

Central States Troopers Coalition  
of  
Louisiana

Youth Leadership Development Camp 2009  
July 5-10, 2009

**APPLICATION**

**PLEASE READ DIRECTIONS FIRST:**

**Directions:** Printing legibly, read and complete pages 1-7. Parents and Campers should complete the application together. Please review the Camper Checklist (Page 6), which has a brief synopsis of the Camp's Rules.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box /Street City State Zip code

Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Church \_\_\_\_\_ City \_\_\_\_\_

**Parent/Guardian or other, responsible for enrollee while at camp.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box /Street City State zipcode

Emergency Contact ( ) \_\_\_\_\_

**Telephone numbers where Parent/Guardian or other can be reached:**

Home: ( ) \_\_\_\_\_ / \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Emergency Contact ( ) \_\_\_\_\_

SPONSORED BY  
TROOPER: \_\_\_\_\_

CENTRAL STATES TROOPERS COALITION P.O. Box 66464, Baton Rouge, La. 70896

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**Medical Permission/Release Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

**IMMUNIZATIONS:** (check appropriate box)

\_\_\_\_\_ tetanus \_\_\_\_\_ polio booster \_\_\_\_\_ measles \_\_\_\_\_ mumps \_\_\_\_\_

**PAST MEDICAL HISTORY :** (check appropriate box)

\_\_\_\_\_ asthma \_\_\_\_\_ sinunitis \_\_\_\_\_ bronchitis \_\_\_\_\_ kidney trouble \_\_\_\_\_ diabetes

\_\_\_\_\_ heart trouble dizziness \_\_\_\_\_ upset stomach \_\_\_\_\_ hay fever \_\_\_\_\_ other

(List other) \_\_\_\_\_

**ALLERGIES:** (name)

FOOD \_\_\_\_\_

Penicillin or other drug \_\_\_\_\_

Insect stings/bites \_\_\_\_\_

Poison sumac, oak, or ivy \_\_\_\_\_

Previous operations or serious illness \_\_\_\_\_

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**Any current medication:** (List or use the back of this form) \_\_\_\_\_

Special diet: (name) \_\_\_\_\_

**Childhood Diseases:** \_\_\_\_\_ chickenpox \_\_\_\_\_ measles \_\_\_\_\_ mumps \_\_\_\_\_ whooping coughing

(List or use the back of this form) \_\_\_\_\_

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**PERMISSION FOR TREATMENT**

My permission is granted for the Camp Director, Assistant Director, or other staff personnel in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

State of \_\_\_\_\_, Parish of \_\_\_\_\_

Signature\_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me executed the within foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

(seal)

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**Authorization To Participate In Activities And Release Of All Claims Form.**

Authorization and release made, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
By \_\_\_\_\_ of \_\_\_\_\_ Parish, State of \_\_\_\_\_  
As the parent or guardian of \_\_\_\_\_.

I hereby authorize my Child \_\_\_\_\_, to participate in organized Youth Leadership Development Camp 2009 classes and activities at Camp Chicota, realizing that such activities involve the potential for injury, which is inherent in all activities. I acknowledge that such injuries can be so sever as to result in total disability, paralysis, or even death.

In consideration of permission granted \_\_\_\_\_, my child, by The Central States Troopers Coalition I grant permission for my child to participate in the Youth Leadership Development Camp 2009 during the summer of 2009, I hereby release and discharge The Central States Troopers Coalition, it's agents, employees, employer, officers, and trustees from all claims against The Central States Troopers Coalition, its successors or assigns, for all personal injuries, known or unknown, and injuries to property real or personal, caused by, or arising out of, the above-described camp activities.

I, the undersigned, having read this warning and release, and understanding all its terms, will not hold The Central States Troopers Coalition liable for any injuries, disabilities, or the death of \_\_\_\_\_, my child, caused by his/her participation in the above described camp activities. I execute this release voluntarily and with full knowledge of it's significance.

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

\_\_\_\_\_  
Date

On this date \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me executed the within foregoing permission and release form. Witness my hand and official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)

\_\_\_\_\_  
Date Commission Expires

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**Authorization To Attend Events/Media Release**

I hereby grant permission to The Central States Troopers Coalition for my child to:

Appear in or on the following media: brochures, videos, radio talk shows, television ads, news etc. All which are used to promote the Youth Leadership Development camp.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
City State Zip Code

Telephone ( ) \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date

On this date \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me executed the within foregoing permission and release form. Witness my hand and official seal this \_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

(seal)

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# Central State Troopers Coalition of Louisiana

Youth Leadership Development Camp 2009  
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## Camper Checklist

Below is a checklist of items you will need for camp. Remember, there will be a variety of outside events such as horseback riding, swimming, hiking and a banquet.

- 1 Bar of Soap  1 tube of toothpaste and 1 toothbrush  Toiletry Items and shower shoes
- 2 bath and 2 face towels
- Appropriate clothing for 8 days and a laundry bag (Examples: shorts, t-shirts, underwear)
- tennis shoes  sleep wear  swim wear and towel
- 1 set of twin size sheets and a light blanket. (A sleeping bag is optional)
- BOYS 1 long sleeve white shirt and tie NO CLIP ON TIES!!!!!! (old or used will be fine.)
- GIRLS 1 Sundress or Summer Dress
- Required medication(s) Place all medication in a sandwich bag and list the medication and reason for taking the medication on the rear of the Medical Permission / Release Form (Page 2) on the back of this form. The Camp's Paramedic will control all medication.

**\*Note: You will need to wear long pants and tennis shoes for the horseback riding activity.**

### RULES

**All excessive Jewelry will be placed in safe keeping.**

**NO Cellular Telephones, pagers.**

**NO Walkman, DVD or video games.**

**NO cursing**

**NO Fighting**

**NO Behavior, deemed inappropriate by the Camp Director or Staff will be tolerated.**

**We demand and will convey RESPECT towards all campers, staff and visitors at all times.**

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

\_\_\_\_\_  
Camper

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**Application Checklist**

- Application Form
- Medical Permission/ Release Form
- Permission For Treatment
- Authorization To Participate In Activities And Release Of All Claims Form.
- Authorization To Attend Events/ Media Release

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Name of CSTC Member completing Application.

# Central States Troopers Coalition of Louisiana YOUTH LEADERSHIP DEVELOPMENT CAMP 2009

Congratulations, you have been accepted:

The Central States Troopers Coalition of Louisiana, YLD Camp 2009 is a residential camp designed to enhance the participants social and life skills. The camping session starts on Sunday, July 5, 2009 and ends on Friday, July 10, 2009. The camp is located at Camp Chicota, which is next to Chicot State Park and near the town of St.Landry, LA (Northen Evangeline Parish/ I-49 exit 46). The campers will participate in a number of activities during the week that are geared toward instilling self-confidence, self-esteem, self-preparation, self-presentation, and teamwork.

Here is a bit about the camp:

- State Troopers who have demonstrated the skill and temperament to instruct and counsel youth, designed this camp.
- During self-preparation courses, campers learn about effective communication skills.
- During self-presentation courses, campers learn about good grooming where boys are taught to tie a tie, and etiquette skills where the campers learn social and table manners, etc.
- Self-confidence, self-esteem and teamwork are taught during leadership horseback riding and group fishing trips.
- Swimming, baseball, volleyball, golf, board games, hiking, etc.

The goal of the YLD Camp is to create an experience that will equip youth with the skills to become happy, healthy and successful contributing members of their community. So bring an open mind and join in on the fun.

In case of a family emergency, please contact Chicota Youth Camp at (337) 461-2603 or the Camp Director at 337-247-5361. For more information on The Central States Troopers Coalition of Louisiana, a non-profit, tax exempt organization, go to our website at [www.CSTCOFLA.org](http://www.CSTCOFLA.org).

See you around the campfire,

*ROBERT F. GUILBEAUX*

Robert Guilbeaux  
YLD Camp Director