



Young Muslim Youth Camps 2010

Registration Information

Assalam O Aliakum,
Dear Brother/Sister,

Welcome to Young Muslim Youth Camps 2010. Below, you will find the list of forms, a registration checklist, and information about camp.

FORMS: *(please complete one of each form for each camper)*

1. Registration Information Form
2. Payment, Refund and Photo Consent Form
3. ICNA Florida Waiver of Liability, Assumption of Risk, and Indemnity Agreement
4. Camper Immunization Form
5. Camper Emergency Information & Emergency Treatment Consent Form
6. Wakiwa State Park Information and Map

REGISTRATION CHECK LIST:

- Photocopy of current immunization card.
- Camper Emergency Information Form.
- If applicable, written authorization from the parent or guardian for you to register their child for them, i.e., “proxy” enrollment.
- Method of payment — All camp fees must be paid in full at registration. ICNA Florida accepts cash, checks or Visa, & MasterCard charge cards.
- Signed “ICNA Florida Waiver of Liability, Assumption of Risk, and Indemnity Agreement” for each camp participant. Note: waiver requires signatures in multiple places.

Requirements for the Camp:

- ◇ Sleeping Bag (Bunk Beds with no linen provided)
- ◇ Warm Clothing (we encourage to bring small electric heater for indoor)
- ◇ Sneakers
- ◇ Personal items (Tooth Brush, Medicine, soap etc.)
- ◇ Any other item you would prefer for cold weather.

REGISTRATION INFORMATION:

You may register by fax, mail, or in person until Dec 31ST 2009. We will mail you a receipt confirming your camp registration. Please make sure you have completed all the forms listed above to ensure your child is successfully registered in the YM youth camp.

If you miss the deadline, you may contact us for space availability. All the registrations are first come first serve base.

| | |
|---------|---|
| PHONE | 321 216 3904 |
| FAX | 801 665 3904 |
| MAIL | Young Muslim Youth Camps 12519 Sunchase drive Jacksonville Florida 32246 |
| ON LINE | WWW.ICNAFL.COM |
| EMAIL | Camping@icnafl.com |



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Payment, Refund and Photo Consent Form

If ICNA Florida cancels this program, a full refund will be issued.

REFUNDS: Camp fees paid will be refunded by check within three to four weeks after approval by ICNA FLORIDA Recreation. Refunds will be made only to the original payee or credit card holder. The deadline for withdrawal of your child registration is January 10th 2010.

The parent or guardian's signature on the registration form indicates understanding of all registration and refund policies and agreement to abide by them.

ABSENCES: Refunds are not available for vacations that prevent attendance.

Extended Illness. A refund may be available for an illness. A doctor's note and written note from the parent or guardian explaining the situation must be received within eight working days from the first day of absence. Upon review, participants may receive a refund.

DISMISSAL FROM CAMP: There are times when the camp must dismiss a child due to a psychological, emotional, physical disability or disciplinary action that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper and the camp director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, camper and the camp director and mentors. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days.

MANDATED REPORTING: ICNA Recreation volunteers are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our Volunteers to disclose his or her identity to anyone.

IMPORTANT! PLEASE READ & SIGN BELOW

I acknowledge that I have read and have a copy of the Youth Programs Refund Policy and that I understand the words and language in it, and accept its conditions. I also give my consent (and/or consent on behalf of, and as legal guardian for a minor child) to the use of any photographs taken of the minor child by ICNA FLORIDA Recreation Staff, or their representatives, to be used for editorial and/or promotional uses only.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Minor Participant's Name (Please Print): _____



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ICNA Florida (Young Muslim Youth Camp)

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of ICNA Florida, and any other participating organizations Recreation Youth Programs, I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the ICNA Florida its directors, officers, volunteers and agents from liability **from any and all claims including the negligence of ICNA Florida Recreation Youth Programs**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment.

Print Name of Parent/Guardian of Minor Date Signature of Parent/Guardian of Minor Date

Assumption of Risks: Physical activity, by its very nature and the use of property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. ICNA Florida and CAIR Florida Recreation Youth Programs will provide activities such as camping, hiking, boating, swimming, running, sporting activities, social events, community outreach, classes, science, imagination and camps. Some of these involve situations, environments or activities that may lead to illness, physical injuries, psychological stress or damage. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, strains, sprains, contact with poisonous plants and animals, heat exhaustion, dehydration and embarrassment 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by ICNA Florida Recreation Youth Programs.

I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AN HOLD The Regents of the ICNA Florida HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at ICNA Florida Recreation Youth Programs and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Print Name of Parent/Guardian of Minor
Participant's Age (if minor) _____

Signature of Parent/Guardian of Minor Date



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IMMUNIZATION RECORD

The ICNA Florida requires that the following information be provided for each camper registered in Young Muslim Youth Camps. No Camper will be allowed to participate without immunization records on file with our office.

I. Camper Name _____ Gender M F
 Birth date _____ Place of Birth _____
 Name of Parent/Guardian _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____

II. Health Information

Child's Physician _____ Phone _____
 Address _____
 Insurance Co. _____ Employer Group # _____
 Policy Holder Name _____ Member # _____

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best camp experience for your child.

List any or all medications which your child will bring with him/her to camp:

| <i>Medical Condition</i> | <i>Medication</i> | <i>To Be Given When/How</i> |
|--------------------------|-------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Allergies: List all known allergies

| <i>Medication allergies</i> | <i>Describe reaction and management of the reaction</i> |
|-----------------------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| <i>Food allergies or Dietary Restrictions</i> |
|---|
| _____ |
| _____ |
| _____ |
| _____ |

| <i>Other allergies - include insect stings, hay fever, asthma, animal dander, etc.</i> |
|--|
| _____ |
| _____ |
| _____ |



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CAMPER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

I. Camper Information

Camper Name (First/Last/MI) _____ Grade _____

Camper Address _____

City _____ State _____ Zip _____

Phone _____ Parent's E-mail _____

II. Secondary contact

Name _____ Phone _____

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of ICNA FLORIDA Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____



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WEKIWA SPRINGS STATE PARK YOUTH CAMP INFORMATION

Youth Camp requires a program that places a major emphasis on **Nature Appreciation, Conservation and Preservation**. Fifty percent (50%) of all activities must encompass these subjects.

THE CABINS....

Youth Quarters

13 Bunk type cabins each sleep 10*

Maximum Capacity

130

Adult Quarters

4 Leader cabins each sleep 4; restroom included

16

1 Duplex leader cabin (Mayami) sleeps 6; shared restroom

6

1 large leader cabin (Tequesta) sleeps 8; A/C & heat; 2 restrooms; ADA accessible

8

Infirmary/Office sleeps 6; A/C & heat; shared restroom

6

TOTAL 166

**Cabins have ceiling fans, small heaters and limited electrical outlets*

**Linens, pillows, and personal items are not provided*

THE REST OF THE CAMP...

Recreation Hall seats 150; A/C & heat; restrooms; ADA accessible

Kitchen & Dining Hall seat 150; A/C; heat; restrooms; ADA accessible; food & preparation not provided

One large pavilion with benches

Two large restrooms for the bunk type cabins; one in each loop with a male and female side

Two fire circles; one in each loop

One amphitheater and screen

Recreation ball field

Pool and bathhouse; pool capacity is 30 people at one time*

***Housekeeping services are not provided; groups are responsible for all clean-up prior to their exit.*

WEKIWA SPRINGS STATE PARK YOUTH CAMP RULES (Please read carefully)

1. A minimum of one adult over the age of eighteen is required for each ten children under the age of eighteen staying in the Youth Camp.
2. The maximum capacity of each building cannot be exceeded due to fire regulations. See the list of buildings for maximum capacity of each.
3. Pets are not permitted at any time in the Youth Camp.
4. All campers are required to observe a quiet time of 11:00 P.M.
5. Check-in times from 3:00 p.m. to 4:00 p.m.
6. Check-out time is 1:00 P.M.
7. A check-in inspection will be made with a member of park staff and the group representative signing and accepting responsibility for these rules in advance of the arrival of the rest of the group. Allow one (1) hour for check-in and one (1) hour for check-out in group's scheduled activities. A checkout inspection will also be made to determine missing, damaged, or broken items and unclean facilities and buildings prior to the group's departure. Charges for non-compliance or damages are to be paid for upon departure.
8. Each group must clean all facilities before vacating the youth camp. Each group is required to assign at least four (4) people to a cleaning party. Clean-up must be completed one hour before you intend to check-out (no later than 12:00 noon) to allow time for park staff to check the condition of the facilities. The assigned cleaning crew must be available during this time to address areas of neglect, if any. Toilet tissue, brooms, mops, floor detergent, and cleanser are provided. Cleaning supplies can be found in both bathrooms, the Dining Hall and the Office/Infirmery. Upon check out, all garbage receptacles must be emptied and lined with new garbage bags. At the Dining and Recreation Halls,



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chairs are to be neatly placed on the tables, according to the charts posted at each building. A reasonable cleaning fee will be charged if the facilities and grounds are not left in satisfactory condition.

9. Vehicles are permitted only on paved roads and are permitted to park only in designated parking areas (see map). Do not block the driveway to the dumpster at the Dining Hall. Do not block the dirt road leading to the recreation/ball field.
10. All trash shall be deposited in the dumpster behind the Dining Hall. Garbage bags will be provided by the user and placed in all trash receptacles in each building.
11. Firearms and fireworks are prohibited on park property and in the youth camp.
12. The gate leading into the Youth Camp should remain closed at all times for your security and safety.
13. All recreation activities shall be conducted at the ball field (volleyball, baseball, football, etc.). Horseshoe pits are located behind the Dining Hall and next to the parking lot.
14. All buildings shall be returned to their original appearance before checking out as shown on the diagrams provided at each building. **FURNITURE IS NOT TO BE MOVED FROM ONE BUILDING TO ANOTHER.**
15. Groups are not permitted to add any structures to the facilities at the youth camp, i.e. canopy tents, "Moon Walks", rock climbing walls, etc.
16. The Audio/Visual equipment (including televisions) in the Dining Hall and Recreation Hall is not available for use under any circumstances.
17. Smoking is not permitted in any building.
18. All campers and visitors must stay in designated use areas and on marked trails only.
19. Camping is only permitted in the cabins. Camping is strictly prohibited in the Dining Hall and Recreation Hall. Tents are not permitted anywhere in the Youth Camp.
20. A \$25 charge will be assessed to the group for each non-emergency use of the fire extinguishers located in each building.
20. ADA accessible facilities are provided in Tequesta, the Recreation Hall and the Dining Hall.
21. Firewood is not to be collected from the park, but can be purchased in the park's vicinity or at the Park Concession. Contact the Ranger Station for information.
22. All plants and animals in the park are protected. Collecting, harming or disturbing of any kind is strictly prohibited!
23. The group representative must obtain the main gate combination and distribute it only as necessary. The safety provided by the locked gate depends on the discretion used with the gate combination.
24. The Ranger Station telephone number is 407/884-2009. Call this number during park hours for any non-medical emergency or urgent need. For medical emergencies, call 911 and describe your location as the Wekiwa Springs State Park Youth Camp. Other emergency telephone numbers can be obtained at the Ranger Station upon check-in and are posted in the Youth Camp at the Office/Infirmary. Apopka Hospital's Emergency Room phone number is 407/889-1000 and is located at 201 N Park Ave, Apopka.



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WEKIWA SPRINGS STATE PARK YOUTH CAMP MAP

