

## **CAPS CAMP 2016 APPLICATION**

- Where: Camp Kanata, Wake Forest, NC
- When: September 16 – Sept. 18, 2016 (Meet at BHS big gym at 3:30 pm on Fri, Sept. 16)  
Students should be picked up in front of big gym at 11:45 am on Sun, Sept 18  
You MUST be able to stay all weekend – riding the school transportation
- Cost: \$140.00 - this covers:  
1) Meals (starting with dinner on Friday)    2) Lodging    3) Materials  
4) Transportation    5) T-shirt    6) Chaperones
- Who Can Apply: Any Broughton student interested in developing leadership, planning for the 2016-2017 school year, and making new friends.
- How to Apply: Complete and submit the following:  
**1) Student Information Sheet**  
**2) Parent Consent for School Field Trip / Medical Form**  
**3) Payment Form**  
Return all forms **and payment form** to room 153 from September 7-9.  
Deadline: **FORMS MAY BE TURNED IN SEPTEMBER 7, 8, 9.**  
**APPLICANTS WILL BE ADMITTED THROUGH LOTTERY (SEE BELOW).**  
**INCOMPLETE OR LATE REGISTRATION FORMS & REGISTRATION FORMS WITH NO PAYMENT FORM ATTACHED WILL NOT BE CONSIDERED!**  
If you are unable to pay the full fee at this time, you may use a payment plan. Additionally, a limited number of scholarships are available for students who need them. Don't miss this GREAT event because of money concerns – arrangements can be made.

CAPS CAMP applicants will be admitted through a lottery system, NOT first-come first-served!

- Applications will be accepted before school from 7:00-7:15, after school from 2:20-2:45 and at both lunches from September 7-9 outside room 153. Campers will then be chosen by lottery system. Applications turned in on Wednesday will have a better chance of being accepted than those turned in on Thursday or Friday. We are reserving a certain number of slots for each grade, and we will have a balance of males and females.
- No applications will be accepted before 7:00 AM each day. (Students are NOT ALLOWED ON CAMPUS BEFORE 7:00 AM.) There is NO advantage to turning your application in before school starts each day – just an advantage to turning it in ON that day.
- When you turn in your application, place ONLY the payment page and your payment in an envelope.
- If your application is NOT selected to attend, you can receive a refund on your credit card payment or get your check/money order back. If you submit an application and IT IS CHOSEN, there will be NO REFUNDS.
- On Monday, September 12, the list of selected applicants will be posted on Mr. Corsetti's door: room 153. It is YOUR responsibility to check this list to see if your name is there.
- For those applicants selected, there will be a MANDATORY informational meeting during Caps Class on Tuesday, September 13. If you miss this meeting, you may not be eligible to attend CAPS CAMP. However if you are absent on the 13th, email Mr. Corsetti at [dcorsetti@wcpss.net](mailto:dcorsetti@wcpss.net) (Upon your return to school, you must show proof that this absence is excused.)

**STUDENT INFORMATION SHEET - PLEASE COMPLETE THE FOLLOWING:**

Student Name: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

CAPS Class Teacher: \_\_\_\_\_

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

Emergency Contact for Sept 16-18: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Have you attended CAPS Camp before? [Circle] Yes No If Yes, list the year: \_\_\_\_\_

Did you apply for CAPS Camp last year? Yes No Were you chosen to attend? Yes No

Shirt Size (Short Sleeve): [Circle] S M L XL XXL

Vegetarian: [Circle] Yes or NO

Other Meal Concerns: \_\_\_\_\_

List Any Food Allergies: \_\_\_\_\_

List two appropriate songs you would like to hear played at Caps Camp 2016:

1. \_\_\_\_\_ 2. \_\_\_\_\_

List your favorite candy:

1. \_\_\_\_\_

School Lunch ([circle]

A-day: 1<sup>st</sup> 2<sup>nd</sup>

B-day: 1<sup>st</sup> 2<sup>nd</sup>

**I understand that by accepting a spot at Caps Camp, I agree to participate in all activities and obey all school rules and directions.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WAKE COUNTY PUBLIC SCHOOL SYSTEM

## PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS FORM IS NOT COMPLETED AND RETURNED BY September 9, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned CAPS CAMP at Camp Kanata

*Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.*

Date(s) of Trip September 16-18, 2016 Purpose of Trip or Activity Leadership building & boundary breaking

School Broughton High School Name of Teacher/Sponsor Dave Corsetti

Method of Transportation  WCPSS vehicle  charter bus/contract vehicle  \*privately-owned vehicle

*\* When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.*

### Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

### Expectations and Instructions

I understand the following is expected of the student:

- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

### Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that \_\_\_\_\_ (student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

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

*This form must be kept with school officials at all times during the school trip.*



# WAKE COUNTY PUBLIC SCHOOL SYSTEM

Parent/Guardian Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

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

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## School Trip Health Information

*In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse. In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.*

- Student has no medication(s) and/or needs no medical assistance during this school trip
- Student requires medication(s) and/or medical assistance during this school trip (\*complete information below)
- Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

\*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

Medication	Dosage	Time

Does the student require medical assistance, other than the administration of medication(s)?

- Yes       No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all allergies:

\_\_\_\_\_

\_\_\_\_\_

## CAPS Camp Payment Form

Please enclose **only** this page and your check/money order or credit card receipt in an envelope! Please **do NOT** include the application and field trip form in the envelope!

There are two methods for paying for Caps Camp. We recommend that students paying the \$140 all at once pay via credit or debit card. (Those paying the full amount may also use a check.) Those paying the \$140 over time **must** pay by check or money order.

**Student Name:** \_\_\_\_\_

### If you are paying the full \$140 using a credit card, debit card or check:

To pay with a credit or debit card, go to <http://osp.osmsinc.com/wakeNC>. In the gray box on the left, click on 'HIGH SCHOOL'. Scroll down, click on 'Broughton High' and follow the instructions from there. When you have completed your payment, print out a copy of the payment verification, write the student's name on it and submit it with the rest of your Caps Camp application. Those paying with a check should make the check payable to Broughton High School and write the **student's first and last name** on the memo line. If you would like to make a donation to help other Broughton families pay for their child to attend Caps Camp, please write a separate check for any amount with which you are comfortable and include it with your application. We greatly appreciate any and all donations!

### If you are paying the \$140 over time:

Make a check or money order for at least \$20 payable to Broughton High School and write the **student's first and last name** on the memo line. Include the check or money order with your application.

### Payment plan options:

We ask that all students submit \$20 with their application in September. This leaves a balance of \$120. In an effort to support our students and encourage them to attend Caps Camp, we will waive \$20 and ask that families pay the remaining \$100 over time. Students can bring payments to Mr. Corsetti in room 153.

- Payment Plan A: \$50 due November 4<sup>th</sup> and \$50 due December 2<sup>nd</sup>
- Payment Plan B: \$25 due November 4<sup>th</sup>, \$25 due December 2<sup>nd</sup>, \$25 due January 6<sup>th</sup> and \$25 due February 3<sup>rd</sup>.
- Payment Plan C: \$20 due November 4<sup>th</sup>, \$20 due December 2<sup>nd</sup>, \$20 due January 6<sup>th</sup>, \$20 due February 3<sup>rd</sup> and \$20 due March 3<sup>rd</sup>.

Payment Plan choice: \_\_\_\_\_

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