



Dear parents and guardians:

On behalf of My Generation Foundation, I would like to invite your child to submit an application to participate in The POWER of ME! 25 children in grades 6th, 7th and 8th will be selected to attend the camp free of charge. The POWER of ME! will be held June 20th – 24th, 2016, at Arkansas State University in Jonesboro, Arkansas. You will only need to provide transportation for your child to and from the event.

The camp will promote healthy eating, physical activity and self-confidence building skills, through a series of fun, energetic activities, workshops and group exercises. Each child will be recognized at the end of the camp during a commencement ceremony acknowledging their accomplishments.

This camp will be FUN!! Students will:

- Go on a shopping expedition
- Understand more about labels and nutrient value of specific foods
- Understand the importance of being active through games, gymnastics, yoga, swimming, horseback riding, and even meet their favorite dance and sports teams from Arkansas State University!

Prospective campers will “apply” for the program by submitting an essay explaining why they are ready to make a change, their ideas and goals, as well as a photo. Each submission will be reviewed and voted on by our leadership team, and an interview will be set up with each child for final approval into the program. Your child, if chosen, will have an amazing experience surrounded by supportive new friends. We have included the application packet for you to review and submit. If you have any questions, please contact Amy Pickens at 870-882-2941.

The completed applications and required supporting documentation, including essay, must be postmarked and submitted by May 30th, 2016.

Be sure to include the following information:

- Picture Emergency Contacts Essay Health history and physical

Mail the original paper copies with signature to:

Amy Pickens
The POWER of ME!
P.O. Box 2012
Jonesboro, AR 72403

Sincerest regards,

Amy Pickens
Founder



PROGRAM APPLICATION

Date: _____

Child's Name: _____

School: _____

Grade applicant will be entering in the Fall 2016/2017 school year: _____

Teacher referral: _____

Applicant lives with: (check one)

- Both parents Mother Father Guardian Other

If "Other", what is relationship to applicant: _____

Name of parent or guardian: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Camper Pickup Information:

All campers need a form, even campers being picked up by a parent. If you wish to change who will pick up your child, be sure to let us know in advance in writing. Campers will not be released without written permission form parent/guardian. The person picking up a child will be required to sign them out and show proper ID.

My camper _____ may be picked up by (list all who may pick up camper):

Parent/Guardian Signature: _____

(Same name as signed camp registration)

Date: _____

Health History:

My Generation Foundation requires all campers to have a current physical examination to participate in The POWER of ME! activities. Please return this form with a current physical examination, along with your application packet to My Generation Foundation, P.O. Box 3012, Jonesboro, AR 72403. You may contact My Generation Foundation at 870.882.2941 with any questions. All information is confidential.

This side is to be completed by the parent or guardian before seeing the physician

Student's Name:	Grade:	Birth Date:	Sex:	Race:
Mother's Name:	Mother's age at child's birth:		Child's Birth Weight:	
Father's Name:	Physician:		Dentist:	
() ARKids First or Medicaid or () Private Insurance Number (or any other financial assistance)			Last Visit to Dentist:	

PLEASE LIST ANY CONCERNS YOU HAVE ABOUT THE HEALTH OF YOUR CHILD

Has your child had any difficulties concerning the following? (Please circle the appropriate box)

Vision Problems	Yes	No	Diabetes	Yes	No	Snoring/Sleep Problems (Sleep Apnea)	Yes	No
Hearing Problems	Yes	No	Convulsions (Seizures)	Yes	No	Birth Defects	Yes	No
Ear Infections	Yes	No	Tuberculosis	Yes	No	Serious accident or burn	Yes	No
Allergies	Yes	No	Kidney Disease	Yes	No	Sickle Cell Disease	Yes	No
Asthma	Yes	No	Heart Disease	Yes	No	Sickle Cell Trait	Yes	No

Other Conditions (Please name):

Give dates if your child has had any of the following illnesses:

Chicken Pox:	Meningitis:
--------------	-------------

Describe any serious accident, injury, surgery, or illness your child has had:

Does your child's family (father/mother's side) have any of the following conditions? (Please mark the appropriate box)

Diabetes before age 50	Yes	No	Heart Disease before age 50	Yes	No	Sickle Cell Anemia	Yes	No
Convulsions (Seizures)	Yes	No	Black out spells	Yes	No	High Blood Pressure	Yes	No
Asthma	Yes	No	Mental Retardation	Yes	No	Sinus Problems/Allergies	Yes	No

Other Family Disease(s) (Please name):

Physical Examination

A physician or health care provider must complete this side.

Student's Name:	Birthdate:
-----------------	------------

Calculate Body Mass Index-for-age Percentile

(see chart)

Date:	Age:	Weight:	Height:	BMP:
Comments:				

EXAMINATION Date:	Codes: S = Satisfactory X = Abnormal C = Corrected
--------------------------	---

Height: Inches:	Weight: (Pounds)	B/P:
1. Emotional Health	7. Mouth/Teeth	13. Hernia
2. Physical Appearance	8. Throat	14. Genitalia
3. Skin and Scalp	9. Neck	15. Neurological
4. Eyes/Vision	10. Heart	16. Extremities
R L	11. Lungs	17. Development
5. Ears/Hearing	12. Abdomen	18. Nutrition
R L		
6. Nose		
Lab Work (optional):	Hemoglobin/Hematocrit:	Urinalysis:

Please explain any abnormal finding and/or list any condition which may affect this child's performance at camp:

Medication given during camp hours must be in the prescription bottle or original container. It will be kept in a designated place at the camp and a permission slip must be signed by the parent.

Medication:	Reason:
Medication:	Reason:

Health classification for camp activities (please check one):

- This camper is able to participate in all the regular programs including physical activities.
- This camper is to be restricted from _____ because of _____
for a length of time of _____.
- Parent present and understands.

Physician's Signature _____ Date _____

Telephone _____

Parent Statement & Privacy Statement: The health history included in this application is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except noted. I understand that all health records will be handled by staff/volunteers whose jobs include processing or using this information for the benefit of the participant. I also understand that this information will be held in limited access by the health care supervisor for the event. I understand that minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care.

Parent Authorization:

If my child needs medical treatment by the Camp Director or other personnel, I give my permission for her to be attended for care. Furthermore, I hereby give permission for the administration of anesthesia and performance of emergency surgery, if deemed advisable in the opinion of physicians.

I have read the above information and agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Parent/Guardian Signature: _____

Date: _____

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY ("Agreement") is entered into this ___ day of _____, 2016, by and between the guardian for _____ ("Participant"), **The POWER of ME!** ("Event"), and **My Generation Foundation** ("The Non-Profit").

In consideration of being permitted to participate in the Event, the Participant, for him/herself, acknowledges and agrees as follows:

1. Participant hereby releases, waives, discharges and covenants not to sue Non-Profit, the Event, their individual members, promoters, participants, affiliated entities and associations, sanctioning organizations or any subdivision thereof, operators, owners, supervisors, employees, crews or any persons in any recreational area, sponsors, advertisers, owners and lessees of premises used to conduct the Event and each of them, their officers and employees, all for the purposes herein referred to as "Releasees", from all liability to the Participant, his/her personal representatives and next of kin or any and all loss or damage, and any claim or demand therefor on account of injury to the person or property or resulting in death of the Participant, whether caused by the negligence of the Releasees or otherwise while the Participant is competing, observing or for any purpose participating in the Event.
2. Participant hereby agrees to indemnify and hold harmless the Releasees from any loss, liability, damage or cost they may incur due to the presence of the Participant competing, observing or for any purpose participating in the Event whether caused by the negligence of the Releasees or otherwise.
3. Participant hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while competing, observing or for any purpose participating in the Event.
4. Participant hereby recognizes that, while Event activities are not inherently dangerous, there exist at all times elements of risk in physical activity, including serious injury and/or death and/or property damage. Knowing the inherent risks, dangers, and rigors involved, the Participant certifies that he/she is in good physical condition and possesses sufficient skill and experience to safely participate in the Event. The Participant acknowledges all of the stresses and hazards connected with the Event can be foreseen or prevented even though reasonable precautions are taken.
5. The Participant further expressly agrees that the foregoing Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the law in the State of Arkansas and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. The Participant has **READ AND VOLUNTARILY SIGNS** the Release and Waiver of Liability, and further agrees that no oral representatives, statements or inducements apart from the foregoing written Agreement have been made.

Participant's Parent or Legal Guardian

