



Student Name: _____
Guardian Name: _____
Emergency Contact: _____

Camp STARR Registration Forms

June 27-June 29

2017

All the forms in this packet need to be filled out to ensure your student will attend Camp STARR 2017. Contact Jasmine King or Cierra Edwards at 216.752.3000 or programs@diversitycenterneo.org for questions or concerns.

PLEASE RETURN by Mail, Fax, or Email.

The Diversity Center of Northeast Ohio
3659 Green Rd., Suite 220 | Cleveland, OH 44122
Fax: 216-752-4974
Email: programs@diversitycenterneo.org

CHECKLIST

- Application Essay Questions
- Agreement to Participate
- Student Publicity Release
- Diversity Center Medical Release

2017 Camp STARR Application Questions



Parent/Caregiver Letter

Thank you for your interest in The Diversity Center of Northeast Ohio's program, Camp STARR (Students Talking About Race Relations), scheduled for Tuesday, June 27, 2017 through Thursday, June 29, 2017.

As the trip quickly approaches, there are a few important items that are listed for your review.

1. The completed permission slips, medical forms, as well as payment of **\$100.00 (check or money order only made payable to The Diversity Center) MUST** be turned in to secure your spot. Spots fill up fast! The Diversity Center cannot hold spots that have not been paid for.
2. Please mail your payment to The Diversity Center. 3659 Green Road., Suite 220, Cleveland, OH 44122.
3. Applications are considered on a rolling basis. We are accepting 30 students this year!
4. **Registration will close once we reach capacity.**
5. Attend the Student & Family Orientation. **Saturday, June 3rd 11:00am at MOCA, 11400 Euclid Avenue, Cleveland, OH 44106 or Phone Conference: Tuesday, June 13th at 6:30pm. Please call 216-752-3000 for conference number.**

Please find in this packet:

BOLD indicates forms that must be signed and returned to The Diversity Center with payment.

1. **Student/guardian agreement to participate and permission form**
2. **Student medical form**
3. **Student publicity/agreement form**
4. **The Diversity Center Release Forms**
5. Packing list

This year, our residential host will be Oberlin College (173 W Lorain Street | Oberlin, OH 44704). Please note that we will be staying at a dormitory and that students will be required to participate in activities regardless of the weather; therefore, appropriate attire is required.

We at The Diversity Center look forward to this trip every year! The retreat aims to be challenging, insightful and fun! Ultimately, you will gain transferable life skills to use in your student's/child's future as a student advocate for change!

Please call us at 216.752.3000 or email programs@diversitycenterneo.org with any questions or concerns.

Best,

Jasmine King
Director of School and Youth Programming
jking@diversitycenterneo.org

Shannon Shaver
Program Specialist, School & Youth
sshaver@diversitycenterneo.org

Brian Anthony
Program Specialist, School & Youth
banthony@diversitycenterneo.org

Cierra Edwards
Manager, of Special Events and Programs
cedwards@diversitycenterneo.org

LaVona Carpenter
Program Specialist, School & Youth
lcarpenter@diversitycenterneo.org



AGREEMENT TO PARTICIPATE IN CAMP STARR

I understand that my child will act as a participant in Camp STARR scheduled for June 27-29, 2017 sponsored by The Diversity Center of Northeast Ohio, Inc. In consideration for my child being permitted to participate in activities with The Diversity Center at Oberlin College and in the Greater Cleveland & Detroit area, I (we), parent(s) and/or legal guardian(s) of:

_____ (Student Name), agree to the following provisions.

Acknowledgement

I understand that there are numerous risks and benefits associated with participating in camping activities, including low initiatives/action challenge activities. I recognize that accidents occur and that all risks cannot be eliminated or controlled. Some, but not all, of the specific risks include:

Weather conditions which may change rapidly, causing injury directly (sunburn, hot/cold temperature extremes) or by affecting other factors (performance of equipment may be impaired). Some activities take place in a natural environment, where unexpected and unmarked objects and conditions create the risk of injury or death from falling, tripping, etc., insect or animal contact, and potentially harmful vegetations. Activities near water involve the risk of injury, illness, and drowning.

These are some but not all of the risks inherent in camping activities. There are also some risks which cannot be anticipated. Counselors, The Diversity Center staff, and the site staff will use their best judgment in determining how to react to circumstances including the aforementioned and other unpredictable, natural phenomena.

I acknowledge that I am aware of the possible risks, dangers and hazards associated with travel to and from location(s) to be visited during the retreat including transportation provided by commercial, private and/or public motor vehicles.

In the event that the child needs to be sent home, for any reason whether discipline or health related it will be the responsibility of the parent/ guardian to retrieve the child. The child shall be picked up within 5 hours.

Expectations of Participant

Each participant is expected to:

- Respect & obey The Diversity Center staff and Counselors, as wells as all posted rules and regulations
- Assist by informing/alerting the group leader(s) to situations which may cause injury to themselves and others

Specific Requirements

Each participant should provide appropriate weather/survival clothing, including applicable footwear. The Diversity Center does not provide and assumes no responsibility for personal clothing, personal camping gear, and the like, and/or injury arising from the participants' lack of use, or misuse of the same.

There are no physical, emotional, or mental problems or limitations associated with my child's participation in activities, except as disclosed by me in writing attached to the medical form. The physical rigors involved require that each participant be of sound health considering the activities involved and that acceptable certification of participation be provided by parents/guardians.



AGREEMENT TO PARTICIPATE IN CAMP STARR RELEASE

I give my consent for The Diversity Center to bring my child to the Historic First Congregational Church of Detroit & Underground Railroad Living Museum for historical education purposes.

Student Signature: _____ Date: _____

Parent/Guardian/ Signature: _____ Date: _____



STUDENT PUBLICITY RELEASE

Photographs, slides, and videotapes may be created during the duration of the retreat and participants are likely to be included in any of these. These photos, slides, and videos may be used in press releases, news stories, various Diversity Center of Northeast Ohio publicity pieces, or in similar publications. We hereby request permission to use any photographs, slides, or videotapes in which you appear for these purposes.

Thank you for your consideration.

I give my consent to use photographs, slides, or videotapes in which I/my child appear(s) for The Diversity Center publicity purposes.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE

STUDENT AGREEMENT

I accept the challenge of being a participant at The Diversity Center of Northeast Ohio's Camp STARR retreat. As a participant, I acknowledge my responsibility to, myself and other participants.

I agree to be present at the retreat from Tuesday, June 27, 2017, through Thursday, June 29, 2017.

I will respect the rights and responsibilities of my participation and will join in the spirit of the retreat to the best of my ability.

STUDENT SIGNATURE

DATE



**THE DIVERSITY CENTER OF NORTHEAST OHIO
STUDENT MEDICAL INFORMATION & EMERGENCY RELEASE FORM**

Please print clearly. It is crucial that you complete all requested information.

Student Participant Name

High School

Age _____ Gender _____ Student E-mail _____

Street Address _____ Student Phone _____

City

State

Zip

Parent/Guardian: Name

Phone (home and cell)

Parent/Guardian: E-mail

Physician: Name

Phone (day & night)

Family Dentist: Name

Phone (day & night)

Medical Insurance - Provider & Number

MEDICAL HISTORY: Check all that apply.

Immunizations

Chicken Pox

Measles

German Measles

Measles, Mumps, Rubella Date

Mumps

Tetanus Booster Date

Tuberculin Test Date

Ever had a reaction to any immunization? If so, please describe:



Allergies:

- Hay Fever
- Asthma
- Poison Ivy, Sumac, Oak
- Insect Bites/Stings
- Food
- Medication

Currently taking medication for allergies? Please describe:

Chronic Illnesses:

- Heart Disease
- Ear Infections
- Convulsions
- Diabetes
- Other

Please describe _____

CURRENT HEALTH STATUS:

Please describe any problems or conditions that could affect participation.

Any special consideration, i.e. dietary needs, restricted activity, lodging preferences, etc? **PLEASE SPECIFY IF YOU ARE A VEGETARIAN, VEGAN, MAINTAIN A KOSHER DIET OR HAVE FOOD ALLERGIES!**

Are you taking prescribed medication? If so, please list medication & dosage schedule.

GENERAL EMOTIONAL HEALTH:

Camp STARR is an intellectually, physically, and emotionally challenging experience for young people. To assist the staff in providing a productive, supportive environment for all participants, please respond to the following questions. All information will remain strictly confidential.

Do you have particular emotional needs about which the staff should know? If yes, please explain briefly.

Are you currently participating in psychological counseling? If yes, please give counselor's or physician's name, daytime and nighttime phone numbers (for emergency use only).

ADDITIONAL HEALTH INFORMATION:

Please offer any necessary health information not included on this form:

CONFIDENTIAL



Camp STARR Packing List

TAKE NOTE, YOU WILL BE OUTSIDE SO PLEASE DRESS APPROPRIATELY!

Activities are **both indoors and outdoors rain or shine.**

DRESS IS CASUAL: jeans, T-shirts, shorts, etc... The emphasis is on comfort; leave the high heels at home! Most of time will be engaged in walking, please pack your walking shoes. Also check the weather report before you pack. **We're outside rain or shine,** pack for all possible conditions.

The beds have mattresses but students must bring their own pillows, sheets, blankets or sleeping bags. Please bring toiletries & towels as well.

*****A suggested packing list includes:**

Jeans/ Shorts

Swim Wear (If you plan to go swimming when time allows- If not, a novel to read or card game to play)

Light Jacket/ Sweatshirt (we'll be having some evening outside activities)

Sturdy Sneakers

Closed toed shoes

Rain gear (ponchos/rain jacket with hood); **we're outside rain or shine!**

Personal gear: toothbrush, toothpaste, soap, shampoo, deodorant etc...

Flashlight with fresh batteries

Notebook, pencil, pens

Alarm clock

Sunglasses

Camera

Sunscreen

Insect repellent

Small Fan

Towels

LABEL EVERYTHING WITH YOUR NAME.

NOTE: CELL PHONES, MP3 PLAYERS, IPODS, GAMEBOYS OR PORTABLE DVD PLAYERS ARE ALLOWED ONLY DURING ALLOCATED TIMES!!

Emergency Contact Information

The Diversity Center Emergency Cell Phone Number – 216.835.6411