563-7462



Camper Code of Conduct

Camp Mariposa is committed to providing a positive and safe experience for campers, mentors and staff. Campers are expected to abide by all camp rules and policies to help foster a safe, supportive environment for their peers and adult leaders. Campers are encouraged to participate in all camp activities and are invited to share their experiences related to substance use disorder in their families and other topics.

Please review the following guidelines with your camper(s) before their first camp weekend to ensure they understand the camp rules. Campers are expected to:

- Abide by all camp rules and policies
- Follow instructions from staff and adult leaders
- Actively participate in camp activities
- Use language that is respectful, positive and supportive to their peers and adult leaders. Foul language, teasing, bullying or put downs of any kind will not be tolerated.
- Be sensitive to the needs and boundaries of others
- Be responsible for their belongings
- Refrain from retaliation of any kind. If a camper or mentor does something that makes them upset or uncomfortable the Camp Director or Clinical Director should be notified.
- Not leave group or campground without an adult
- Refrain from bringing prohibited items to camp

Camp Mariposa staff makes every effort to use positive reinforcement when working with campers. Inappropriate camper behavior is addressed appropriately and effectively using methods such as redirection and providing campers time to cool off. A camper may be asked to leave camp for the following reasons:

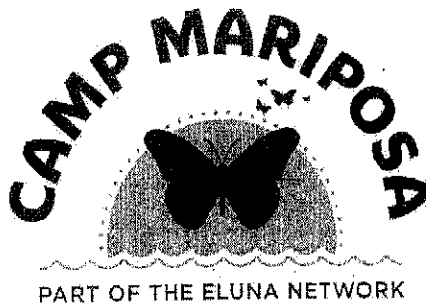
- Use of alcohol or recreation drugs
- Abusive or inappropriate language or behavior
- Physical aggression or sexual contact with other campers or adult leaders
- Any action that endangers the health and safety of other campers or adult leaders
- Bringing or using a weapon at camp including a pocket knife
- Stealing or borrowing another camper or mentors' item(s) without their consent
- Vandalizing, defacing or damaging camp property, supplies or materials

The Camp Director reserves the right to release any camper for failure to abide by the rules and expectations of camp. If a camper is asked to leave camp, the camper's parent or legal guardian will be contacted. A camper who is dismissed for failing to abide by the camp expectations may be dismissed from the entire Camp Mariposa program.

Parent/Caregiver Signature: _____

Camper(s) Signature: _____

Date: _____



CUSTODY RELEASE FORM

Name of child: _____ Birth date of child: _____

I am the parent or legal guardian of the child identified above. I hereby authorize and direct Camp Mariposa, its staff and/or its mentors to release my child to the following person(s) during or at the end of Camp Mariposa activities for purposes of assuming custody of my child.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Cell Phone: _____ Cell Phone: _____

If it is necessary for my child to leave Camp Mariposa before the end of the program to due illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Mariposa may require photo identification of anyone who picks up the child from Camp Mariposa, including myself.

I hereby release Camp Mariposa, its staff, volunteers and representatives from liability for releasing my child to the person(s) identified above.

I understand and agree that, in the event of an emergency, Camp Mariposa staff or mentors may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

Printed Name of parent/guardian

Signature of parent/guardian

Date



**MEDICAL INFORMATION FORM/
CONSENT FOR EMERGENCY TREATMENT**

Name of parent/guardian: _____
First Middle Last

Mother _____ Father _____ Legal Guardian _____ (check one)

Name of child: _____
First Middle Last

Male _____ Female _____ Birth Date of Child: _____

As the parent/legal guardian of the above-named child, I give full authorization to Camp Mariposa staff or agents to secure medical care for my child. This care may include treatment from the nearest physician, medical clinic, hospital, trained nurse, EMT or emergency responder, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Mariposa staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to provide any medically necessary care for my child. I further authorize Camp Mariposa and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care provided to my child and will indemnify and hold harmless Camp Mariposa for such care or related costs or expenses.

My child has the following health issues: _____

My child takes the following prescription and or non-prescription medications: _____

My child has the following allergies (includes food, medication and all other allergies): _____

Name of health insurance carrier: _____

Address: _____

Phone Number: _____

Policy Holder's Name: _____ Policy and Group Number: _____

Signature of Policy Holder: _____



Assumption of Risk and Liability Release Agreement

The novel coronavirus, which causes the disease COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Boys & Girls Club of Greater Nashua/Camp Mariposa Nashua ("Local Camp") has put in place measures designed to reduce the spread of COVID-19. However, Local Camp and Eluna **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Mariposa activities could increase** your risk and your child(ren)'s risk of contracting COVID-19.



By signing this Liability Release Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Mariposa activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Mariposa activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Local Camp and employees, agents, volunteers, program participants and their families.

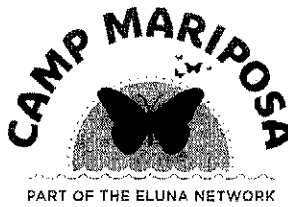
I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren) , but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at Camp Mariposa activities ("Claims"). On my behalf/on behalf of me and my children, I hereby covenant not to sue, and I agree to release, defend, indemnify and hold harmless Local Camp and Eluna, and their respective employees, agents, and volunteers, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto that I/I or my children may have or acquire. I understand and agree that this Liability Release Agreement includes but is not limited to any Claims based on the actions, omissions, or negligence of Eluna, Local Camp and employees, agents, and volunteers. If any provision of this Liability Release Agreement is held to be unenforceable, all remaining provisions shall be given full force and effect.

Print Name of Participant: _____

Check the appropriate box: Youth Participant Family Member Mentor Volunteer Staff

Signature of Parent/Guardian of Youth Participant Date

Signature (Mentor/Volunteer/Staff/Family Member) Date



2021 CAMP MARIPOSA® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna desires to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Mariposa®, as a camper, employee or volunteer. I understand these audio or visual works may be used to advertise; promote, distribute, market, research, obtain funding for and sell various services, including Camp Mariposa and its related activities. By this Consent and Release Agreement ("Consent and Release"), I hereby grant, certain rights to Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release confirms my child's and my grant of rights and our agreement is as follows:

2. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna and its directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Mariposa, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); and, (b) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Mariposa for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose ("Promotional Materials").

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna therefor.

2. Contact. Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its directors, officers, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Mariposa. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

4. **Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Mariposa is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Mariposa, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Mariposa, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. **Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. **Governing Law.** This Consent and Release, will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. **Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper, Jr Counselor/Alumni/Teen, Family Member, Mentor, Volunteer/Visitor or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Jr. Counselor/Alumni/Teen Family Member Mentor Volunteer/Visitor

Please initial if the individual signing is the parent or legal guardian of the individual participating: _____

Youth Name (if applicable): _____

Date of Birth: _____ Youth Email: _____

Parent or Guardian / Staff Member / Volunteer/Visitor Name (if applicable): _____

Address: _____

City, State and Zip: _____

Phone Number: () _____ Email: _____

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: _____ Date: _____

Youth/Family Member/Mentor/Volunteer/Visitor (if over age of majority in state of residence)

Parent/Guardian (if Youth/Family Member/Volunteer/Visitor is under age of majority in state of residence)