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Dear ANYTOWNers,

I hope this letter finds you in good health and fantastic spirits. I'm really excited to invite you to the 6th annual ANYTOWN Reunion! Once again we will be returning to the original location of ANYTOWN where many of us had life-changing moments, and formed life-long friendships – CAMP JEWELL! We will spend the day snow-tubing, ice-skating, song singing, games playing, broom balling, rock climbing, and updating each other on the change we have all brought to our families, friends, schools, and communities post-ANYTOWN. Not to mention making hippos smile and the alligator our friend! All you have to do is send in the attached forms by January 14th, 2011. Transportation to camp is provided.

When: Saturday, January 29th, 2011

What: We will be doing two hours of Snow-Tubing, Ice-Skating, and other activities as well as lots of our favorite songs, games, and catching up! Dress warm as it will be very cold. Bring Ice-Skates and Sleds if you have them!

Food: Buffet Lunch will be provided by Camp Jewell. Lots of HOT Chocolate will also be available. Snacks will be provided all day.

Where: Camp Jewell, Colebrook, CT.

Cost: Free with a suggested donation of \$5-\$15. We are covering all the costs for this event, but we request that you donate whatever you can to the ANYTOWN Scholarship Fund. We use money from this fund to pay for other young people who cannot afford to go to ANYTOWN. Make checks payable to "NCCJ of CT/WMA". If you cannot donate anything, that is absolutely fine, just mail in the attached forms. **YOU DO NOT HAVE TO PAY TO ATTEND THIS REUNION.** ☺

Transportation: For now there are two bus pick up points, NCCJ office in Windsor and Classical Magnet High in Hartford. Depending on the number of people from Holyoke/ Springfield/Western Massachusetts, we will add another location in Holyoke.

Please write on the envelope the location (Windsor, Hartford, W- MA) you prefer to be picked up at.

Classical Magnet Bus: Departure time: 8:30 AM, return at 6:00 PM.

Address: 85 Woodland Street, Hartford, CT

NCCJ Office: Departure time 9:00, return at 5:30 PM.

Address: 1095 Day Hill Road, Windsor, CT

W-MA Holyoke/Springfield: To Be Determined

Also, please arrive on time; the bus will not wait for you. Call 860-913-7869 if you will be late.

Attached you will find two forms, "Individual Acknowledgement of Risk and Waiver of Liability" (mumbo, jumbo I know), and "Health Information and Emergency Permission". I MUST receive both these forms with your donation by January 14th, 2011 for you to be able to come to this reunion, so please plan ahead. Feel free to contact me if you have any questions or if you would like to volunteer to organize the reunion. I look forward to seeing you all very soon!

In peace,

Muneer Panjwani
860-683-1039 ext. 102

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Youth Action Coalition

National Conference for Community and Justice

FIELD TRIP PARENTAL CONSENT FORM

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

****YOUTH's NAME:** _____ **GRADE:** _____

DESTINATION: Camp Jewell, Colebrook, CT **DATE OF TRIP:** January 29th, 2011

DEPARTURE: 8AM on 1/29/2011 **RETURN:** 7PM on 1/29/2011

SPECIAL INSTRUCTIONS: Please drop off your youth at the drop off location by the noted time in the Invitation Letter. Western Massachusetts youth will be contacted by phone with information regarding pick-up/drop-off location and times.

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the organization representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

RELEASE OF CLAIMS AGAINST THE National Conference for Community and Justice of Connecticut and Western Massachusetts

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's presence, transportation, and participation in this NCCJ sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE SCHOOL, THE NCCJ, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE NCCJ OF CT/WMA AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform to directions of the supervising personnel.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Phone: _____



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MEDICAL INFORMATION FORM

(Please print clearly. It is crucial that you complete all requested information.)

Delegate's Full Name: _____ Date of Birth: _____

Home Address: _____
street, city, state, zip code

Parent/Guardian: _____
name and phone # (daytime, evening, cell, etc.)

Emergency Contact Person: _____
name and phone # of someone other than parent/guardian

Family Physician: _____
name and phone # (daytime, evening, cell, etc.)

Date of last tetanus shot: _____

Please describe any problems or conditions that may affect your participation at ANYTOWN (i.e. asthma, allergies, etc.):

Do you require any special accommodations (i.e. dietary needs, restricted activity, etc.)?

Surgery or Serious Injuries (Please include dates):

Please offer any necessary health information that is not included on the form.

MEDICATIONS

For each medication you will be bringing to ANYTOWN you **MUST** complete the form below.

| | |
|----------------------------|----------------------------|
| Name of Medication: | Name of Medication: |
| Dose: | Dose: |
| Method of Administration: | Method of Administration: |
| Time(s) of Administration: | Time(s) of Administration: |
| Possible Side Effects: | Possible Side Effects: |

INSURANCE INFORMATION

Name of Insurance: _____ Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Policy Holder Signature: _____

EMERGENCY RELEASE

In the event of any accident or illness which requires emergency medical care, I give my permission, if I cannot be reached, to the attending licensed physician to order or administer medication, anesthesia, or surgical procedure as deemed necessary for the health and safety of the delegate for whom I am responsible, named on page 1 of this form. I have provided my emergency contact telephone number so that I may be notified immediately if an emergency situation arises.

SIGNATURE OF PARENT/GUARDIAN

DATE



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Camp Jewell YMCA Outdoor Center Health Information and Emergency Permission



Camp Jewell YMCA
A branch of the YMCA of Greater Hartford

This form is required on site for every person under 18 yrs. of age, not accompanied by a parent or guardian. It must be presented at the office upon check in and retained by the group leader. Forms may be needed at any time for an emergency. Please print all information clearly.

School or Group Name _____

Dates at Jewell _____

(child's name) _____ has my permission to participate in the trip to YMCA Camp Jewell Outdoor Center on the above dates.

Please list, with dates, any **major illness or injury** this child has had:

Within the past month _____

Within the past year _____

Date of **Tetanus Shot** (should be within ten years) _____

List any **Allergies** (medication, inhalant, or food) _____

Can this child take part in strenuous physical activities? _____

The following medication will be needed by this child at Camp. (All medication should be given to the group leader before leaving to come to camp. It may not be carried by the child.)

| Medication | Amount and Time to be given |
|------------|-----------------------------|
| _____ | _____ |
| _____ | _____ |

I hereby give permission to the O.C. Director, group leader, or their designate to administer the above medication in the absence of a nurse.

Additional information and remarks:

I understand that every attempt will be made to contact me in the event of accident or injury, but that it might be impossible in an emergency to contact me quickly enough to authorize proper treatment. Therefore, I authorize the officials of my child's group and the staff of Camp Jewell to seek the proper treatment in the event of any accident or injury. I give my permission for the use of any form of medical treatment necessary, such as: injections, anesthesia, medicines, drugs, surgery, or other treatment which is deemed necessary by attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate any necessary treatment.

Date _____ Phone # _____

Signature of Parent or Guardian (circle one) _____

Other emergency phone numbers if a parent cannot be reached:

Name _____ Phone _____

Relationship _____ Phone _____

Family Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____

Child's Last Name

First

Middle Initial



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Camp Jewell YMCA

A branch of the YMCA of Greater Hartford

INDIVIDUAL ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To: YMCA of Metropolitan Hartford, Inc., its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively/individually hereinafter referred to as the "Y").

The undersigned on behalf of himself/herself and his/her minor children named below (hereinafter collectively and individually referred to as the "Releasers") acknowledges that Releasers may participate in activities involving risk of injury to person or property and that they assume full responsibility for all such risk. Activities may include horseback riding, ropes course, and waterfront. The undersigned certifies that each of the Releasers is in good health with no condition, illness, or abnormality which might subject them to undue personal risk for engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, the undersigned on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the Y or otherwise, while Releasers are in, on our about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall; notwithstanding, continue in full force and effect. The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

Children of undersigned included herein: _____

If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the Y in writing of the change.

The undersigned gives permission for photos or videotapes of him/her and his/her children named below while participating in Y activities to be used for promotional purposes. (Cross out and initial if permission not given).

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Name: _____ Date: _____

Participant Signature or Parent/Guardian if under 18