



2018 Camp Honey Shine Application Form

**** \$100.00 Registration Fee Due Upon Acceptance ****
NON-REFUNDABLE

June 18 - July 27, 2018

Located at: Carrollton School – Barat Campus
3747 Main Highway, Coconut Grove, FL 33133

Instructions: To Parent / Legal Guardian, any information given in this application will remain strictly confidential. All information on this form is required. Please fill out this application completely using a permanent ink pen only. Please print clearly except when you are asked for your signature.

CAMPER INFORMATION

Social Security Number ____/____/____ Date of Birth ____/____/____ Age ____

Camper's Name: Last _____ Middle Initial ____ First _____

Address _____
(Street) (Apt.#) (City) (State) (Zip)

Home Phone _____ Alternative Phone _____

Email: _____ 2ND Email: _____

Ethnicity: African-American Asian Caucasian Hispanic Native American

Descent: _____ (Example: Haitian, Jamaican, Cuban, Peruvian, etc.)

Current Grade _____ School Currently Attending _____

Grade in school **NEXT FALL** _____ at School _____

T-Shirt Size: **Youth XS S M L XL XXL** | **Adult XS S M L XL XXL**

Bathing Suit Size: **Youth XS S M L XL XXL** | **Adult XS S M L XL XXL**

HOUSEHOLD INFORMATION

Mother's Name _____

Mother's Telephone (H) _____ (W) _____ (C) _____

Father's Name _____

Father's Telephone (H) _____ (W) _____ (C) _____

Legal Guardian (if other than parent) _____

Guardian's Telephone (H) _____ (W) _____ (C) _____

Name of Adult that Camper lives with (if other than parent) _____

Annual Income: _____ Number of People in the Household: _____

Camper's Full Name: _____

EMERGENCY/MEDICAL INFORMATION

In case of emergency, please notify: _____

Address: _____

Phone: _____
 Home Work Alternative

Health Plan/Insurance Co: _____

Policy Number _____

Regular Physician: _____ Physician's Phone _____

Hospital Preferred: _____

Check here if currently enrolled in the Florida Medicaid Program

Please indicate any conditions that would affect your child's participation in activities, including medical conditions and/or allergies: _____

Note: Please contact the Honey Shine, Inc. Mentoring Program office with any changes of the above information. It is imperative that this information is current at all times to best serve you and your child in an emergency.

If my child is injured while participating in any activities and I cannot be reached, I give the Honey Shine, Inc. Mentoring Program my permission to treat my child promptly at an emergency medical facility.

Parent/Guardian Signature

Date

DIETARY CONCERNS

Please list any food allergies: _____

Please list any dietary concerns: _____

What Conditions Does Your Child Have That Are Expected To Last For a Year Or More?

- Autism Spectrum Disorder
- Intellectual/Developmental Disability
- Hearing Impairment or Deaf
- Learning Disability
- Medical Condition or Illness
- Physical Disability or impairment
- Problems with aggression or temper
- Problems with attention and hyperactivity (ADHD)
- Speech or language condition
- Visual Impairment or Blind
- None of the above

PUBLICITY RELEASE

Many parents enjoy seeing their children's pictures in the newspaper and on television; however, some parents do not want their children identified for various reasons. If you do not want your child photographed, Honey Shine, Inc. will make an extra effort to see that your child is not available to the news media. Realistically, all situations cannot be controlled, and Honey Shine, Inc. cannot guarantee that a child will not be identified in the news media reports, etc.

- NO I DO NOT WANT my child to be photographed or interviewed by the news media.
- YES I DO WANT my child to be photographed or interviewed by the news media.

RELEASE AND WAIVER

PLEASE READ THIS CAREFULLY. By signing this legal document, you are giving up any legal rights you may have to sue Honey Shine, Inc., Mourning Family Foundation, and Carrollton School of the Sacred Heart and all other Mourning Family Foundation organizers and sponsors in court for money damages.

I desire to participate in or attend the games, activities and events related to Honey Shine, Inc. Mentoring Program Summer Camp (Camp Honey Shine), which is sponsored, produced and/or organized by Mourning Family Foundation including but not limited to Carrollton School of the Sacred Heart, Mourning Family Foundation, Honey Shine, Inc., and all other organizers and sponsors. In exchange for the ability to participate in or attend the camp, I hereby irrevocably and unconditionally agree for myself and my heirs, estate, insurers, successors and assigns, as follows:

- 1. **ASSUMPTION OF RISK.** I understand that participation in or attendance at the Camp may involve inherent risks and dangers of accidents, property loss or damage, serious personal and bodily injury, death, and severe, social, and economic losses. These may result in not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the facilities, equipment, or vehicles. Further, there may be other risks not known to me or reasonably foreseeable at this time. I understand and I have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks. I warrant that I suffer from no minor or serious injury, illness or disability that would make me especially susceptible to injury or disability and that I am physically able to fully participate in the camp.
- 2. **RELEASE FROM LIABILITY.** I fully and forever release, and discharge the Camp Counselors, their subsidiaries, directors, offices, employees, agents, insurers, sponsors, advertisers, owners, or operators, of the Camp, facilities, equipment, and vehicles, and all others involved in the camp (the "Released Parties") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property, or any other person, directly or indirectly arising out of or in connection with my participation in or attendance at the Camp, including transportation related to the Camp, even if it is due to the negligence or other fault of the Released Parties. I waive my insurers' right to make a claim against the Released Parties based on payments by insurers to me or on my behalf for any reason. This means my insurers have no right of subrogation.
- 3. **NO INSURANCE; MEDICAL EXPENSES.** I understand that Honey Shine, Inc. and Mourning Family Foundation does not provide me with any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my participation in or attendance at the Camp. If I want insurance of any kind, I must obtain my own. I will pay my own medical emergency expenses and all subsequent medical expenses in the Camp of any illness, accident, or injury in connection with the Camp.
- 4. **AUTHORIZATION TO USE IMAGE AND OTHER INFORMATION.** Honey Shine, Inc. and Mourning Family Foundation may be photographing and/or filming the Camp for advertising, promotional, or other commercial purposes, including for television, cable and/or Internet broadcast. I hereby consent and agree that photographs, film, and video may be taken of me and that Honey Shine, Inc and Mourning Family Foundation their affiliates, and assigns may use, without compensation, my photograph, video or film portrayal, image, likeness and voice, as well as any information, in any media for any lawful purpose.
- 5. **VALIDITY.** If any portion of this Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Release and Waiver supersedes any oral or written statements made by or to me.

I HAVE READ THIS RELEASE AND WAIVER CAREFULLY, FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.

PARENT/GUARDIAN (PRINT) **PARENT/GUARDIAN (SIGNATURE)** **DATE**

COUNSELING SERVICES WAIVER

The Honey Shine, Inc. encourages the balance of mind, body and soul in girls and women by providing nurturing experiences that enlighten their paths and empower their future. Throughout the program year, we will have the opportunity for counseling sessions in conjunction with Barry University Family Enrichment Center (Barry). This release will authorize Barry and Honey Shine to obtain and release information to and from the girls (Honey Bugs) attending group and individual counseling sessions. Barry is able to provide counseling services to the girls and their families (if you are interested please let Honey Shine know).

Full Name of Participant (Honey Bug) (PLEASE PRINT)

Date of Birth

Full Name of Participants Parent/Guardian (PLEASE PRINT)

Street Address

City

State

Zip

Home Phone Number

Cell Phone Number

Work Phone Number

Information to be released include a treatment/discharge summary, treatment progress report, verbal exchange of information, and any videotape(s) of sessions.

This information has been disclosed to you from records whose confidentiality is protected by Florida Law (394.459, 397.053, 381.609, 455, and 90). I also understand that my records are protected under the federal regulations governing confidentiality (42 CFR Part 2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing, at any time except to the extent that information has already been released in compliance with this authorization. This consent is valid for 365 days from the date signed.

I hereby authorize Honey Shine, Inc. and the Barry Enrichment Center to provide treatment and/or counseling as deemed necessary by the Center Staff.

I understand that Honey Shine and the Barry Enrichment Center will provide reports to the Court and/or the Department of Children and Families (if applicable) as required by law and that I will be provided a courtesy.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF WITNESS (HONEY SHINE STAFF)

DATE

FIELDTRIP PERMISSION FORM

The Honey Shine, Inc. Mentoring Program (Honey Shine) encourages the balance of mind, body and soul in girls and women by providing nurturing experiences that enlighten their paths and empower their future. Honey Shine has arranged several fieldtrips during Camp Honey Shine that will allow the girls to experience new places, learn about different topics, as well as increase their service to the South Florida community.

Honey Shine, Inc. will provide transportation for each fieldtrip from the Carrollton School of the Sacred Heart to the location of the activity. Honey Shine will also cover any admission cost for fieldtrips.

Participants (Honey Bugs) are to dress appropriately for every field trip during Camp Honey Shine –

- Honey Shine T-shirt
- Shorts or Jeans
- Closed toe shoes

By signing this form, I relieve Honey Shine, Inc. Mentoring Program from any liability that might transpire during these activities including transporting participants to and from the event and during the activity.

Should you have any questions or concerns, please contact Honey Shine at 305-854-2444 or by email at emckenzie@honeyspine.org. Thank you for your cooperation!

Sincerely,

Honey Shine, Inc.

(Print Names in this section)

I, _____, give permission for, _____
_____ to attend fieldtrips planned by the
Honey Shine, Inc. Mentoring Program during Camp Honey Shine 2018.

SIGNATURE OF PARENT/GUARDIAN

DATE

Emergency / Medical Quick Reference Form

Honey Bug Name: _____ **Age:** _____ **Grade:** _____

Please provide us with a list of relatives / friends that we may contact in case of an emergency and we are unable to reach you. The information is confidential and will only be shared with staff members involved directly with your Honey Bug.

List of authorized emergency contacts:

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Name: _____ **Telephone:** _____ **Relationship:** _____

Please list any medications your Honey Bug is taking or medical conditions / food allergies your Honey Bug may have:

Parent/Guardian Name

Parent/Guardian Signature

Date

TRANSPORTATION AUTHORIZATION FORM

(Please mark an "X" in all boxes that apply)

Please select which bus route your child will be authorized to ride to and from Camp Honey Shine.

I give Honey Shine permission to transport my Camper to and from all field trips. Y N

Select the primary bus route your child will use to and from camp **ONLY**:

North Bus Midtown Bus South Bus

Select a secondary bus route that will be utilized to and from camp:

North Bus Midtown Bus South Bus

Please explain when the secondary bus route will be used: _____

Upon return to the bus stop:

_____ **My Camper will be picked-up from the bus stop within 5 minutes of drop off**

_____ **I give permission for my Camper to walk home from the bus stop (If "yes" complete next line)**

**** Please list the distance between bus stop and home: _____ Blocks _____ Miles ****

<u>North Bus Stops</u>	<u>Midtown Bus Stops</u>	<u>South Bus Stops</u>
1. North Dade Regional Library (Parking lot) - 2455 NW 183 rd St. Miami Gardens, FL 33056 2. Popular Supermarket (Parking Lot) 1701 NW 119th St. Miami, FL 33167 3. Corner Lot (empty) – 7100 NW 21 st Avenue, Miami, FL 33147 4. Little River – 8401 NW 5 th Court, Miami, FL 33150	1. 855 NW 84 th Street, Miami FL, 33150 2. Charles Drew 1801 NW 60th Street Miami FL, 33147 3. Wendy’s – 1100 NW 54 th Street Miami, FL, 33137 4. Santa Clara Elementary (In back of school) 1051 NW 29th Terrace Miami, FL 33127 5. OYC- 450 NW 14 th Street, Miami FL, 331367	1. YMCA and Harris Field (Parking Lot) 1034 NE 8 St. Homestead, FL 33030 2. Kids Learning Center-South Dade 10869 Caribbean Boulevard, Cutler Bay, FL 33189 3. Elizabeth Verrick Park 3255 Plaza Street, Miami, FL 33133

Parent/Guardian Name

Parent/Guardian Signature

Date

ZERO TOLERANCE POLICY

Honey Shine endorses a zero tolerance policy toward camper and/or parent behavior that disrupts or infringes upon the rights of other individuals including staff. **Zero tolerance at Honey Shine means “First Occurrence” of unacceptable behavior or conduct will result in automatic dismissal from the program.**

The following camper/parent behavior and/or conduct will not be tolerated:

1. Fighting, Campers will be dismissed even if they are retaliating.
2. Stealing
3. Throwing any objects
4. Bullying/Threatening others.
5. Disrespectful to staff or other campers.
6. Willful disobedience.

DISCIPLINARY PROCEDURES

We are here to serve and protect all of our Campers and will make every effort to work with a Camper having difficulty in the program. Program staff and parents will work together to identify what is preventing the Camper from having an optimum experience, and seek to find solutions. We expect all Campers to be well behaved.

When experiencing behavior problems with a Camper we will:

1. **First Occurrence** – Talk calmly with the Honey Bug in an attempt to reach a fair solution.
2. **Second Occurrence** - Phone call to the parent or guardian.
3. **Third Occurrence** – The Parent or guardian must attend a parent conference with the child and Honey Shine staff.
4. **Fourth Occurrence** – When previous attempts have been followed and no progress has been made toward solving the problem, the Camper will be suspended from the program indefinitely. The Program Manager or Program Coordinator may suspend a Camper at any time she exhibits a behavior which is harmful to herself or others and the camper must be picked up by parent immediately.

I hereby acknowledge that I have read all the above rules and agree that my Camper and I will comply with all of them.

*Please note that all incidents will be documented for our records.

Camper/Child Name

Parent/Guardian Name

Date

Parent/Guardian Signature

PARENTAL STATEMENT OF COMMITMENT

As a Honey Shine Parent/Guardian, I agree to:

- Comply with all the rules and regulations of the Summer Handbook.
- Make sure my Camper attends at least 75% of camp Honey Shine. (22 out of 30 actual meeting days)
- Make sure my Camper wears her Honey Shine, Inc. T-shirt and adheres to the Honey Shine Standards as required

This agreement ensures a commitment from the parents and/or guardians for the purpose of providing the best experience to the camper. I understand that failure to comply with any of the above requirements may result in my camper's inability to participate in Camp Honey Shine.

Parent/Guardian Name

Signature

Date

CAMPER COMMITMENT

I want to become a Honey Bug at Camp Honey Shine. I agree to abide by all camp rules. I will do my best to make this a good experience for myself and for my fellow campers. I understand that failure to live up to this promise could result in my dismissal from camp.

Camper Name

Signature

Date

FOR OFFICE USE ONLY

Campers' Last Name _____ Campers' First Name _____

Date of Birth ____/____/____ Age _____ Grade Entering next Fall _____

INSTRUCTIONS: Honey Shine, Inc. Mentoring Program Staff, please check group the above student will be enrolled in.

Groups:

- Group One
- Group Two
- Group Three
- Group Four
- Group Five
- Group Six
- Group Seven
- Group Eight
- Group Nine
- Group Ten
- Group Eleven
- Group Twelve

Bus:

- North Bus
- Midtown Bus
- South Bus

Camp Counselor Name:

CIT Name:
