

# 2020 Camp Cadet of Cambria County, Inc. Application

Application Period Runs From March 1st thru May 31st. Cambria County Camp Cadet does not discriminate based on race, color, religion, sex, or national origin. All children between the ages of 12 and 15 from Cambria County are encouraged to apply.

**Have you ever applied to Cambria County Camp Cadet in the past?**

Yes  No

**If YES, what year(s) did you apply? (list all years)**

**Applicant Name**

First

MI

Last

Suffix

**Applicant Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Applicant Home Phone #**

**Applicant Cell Phone #**

**Applicant Email Address**

**Applicants Gender**

Male  Female

**Applicant Date of Birth**

**Age Applicant Will Be On July 26, 2020**

**School Applicant Attends**

**Grade Applicant Will Enter in The Fall of 2020**

**Father's Name**

First MI Last Suffix

**Mother's Name**

First MI Last

**Parent's Address, If Different From Applicants**

Address Line 1

Address Line 2

City

State

Zip Code

**Parent's Home Phone #**

**Father's Cell Phone #**

**Mother's Cell Phone #**

**Parent's Email Address**

PLEASE NOTE - THIS SECTION MUST BE COMPLETED BY THE APPLICANTS PARENT(S):

Cambria Conty Camp Cadet DOES NOT discriminate based on any prior medical or health conditions. Please be truthful in this section to better help us to keep your child safe during camp week. Due to problems in past years, If a medical or health condition, that was not reported in this section, is discovered during camp week, the applicant may be removed from the program and parents may be required to pick their child up from camp.

If your child has a medical or health condtion that is not on our list, please select OTHER and explain the condtion in the field provided.

**Do you understand the above policy regarding medical and health information**

Select Yes or No

**Name in who's Medical Insurance the Applicant will be covered?**

First MI Last Suffix

**Name of Insurance Company?**

**Policy Number**

**Medical Conditions - Select All That Apply**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> None             | <input type="checkbox"/> Asperger Syndrome     | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Hernia               |
| <input type="checkbox"/> Bed Wetting      | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Bleeding Problems   | <input type="checkbox"/> Nose/Sinus Problems  |
| <input type="checkbox"/> Seizures         | <input type="checkbox"/> Kidney Problems       | <input type="checkbox"/> Sleep Disorders     | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Fainting         | <input type="checkbox"/> Menstrual Problems    | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Cardiac Problems     |
| <input type="checkbox"/> Eye/Ear Problems | <input type="checkbox"/> Neurological Problems | <input type="checkbox"/> Concussion(s)       | <input type="checkbox"/> Other                |

**Explain Medical Problems Here**

**Applicants Primary Care Physician**

**Primary Care Physician's Phone #**

**Does the Applicant Currently Take Medications?**

- Yes  No

**List All Medications Here**

**Is the Applicant Currently Under Medical Care?**

- Yes  No

**Reason(s) for Medical Care**

**Does the Applicant Wear Glasses or Contacts?**

Yes  No

**PARENT SIGNATURE - PLEASE SIGN USING YOUR MOUSE/CURSOR, OR FINGER IF USING A TOUCH SCREEN OR A TABLET - By signing your name in this field, you agree to allow Cambria County Camp Cadet, Camp Cadet staff, and medical personnel to treat your child in the event of a medical emergency. Please note that in extreme cases, parents will be notified by staff at the time of the emergency.**

**PARENT SIGNATURE - PLEASE SIGN USING YOUR MOUSE/CURSOR, OR FINGER IF USING A TOUCH SCREEN OR A TABLET - By signing your name in this field, you hereby grant permission for the Camp Cadet Medical Staff or Instructors to administer over the counter medications, such as Advil, Tylenol and Benadryl, etc... (or generic equivalents) as may be needed by a cadet.**

**PARENT SIGNATURE - PLEASE SIGN USING YOUR MOUSE/CURSOR, OR FINGER IF USING A TOUCH SCREEN OR A TABLET - Please acknowledge that If your child is allergic to bee stings or has other allergic reactions, which develops hives, shortness of breath and swelling of the tongue or throat you MUST provide to Camp Cadet Staff a BEE STING KIT or EPI PEN which is prescribed by your family doctor. There are no exceptions. This is required for your child to attend camp.**

**Relationship to Applicant Other Than Parent**

**Name of Emergency Contact - Other Than Parent**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First

MI

Last

Suffix

**Address of Emergency Contact**

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

**Home Phone # of Emergency Contact**

**Cell Phone # of Emergency Contact**

**Select You "Adult" T-Shirt Size (T-Shirts Are Adult Sizes ONLY)**

- Small
- Medium
- Large
- X-Large
- XX-Large

**Select Your "Youth or Adult Drawstring Mesh Shorts" Size**

- Youth Small
- Youth Medium
- Youth Large
- Youth X-Large
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE
- ADULT XL

**Upload a Digital Photo Here - Mandatory**

The remaining sections of this application are all REQUIRED and also REQUIRE SIGNATURES to proceed.

Please be aware that camp cadet tests not only the applicants mental abilities, but mainly their physical abilities. We have had some minor injuries in the past, from ankle injuries to concussion type injuries. If your child has ever had a concussion, please make sure you report that in the "Medical and Health" section of this application.

If for some reason you feel your child should not participate in the boxing and/or kick-boxing portion of camp cadet, please explain that in the "Medical and Health" section as well.

**Both the Applicant and Parent hereby waive and release any and all rights and claims for damages I may have against any and all individuals associated with Cambria County Camp Cadet, the PA State Police, the Cambria County Camp Cadet Association, Mount Aloysius College, the county of Cambria, the township of Cresson, and the state of Pennsylvania, while my child attends Camp Cadet during the designated dates and times for any and all injuries suffered by him/her at said camp. I attest and verify that my child is physically fit and able to attend camp cadet. BY AGREEING TO AND E-SIGNING THIS PORTION OF THE APPLICATION, YOU AND YOUR CHILD AGREE TO NOT HOLD ANY AGENCY AFFILIATED WITH CAMBRIA COUNTY CAMP CADET RESPONSIBLE FOR ANY INJURIES YOU MAY RECEIVE AS A RESULT OF PARTICIAPTING IN CAMP CADET ACITIVITES.**

- Agree
- Disagree

**APPLICANT SIGNATURE**

**PARENT SIGNATURE**

PENNSYLVANIA STATE POLICE & MOUNT ALOYSIUS COLLEGE FACILITIES WAIVER OF CLAIMS - I fully understand and agree that the use of the facilities under the control of the Pennsylvania State Police is entirely at my own risk and that I assume full responsibility and liability for any damage or injury, real or personal, to myself and/or my possessions sustained while engaged in activities when using said facility. I

hereby waive any claim against the state of Pennsylvania, the PA State Police, and/or its insurance carrier of any damage or injury, real or personal, sustained while engaged in activities while using said facilities. I hereby waive any claim against Mount Aloysius College, its President, and/or any member of the staff, and/or its insurance carrier for any damage or injury, real or personal, sustained while engaged in activities using said facilities. I also assume full responsibility and liability for any damage incurred to the property of Mount Aloysius College and/or the PA State Police attributable to my activities while using said facilities.  
SIGNATURES NEEDED

**APPLICANT'S SIGNATURE**

**PARENT SIGNATURE**

I agree to protect, indemnify, save and keep harmless Mount Aloysius College, its President and any member of its staff, against and from any and all loss, cost damage or expense arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify, save, and keep harmless the abovementioned parties from any and all claims, costs, or expenses arising out of any use of the facilities of Mount Aloysius College. SIGNATURES NEEDED

**APPLICANT'S SIGNATURE**

**PARENT SIGNATURE**

I understand that the PA State Police Camp Cadet Selection Committee may accept my son/daughter to attend camp on the basis that I/WE have agreed to assume all risks arising from participation in said camp. I, the Custodial Parent/Legal Guardian of , consent to his/her participation in this program and assume all risks and claims of damage of any nature or kind which my son/daughter could receive by reason of accident or injury while attending said camp. The camp nurse, physician, and/or local hospital has my permission to treat the above child in the even of an emergency. I am interested in the policies, regulations, and aims of the activities of the PA State Police Camp Cadet Program. I will talk with my son/daughter prior to the camp and encourage him/her to take part in all activities and to cooperate with the camp staff and guest speakers. In the event that hikes, field trips, or other activities are planned away from the camp area, my son\ daughter has permission to take part in such field trips. I also understand that if my son/daughter's behavior violates any of the camp rules or intimidates any other camper, the camp counselors reserve the right to dismiss the camper from the camp. Transportation to and from camp is the responsibility of the parent\guardian(s). SIGNATURES NEEDED

**APPLICANT'S SIGNATURE**

**PARENT SIGNATURE**

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any Cambria County Camp

Cadet, Inc. broadcast, publication, demonstration, or display of photographs and or video/film recording of Cambria County Camp Cadet, Inc. (hereinafter referred to as "Camp Cadet"). The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by Camp Cadet to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release Camp Cadet, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign and seal as follows. SIGNATURES NEEDED

**APPLICANT'S SIGNATURE**

**PARENT SIGNATURE**

## **OBSTACLE COURSE WAIVER AND RELEASE OF LIABILITY**

**I, the undersigned parent/guardian of the undersigned camp cadet applicant, a participant in the Cambria County Camp Cadet Program, hereby acknowledge and agree to release Mount Aloysius College, and its employees and representatives; and Camp Cadet of Cambria County, Inc., and its employees and representatives from any and all liability related to the use of the obstacle course during the Camp Cadet programming and to assume complete responsibility financially and otherwise for any and all injuries, liabilities, damages, claims, expenses, etc. arising out of or in connection with my child's participation in activities involving the obstacle course. I further agree to indemnify, hold harmless Mount Aloysius College, Camp Cadet of Cambria County, Inc., and promise not to sue**

**Mount Aloysius College and its affiliates and Camp Cadet or Cambria County, Inc. from any and all liabilities or claims made as a result of participating in activities involving the obstacle course. The Waiver and Release of Liability Form will be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. By executing this document, I am hereby certifying that I have read the document and fully understand its content and am aware that it is a release of liability and am signing of my own free will.**

**Parent / Guardian Signature**

**Applicant Signature**

**Upon submitting this form you swear that all information entered is true and accurate. All Electronic Signature Fields will be considered a legal, written signature. If you do not wish to have your signature affixed to any section of this form, you must abort this application process and address these concerns with us privately using the contact information provided on our website**

Agree

Disagree

**APPLICANT'S SIGNATURE**

**PARENT SIGNATURE**

ORAL INTERVIEW SCHEDULER. This next section is for selecting a date and time that you would be able to attend the oral interview process.

Interview dates are May 31, 2020 and June 14, 2020, both dates between the hours of 8 AM and 4 PM.

Oral Interviews will be held at:

Young People's Community Center (YPCC), 300 Prave Street, Ebensburg, PA 15931.

If you are not able to attend the interview on either of these dates, please select that you are not able to attend and we will contact you to make other arrangements for your interview.

**SCHEDULE YOUR ORAL INTERVIEW HERE. ORAL INTERVIEWS ARE MANDATORY FOR ALL APPLICANTS**

Select Date & Time Span of you interview in this drop down list