

January 23, 2012



Dear Parents, Guardians and Students:

Anuvia Prevention & Recovery Center would like to thank you for your interest in STAND (Students Taking Actions Not Drugs) Camp, a 4-day residential camp for rising 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade youth. STAND Camp provides an array of educational, social and recreational activities designed to bolster students' life skills, grow leadership and teamwork skills and enhance appreciation of the diversity of our community.

**This year, STAND Camp will be held at Wingate University,  
Sunday, July 15<sup>th</sup> through Wednesday, July 18<sup>th</sup>.**

To apply, fill out and sign **ALL** enclosed forms. **Your application must be received by Thursday, March 29, 2012** at Anuvia Prevention & Recovery Center, 100 Billingsley Road, Charlotte, NC 28211, Attn: Kami R. Shackelford.

**If all forms do not have the proper signatures and are not fully completed, the application will be returned and will not be considered until completed.** Upon receipt of completed applications and attendance at a mandatory parent orientation, students are enrolled on a **first-come, first-served basis**. There are openings available for 80 children to attend.

Preliminary acceptance packages will be mailed by Monday, April 2<sup>nd</sup>, which will include details on:

- camp content and expectations;
- payment options for the **\$25 enrollment fee** to secure your child's spot at the camp; and
- mandatory parent orientation (to be provided with multiple date/time options between April 7<sup>th</sup> and 18<sup>th</sup>).

**Please do not send any money with this application.** Also, please note the medication guidelines on page 4.

Thank you again for your interest. If there are any questions or concerns feel free to contact Carolina Bonilla at [Carolina.Bonilla@anuvia.org](mailto:Carolina.Bonilla@anuvia.org) or Kami R. Shackelford at [Kami.Shackelford@anuvia.org](mailto:Kami.Shackelford@anuvia.org) or 704.927.8868.

Sincerely,

*Susan Johnson & Zorana Roldan-Romo*

Prevention Supervisors

# STAND 2012 Application Form

Student's Name: \_\_\_\_\_

Sex:  Male  Female      Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_

Student's Grade for the 2012/2013 School Year: \_\_\_\_\_

Race:

American Indian/Alaska Native     Asian     Black/African American     Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander     White     More Than One Race     Unknown

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Has your child attended STAND Camp previously?     Yes (When : \_\_\_\_\_)       No

## **Parent/Guardian Contact:**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Emergency Contact 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Emergency Contact 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**For Office Use Only:    Date Received: \_\_\_\_\_    Staff Initials: \_\_\_\_\_**

# STAND Code of Conduct

I, \_\_\_\_\_, do promise to abide by the following Code of Conduct while at STAND Camp:

- ◆ I will do my best to exhibit strong leadership and teamwork qualities and place an emphasis on having positive relationships with my fellow campers and staff.
- ◆ I will not use tobacco, alcohol and other drugs.
- ◆ I will refrain from wearing any form of clothing that promotes tobacco, alcohol, or other drugs.
- ◆ I will wear clothing that is presentable - No short-shorts, see-through clothing, belly bearing t-shirts, or tight clothing, etc.
- ◆ I understand that cell phone's are discouraged at STAND Camp. If I choose to bring my cell phone, I will give my cell phone to an Anuvia Advisor for the entirety of the camp and I understand that I will only have access to it briefly in the evening to connect with my parents and for emergency purposes. I understand that it is my responsibility to contact my parents if they wish to hear from me each evening.
- ◆ I will not engage in fighting, swearing, and other disrespectful behavior. I understand that such behavior is not tolerated at STAND Camp.
- ◆ I will not bring valuables to camp and I am solely responsible for any items that I bring with me.
- ◆ I realize that I represent STAND and my conduct will reflect on this program. I understand that my choices and behaviors may jeopardize the continuation of this program for future students.

I understand that my failure to abide by this Code of Conduct will result in disciplinary action which may include dismissal from camp. My parent(s)/guardian have also read over this agreement and understand my obligations.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## STAND Camp Medication Guidelines

This document is intended to inform you of Anuvia’s policies regarding medications. Current guidelines prohibit Anuvia staff and volunteers from handling and administering medication. Young people under 18 are also prohibited from self-administering medicines while in Anuvia’s care. This includes prescription medications as well as over the counter medications (such as Tylenol, Ibuprofen, etc.).

As a result, Anuvia can only accommodate children under the following conditions at STAND camp:

- 1) The child either does not take any medication or, if they do, they can safely abstain from their medication while they are at STAND camp; or
- 2) If a child does require medicine during STAND, the parent can either come to Wingate University to administer the medicine or they can make arrangements in advance with a physician in close proximity to Wingate University who can administer the medicine for the child. Please note that in this case Anuvia staff will contact you prior to STAND to verify that you have made arrangements for your child.

For your child’s safety, if your child is in possession of ANY medications at camp, he or she will be dismissed from STAND Camp.

Please verify the health needs of your child below.

Child’s Name \_\_\_\_\_

- I verify that my child does not need to take any medications.

Parent/Guardian initials \_\_\_\_\_

- My child takes medication, but can safely abstain from medications while at STAND Camp. For prescriptions, please attach a doctor’s note verifying that your child can safely abstain from usage while at STAND Camp.

Parent/Guardian initials \_\_\_\_\_

- My child *does* need to take medications while at STAND Camp and I agree to either come to camp to administer any required medications or to make arrangements with a local physician to ensure my child receives his/her medications. Please briefly describe the arrangements you will make: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian initials \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Consent for Emergency Medical Treatment

I, \_\_\_\_\_, hereby release Anuvia Prevention & Recovery  
**Name of Parent/Guardian**

Center their servants and employees from any liability for personal injuries or property damage sustained by my child, \_\_\_\_\_ in connection with participation in the  
**Child's Name**

STAND Camp program.

I  **do have**/  **do not have** personal insurance on my child. I further understand that if my child is not insured, Anuvia Prevention & Recovery Center will not be held liable.

**I hereby give consent and authorize** the administration of all medical treatments advisable or necessary under the judgment of the accredited camp staff, emergency room physicians, or any other clinical physicians with the understanding that I will be notified as soon as possible.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Medical Information:**

Physician/Group: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child is covered by an accident/health insurance policy, please list the following:

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please put a check by any condition your child has or is taking medication for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Back Pain       |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Anemia         | <input type="checkbox"/> Headaches       |
| <input type="checkbox"/> Birth Deformities | <input type="checkbox"/> Broken Bones   | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Other _____       |   |  |

Is the child pregnant?  Yes  No Are your child's immunizations current?  Yes  No

Date of last Tetanus booster? \_\_\_\_\_

Is there any reason why your child may not participate in any activities? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list **ALL** prescription and/or over the counter drugs that your child is currently taking (although they may be safely abstaining from such medication while at STAND Camp, such information could be useful in the event of an emergency).

\_\_\_\_\_  
\_\_\_\_\_

Please list **ALL** allergies (e.g., food, medicine), mental, and emotional concerns for your child:

\_\_\_\_\_  
\_\_\_\_\_



## Permission and Release Form

The undersigned authorizes the participation of my son/daughter, or a child for which I am the legal guardian or have legal responsibility for, to attend STAND Camp, a 4-day residential camp conducted by Anuvia Prevention and Recovery Center at Wingate University, July 15<sup>th</sup>-18<sup>th</sup>, 2012. The undersigned hereby consents to the use, publication, distribution or display of any photograph, picture, film or video taken of the child identified below during STAND Camp, and of any prints or copies thereof or therefrom, in whole or in part for advertising or promotional purposes, in the discretion of Anuvia Prevention and Recovery Center, its successors or assigns.

The undersigned has read this release and fully understand its contents. This release will be binding upon me, my heirs, legal representatives and assigns.

\_\_\_\_\_  
Minor Child's Printed Name

\_\_\_\_\_  
Date

I certify that I am his/her parent, legal guardian or have legal responsibility and I give my consent without reservation to the foregoing on his/her behalf.

Parent/Legal Guardian/Person With Legal Responsibility For Aforementioned Minor Child

Parent/guardian printed name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian/Persons With Legal Responsibility For Aforementioned Minor Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MECKLENBURG COUNTY ABC BOARD

MARY H. WARD  
EDUCATION / COMMUNITY RELATIONS DIRECTOR

**DIRECTORS**

CLEVELAND EDWARDS, CHAIRMAN  
ANGELES ORTEGA-MOORE  
DAVID CONWAY  
HARRY LOMAX

PAUL STROUP, CEO

## Permission to Use Pictures

In consideration for value received, receipt of which is acknowledged, I hereby irrevocably grant the Mecklenburg County ABC Board the absolute right and permission to use my name (or any fictional name), and likeness in all forms and media, and in all manner, including composite representations, advertising, promotion, trade, or for any other lawful purpose. I waive any right to inspect or approve the finished versions. I have read this release and fully understand its contents. This release will be binding upon me, my heirs, legal representatives and assigns. Except for those persons whose parent or guardian is signing below, I hereby affirm that I am of full age and have the right to contract in my own name.

\_\_\_\_\_  
Signature (or minor's printed name)

\_\_\_\_\_  
Date

If the person photographed is under 18 years old, I certify that I am his/her parent or legal guardian and I give my consent without reservation to the foregoing on his/her behalf.

Parent/guardian printed name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**MECKLENBURG COUNTY ABC BOARD**  
**GOLF CART USE**  
**Release of Liability and**  
**Assumption of Risk Agreement**

\_\_\_\_\_

**Print Participant name**

The Mecklenburg County Alcoholic Beverage Control Board (“ABC Board”) through its Law Enforcement Division is offering individuals the opportunity to drive a golf cart in a parking lot on a simulated road course with an ABC Board Law Enforcement Officer as part of a driver’s education experience while wearing “fatal vision goggles” that simulate driving while under the influence.

The Participant acknowledges that he or she will receive an explanation of how to operate the golf cart safely, but understands that driving the golf cart while wearing the fatal vision goggles will nonetheless expose him or her to various hazards and risks, including, among others, bumping, jarring, risk of collision with objects next to the course, the negligence of other people, all of which present a risk of injury, including, without limitation, the risk that the Participant may suffer contusions, lacerations, sprains, fractures, and other potentially more serious injuries.

**RELEASE OF LIABILITY**

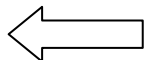
**In consideration of the ABC Board allowing the above named participant to drive a golf cart in a parking lot on a simulated road course with an ABC Board Law Enforcement Officer as part of a driver’s education experience while wearing “fatal vision goggles” that simulate driving while under the influence, the undersigned agree to release and hold the ABC Board and its employees free, harmless and indemnified from and against all claims, suits, or causes of action arising from or out of injury that the above named Participant may suffer from participation in said experience other than an injury from gross or willful negligence.**

**ASSUMPTION OF RISK**

**We acknowledge and understand that there is a risk of injury involved in the above described activity. We understand that the Participant will be under the supervision and instruction of a trained ABC Board Law Enforcement Officer in order to reduce the risk of injury of the Participant. However, the undersigned acknowledge that neither the ABC Board Law Enforcement Officer nor the ABC Board can totally eliminate the risk of injury. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from Participant engaging in this activity.**

\_\_\_\_\_

**Participant initials**





The Participant agrees to listen, understand and follow all instructions and warnings from the instructor before and while driving the golf cart and understands that following the instructions and warnings of the instructor greatly reduces, but does not eliminate, the risk of injury.

The Participant also understand that if at any point he or she feels incapable of operating the golf cart safely or following the instructions provided, it is HIS or HER responsibility to end his or her participation in the event. Additionally, if the Participant observes any unusual significant hazard during his or her participation, Participant agrees to remove himself or herself from participation and bring such to the attention of the nearest instructor immediately.

The Participant understands that ABC Board employees reserve the right to, at any time, declare that the Participant has not demonstrated sufficient maturity or skill needed to safely operate the golf cart. However, the Participant understands that it is his or her responsibility to end his or her participation if he or she feels incapable of operating the golf cart safely, not that of the instructor.

**THE UNDERSIGNED HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. THE UNDERSIGNED ARE AWARE THAT THIS DOCUMENT IS A RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE SIGNED IT VOLUNTARILY. THE PARTICIPANT ALSO UNDERSTANDS THAT HE OR SHE SHOULD NOT PARTICIPATE AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name

Signature of Parent/Guardian if Participant is under 18 years of age: \_\_\_\_\_