



P.O. Box 20653 – Wichita, KS 67208 – Phone (316) 682-1909 – Cell: (316) 641-4488 – jpouncil@cox.net
Griots Cultural Arts Enrichment Storytelling Camp
July 10-15, 2017 9:00 - 5:00pm.
Urban Preparatory Academy 2821 E 24th Street N (Old Mueller Elementary School)
Registration \$30 and Siblings \$20

Dear Camper!

Congratulations! You have been accepted to attend the 14th Annual Griots' Summer Camp!

It will be held at the Urban Preparatory Academy 2821 E 24th Street N (Old Mueller Elementary School)!
Pre-Registration is required!

We are EXCITED to see you at the Griots' Storytelling Summer Camp!

This packet includes the information YOU need to prepare for the camp, and the information WE need to prepare the camp for YOU! Please read everything right away and carefully so you have plenty of time to get ready. Then RETURN THE LAST FIVE (5) PAGES OF THIS PACKET TO THE GRIOTS AS SOON AS POSSIBLE!

If you have any questions, call Ms. Jean at 682-1909 or 641-4488.

You and your parents/guardians should read and sign the attached forms where indicated (the last five pages). Registration is available from **March 15th-June 10th, 2017**, or until slots have been filled. They should be returned to Ms. Jean. After that date, no other application will be accepted for this year's camp. However, you may apply after the deadline to be placed on a waiting list.

The information in the first few pages of this packet is for you, and for your parents/guardians to read and keep available while you are at the Griots' Storytelling Summer camp. It tells you about the location and activities for the Griots' Storytelling Summer Camp as well as other important information.

You should come expecting an adventure. Camp activities will challenge, enrich, encourage and motivate you to discover more possibilities inside yourself and in your community. You will meet new and interesting people, have new experiences, and probably see corners of Wichita you may not have seen before.

**The Griots'
Cultural Arts Enrichment Camp will be a great experience!**

(Note: If your plans change after registration and you can't join us, please call Ms. Jean right away!)



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A Message to the Griots' Cultural Arts Enrichment Camp Parents

The goal of the Griots' Storytelling Summer Camp is to teach leadership and communication skills through storytelling and performing arts that will help youth to create positive change in themselves and their environment. These skills will be valuable in preparing students to succeed in an increasingly diverse society.

Program Overview

Each day at Summer Camp has one or more themes that are reflected in the field trips, motivational presentations, or classroom workshop activities. The learning points of each day are achieved through a variety of activities centered on these themes. You may want to visit with your children each day and ask them about their field trips and other activities.

In addition to the daily cultural activities, workshops are offered which cover a range of topics relevant to performance and other art forms, and skills for delivering the Camp Production at the end of the week.

The most important event at the Griots' Cultural Arts Enrichment Camp is the Camp Production. Each camper participates in this presentation in some way. Please help your camper(s) prepare now for his/her/their part in these presentations.

This is a chance for campers to show off their talents through songs, stories, skits, pictures, and/or dress as they take part in group performance. This is for fun, learning and team building. There is no competition.

BECAUSE OF THE SHORT TIME FRAME AND INTENSIVE PREPARATION REQUIRED FOR A SUCCESSFUL PRODUCTION, PARENT SUPPORT FOR SCRIPT STUDY, REHEARSAL, AND THE OTHER RESPONSIBILITIES OF EACH PARTICIPANT/PERFORMER IS CRITICAL!

With your help, we can guarantee your son or daughter will have a learning experience, which can last a lifetime!

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The Main Emergency Telephone Numbers @ the Griots' Storytelling Summer Camp is:

(316) 641-4488 Ms. Jean



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(When calling, please indicate that your child is attending the **Griots' Enrichment Camp.**)

What to Bring to the Griots' Cultural Arts Enrichment Camp

- Shorts, jeans, t-shirts, sweatshirt or jacket (as needed), comfortable shoes (Clothing with profane or suggestive language, or which advertises or promotes alcohol, tobacco, drugs; violence or illegal activity is not appropriate at Griots' Storytelling Enrichment Camp.)
- Insect repellent, Sunscreen, Refillable water bottle for personal use
- Camera and film if you wish to take pictures
- A small amount of money for extra snacks and soft drinks, if you wish (Lunch and a snack are provided by the Griots' Cultural Arts Enrichment Camp.)

What NOT to Bring to the Griots' Enrichment Storytelling Camp

- Tape player, radio, television, Walkman or other stereo equipment
- Pagers or Cellular phones. All necessary communication for emergencies etc. is provided by Summer Camp staff.
- Alcohol, Tobacco, Illegal Drugs or other controlled substances
- Firecrackers, firearms, candles, incense or any item generating a flame; knives or any type of weapon
- Large amounts of money, jewelry or other valuables (Every attempt is made to provide security. Campers are advised to leave valuables at home and not risk loss or damage. THE GRIOTS are not responsible for loss or theft of personal items.



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PROGRAM PARTICIPATION CONSENT FORM

INSTRUCTIONS: Because The Griots are committed to working with young people who are truly interested in the storytelling arts, and because all invited campers are under 18 years of age, applicants AND a parent/ guardian must read carefully and sign where indicated. Both signatures are required for applications to be accepted.

General Information

As a family, we understand that the following guidelines are required for our participation:

As a parent/guardian, I assure The Griots that my child has no known mental or emotional disorders or sensitivities that would interfere with his or her participation and that my child is capable of handling the subject matter and emotional nature of this program.

I also understand that although THE GRIOTS have taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for THE GRIOTS to guarantee absolute safety. I also understand that each participant shares the responsibility for safety during all activities, and I assume that responsibility for myself/for my child. I waive any claim that may arise against The Griots, their Board of Directors and/or its employees, agents, volunteers, or lessors including those claims that may arise from the negligence of any of these

As a parent/guardian, I also note that if the Executive Director or Program Director must send a child or children home for any reason, I agree to pick up my child or children within four hours of being notified of the dismissal, and that The Griots will NOT be responsible for any costs associated with such transportation.

Furthermore, prior to the Camp, if medical information should change for a participant from what is indicated below, I, as parent/guardian will notify THE GRIOTS of any new conditions, medications, limitations, etc. by calling one of the phone numbers or using the e-mail address provided herein.

Personal Contact Information

In an effort to facilitate networking between participants, The Griots request response to the following:

___ I DO grant permission for my/my child’s name, phone number and additional contact information to be distributed to other participants -- and ONLY other participants – on the Summer Camp roster.

___ I do NOT grant permission for my/my child’s name, phone number and additional contact information to be distributed to other participants on the Summer Camp roster.

Participant’s Initials: _____ Parent/Guardian’s Initials: _____ Email _____



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PROGRAM PARTICIPATION CONSENT FORM (continued)

Photo Release

I am the parent or legal guardian of _____ (“my child (ren)”), who will be participating in activities of THE GRIOTS’ STORYTELLING SUMMER CAMP and follow-up activities.

I understand that my child(ren), alone or with other participants and/or THE GRIOTS staff, volunteers or representatives, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media (“photographs and/or sound/image recordings”) by THE GRIOTS and/or others approved by THE GRIOTS.

I hereby consent to the foregoing and grant permission, without reservation, to THE GRIOTS and/or those approved by THE GRIOTS to generate, prepare, advertise, describe and/or publicize THE GRIOTS and its work, good will, public education and/or fundraising activities, disseminate, otherwise use and comment upon the photographs and/or sound/image recordings as they may determine, without review by me or my child(ren) and without financial or other obligation of any nature to me or my child(ren).

I consent that my child may be identified by name, age and place of residence or otherwise, as THE GRIOTS and/or those approved by THE GRIOTS may determine.

I release THE GRIOTS, its officers, Board members, volunteers, agents, employees, licensees and assigns from all claims that I or my child(ren) may have, or might have, for any cause of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein.

This consent and release shall continue in effect, without a limitation of time.

___ I DO consent and agree to the photo release terms mentioned above.

___ I DO NOT consent or agree to any of the photo release terms mentioned above.

Participant’s Initials: _____ Parent/Guardian’s Initials: _____ Email _____

Family’s Agreement to Abide by Restrictions

We understand and agree to abide by the restrictions placed on activities during this program.

Participant’s Name: _____
(Please Print)

Participant’s Signature: _____ Date: _____

Parent/Guardian’s Name: _____
(Please Print)

Parent/Guardian’s Signature: _____ Date: _____



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Griot Enrichment Storytelling Camp HEALTH STATEMENT AND MEDICAL RELEASE FORM

(The information on this form is not part of the participant acceptance process. This information is gathered to assist in identifying appropriate care for the participant as needed. All medical information is confidential. This form must be completed by the parent(s) or guardian of minors and by any adult volunteer or program participant. You may keep a copy of the completed form for your records. Any changes to this form should be provided The Griots prior to the participant’s involvement in the camp. Please make sure that you provide detailed and accurate information so that the staff members are aware of your needs and your child’s needs.)

Personal Information

Applicant’s Name (Last, First, Middle): _____
Home Address: _____ E-Mail _____
Social Security #: _____ Birth Date: _____ Age: _____
Parent/Guardian’s Name: _____
Home Language: _____ Daytime Phone: _____ Evening Phone: _____

Please list TWO other emergency contacts:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Does the applicant have physical limitation that will restrict participation in program activities? ___ Yes or ___ No

If Yes, explain: _____

Has the applicant been injured and needed medical treatment within the last year? ___ Yes or ___ No

If Yes, explain: _____

Is the applicant presently undergoing professional counseling or therapy? ___ Yes or ___ No

If Yes, explain: _____

Allergies

Allergies to Medication: (List all known) _____

Describe reaction and management to the reaction: _____

Allergies to Food: (List all known) _____

Describe reaction and management to the reaction: _____

Other Allergies – include stings, hay fever, asthma, animal dander, etc.: (List all known) _____

Describe reaction and management to the reaction: _____

Medications

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire duration of the program. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Does this participant take medications on a routine basis? ___ Yes ___ No

Will the applicant be taking any prescribed medication during the program? ___ Yes ___ No

If YES please provide the following information: (Attach additional pages for more medications.)

Med. #1: _____ Dosage: _____ Med. #2: _____ Dosage: _____ Med. #3: _____ Dosage: _____

Specific times taken each day: _____ Reason for taking: _____

Identify any medications taken during the school year that participant does (or may not) take during the summer: _____



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Griot Enrichment Storytelling Camp HEALTH STATEMENT AND MEDICAL RELEASE FORM (cont.)

Medical Conditions

Does the applicant have any of the following medical conditions? (Check all that apply and add notes with necessary details.)

- Asthma Allergies Convulsive Disorders HIV Positive
- Heart Problem* Pulmonary Disorders Muscular-Skeletal Disorder Diabetes Mellitus
- Chest Pain Hepatitis Joint Problems and/or Arthritis Skin Infection
- High Blood Pressure* Otitis Media Neurological Disorder Often Fainting or Out of Breath
- Epilepsy Smoker Chronic Recurring Illness Communicable Disease
- Currently Medicated Emotional Conditions (Panic Disorder, Post Traumatic Stress Disorder, etc.)
- Operations, major illnesses, disabilities, injuries or other issues the medical staff should be aware of? (Please elaborate)_____

*(*Doctor's release required.)*

Dietary Restrictions

(Please note that food cannot be prepared to order, although alternatives can be offered. The facility does not have a kosher kitchen.)

Please check all restrictions that apply to this individual:

- Does not eat red meat. Does not eat pork. Does not eat eggs.
- Does not eat poultry. Does not eat seafood. Does not eat dairy products.
- Other (If other, please use the space here or separate sheet to explain)_____

Medical Emergency Forms

(Insurance Information)

Is the participant covered by family medical/hospital insurance? Yes or No

If NO, proceed to next section, ***Emergency Release Agreement.***

If YES, indicate the insurance carrier/plan name: _____

Group #: _____

Insurance Company address: _____

Name of policyholder (if other than applicant): _____

Relationship to participant: _____

Social Security number of policy holder or insurance ID number: _____

Emergency Release Agreement

(NOTE: Parent /guardian must sign the emergency release agreement. If for religious reasons you cannot sign this, contact the program director for a legal waiver, which must be signed for attendance.

Permission to Provide Necessary Treatment or Emergency Care:

In the event of an accident or illness that requires emergency medical care, I hereby give permission to the attending (licensed) medical personnel to order such medical attention as may be deemed necessary for the health and safety of me / my child (or the person of whom I am legal guardian). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the person named above. The medical information above is complete and accurate to the best of my knowledge.

Parent/Guardian Authorization

This health history is correct and complete as far as I know, and the person herein described has permission to engage in program activities excepted as noted.

Signature: _____ Date: _____



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Griots’ Cultural Arts Enrichment Storytelling Camp **Participant Agreement**

As a participant in the Griots’ Enrichment Storytelling Camp I recognize my responsibility to myself, family, school, community, sponsors and my fellow campers and the Griots’ Enrichment Storytelling Camp staff and organizers.

I agree to be present for the entire Griots’ Enrichment Storytelling Camp session. I will join in the spirit of Summer Camp, follow the rules, and be personally responsible for my behavior at all times.

I agree to refrain from and discourage activities which may endanger participants, or cause damage or malfunction to any equipment or facilities.

I agree to respect and value the property of others and will take care of (and precautions with) my own property. I understand that Griots’ Enrichment Storytelling Camp Staff are not responsible for lost or damaged personal articles I choose to bring to Summer Camp.

I understand that if I fail to follow the rules or engage in activities or behavior which is deemed detrimental to the success of Summer Camp I may be dismissed from the program and my parents will be required to pick me up either at Griots’ Enrichment Storytelling Camp (or at some other mutually acceptable location agreed to by the Griots and the responsible parent/guardian) within four hours of being contacted.

I understand that I will not be able to make or receive telephone calls except in an emergency.

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I have read the Camp Participant Agreement and agree to and accept the terms listed. I agree to support the actions and decisions of the Griots’ Cultural Arts Enrichment Storytelling Camp staff in ensuring all campers abide by this Agreement.

Delegate's Signature: _____ **Date:** _____

(Name, please print): _____

Parent's or Guardian's Signature: _____ **Date:** _____

(Name, please print): _____



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Keepsake Uniform T-Shirt Information

____ **Adult T-Shirt Size** ____ **Child's T-Shirt Size** **Camper's Name** _____
(Check one above and then check the T-Shirt size below.)

S

M

L

XL

1X

2X

3X