

April 4, 2017



Dear Friend,

The Andrew L. Hicks, Jr. Foundation is continuing our summer camp tradition with a new name- Camp Lionheart! Over the years, we have made camp available to hundreds of Chester children who have never had the opportunity to experience the Great Outdoors and all of its wonder. Chester is the 4th most violent city per capita in the US and many of these children face challenges that include crime, violence, a city ridden with trash and graffiti, unsafe and unstable schools, and many of them are living beneath the poverty line.

Dates: Sunday, August 6th -Thursday, August 10th

Location: Camp Lionheart is at NorthBay in North East, MD, set on the banks of the North East River. The camp is built on Maryland State Park land, which includes a beach, fields, woods, hills and wetlands.

Activities: Together each cabin group enjoys rock climbing, swimming, canoeing, kayaking, mountain biking, high and low ropes courses, zip lines, and a 3-man adventure swing as well as beach campfires at night. All meals are provided.

This letter is an invitation, reaching out to adults, to consider a commitment to Camp Lionheart as part of the Dining Hall Staff. Here are a few things we are requesting as you consider this commitment. You will be interacting with the Campers, Counselors and Chaperones many times during the day. We ask that you remember to show them the love of Christ through your smile, your service, your kindness and your words. Our Foundation is not about proselytizing, or preaching to the children, but we do want to show them the love of Jesus through our *actions*.

Clearances & other Costs: \$20 Total

- Complete the Child Abuse Clearance and Criminal Background checks, or submit copies of already completed clearances.
- The application process is simple; however it does have a 4-6 week turn-around. Directions for how to complete both of these clearances can be found on our website www.ALHJR.org under the tab "Get Involved" and "Volunteer".
- All staff are required to wear a Andrew L. Hicks, Jr. Foundation STAFF shirt and a Camp Lionheart t-shirt. (FEE= \$20, unless you already own a Foundation shirt)
- Accommodations: If you would like to stay in a hotel-style room instead of share a large cabin (which are also very nice), that will cost \$10/day for each person. This is not necessary but we wanted to offer the option. (OPTIONAL FEE= \$50/person).

Time Required:

- Camp begins for Chaperones at **10am on Sunday, August 6th and ends at 4pm on Thursday, August 10th.**
- Camp participation requires that you commit to the entire 5 days/4 nights so that we can provide the campers with consistency.

Transportation:

You will drive yourself to camp, or carpool, so we can avoid the cost of an additional bus for staff. However, if you live in Chester, you are welcome to ride the bus with the Campers; you just need to inform us ahead of time so that to reserve a spot on the bus.

I ask that you pray about this commitment and then contact me as soon as possible if you think you can help out. It is our goal to have all of our commitments by end of May.

Your completed paperwork can be mailed to:
Niki Goodson, Program Director
P.O. Box 177
Downingtown, PA 19335

We are so grateful for the support we have received from our generous community. Many events have taken place through the years, uniting the community of West Chester with the youth of the City of Chester. You can get a glimpse of this by visiting **www.ALHJR.org** and clicking on the “Accomplishments” tab. We realize all that has been accomplished through the Foundation is only possible through the gracious support of so many. Thank you for considering being part of Andrew’s passion.

Sincerely,

Karen C. Hicks
Executive Director



**ANDREW L.
HICKS JR.**
FOUNDATION



Camp Lionheart 2017
Dining Hall Staff- Job Description

General Description: To prepare the dining hall for meals, to aid the kitchen staff in the preparation of those meals, to serve the Campers, Counselors and Chaperones at every meal, and to clean up afterwards.

Qualifications:

- Desire and ability to interact with children in a camp environment.
- Enthusiastic participation and friendly disposition.
- Ability to serve with energy and a positive attitude, and to work well as a team member in support of NorthBay's professional kitchen staff.
- 18 years old or older.

Responsibilities:

- **Always be an excellent role model for your Campers and Counselors!**
- Arrive at the dining hall by 7:30am in preparation for breakfast.
- Serve breakfast to diners and clean up after breakfast.
- Set tables for lunch and assist in the preparation of the lunch meal.
- Serve lunch to diners and clean up after lunch.
- Set tables for dinner.
- Arrive at the dining hall by 5:30pm in preparation for dinner.
- Serve dinner to diners and clean up after dinner.
- Set tables for breakfast.
- Have fun and enjoy the experience!

Camp Lionheart

Dining Hall Staff Important Dates

Dining Hall Staff Paperwork Due: ASAP
Mail to: Niki Goodson
P.O. Box 177
Downingtown, PA 19335
Niki@ALHJR.org
1-866-ALHJR10

Camp Lionheart/RISE Camp: **Report to camp- Sunday, August 7th at 10am**
Depart from camp- Thursday, August 11th at 4pm
NorthBay
11 Horseshoe Pont Lane
North East, MD 21901
443-967-0500
www.northbayadventure.org

***You will receive alternative transportation instructions if you request to ride the bus with campers.**

For questions during Camp Lionheart, please call Niki Goodson cell (484) 431-9177.

*****PLEASE RETAIN FOR YOUR RECORDS*****

Andrew L. Hicks, Jr. Foundation Camp Lionheart Waiver Form

I _____
(the "Chaperone") want to attend Camp Lionheart and participate in activities sponsored by the Andrew L. Hicks, Jr. Foundation. I agree to sign this Consent and Liability Release Form so I can attend camp. I promise the information given on the Health Information Form is complete and accurate as far as I know.

LIABILITY RELEASE: I understand that participating in some of the activities sponsored by the Andrew L. Hicks, Jr. Foundation at Camp Lionheart, including canoeing, kayaking, boating, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I am willing to participate in all of the activities while at NorthBay and agree that I assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree to release the Andrew L. Hicks, Jr. Foundation its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while I attend camp, doing any activity connected in any way to the NorthBay program, or caused by an inappropriate behavior on the part of the Chaperone.

I hereby release and covenant not to sue the Andrew L. Hicks, Jr. Foundation, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by the Andrew L. Hicks, Jr. Foundation.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Chaperone Name (print): _____ Date: _____

Chaperone Signature: _____

I hereby grant permission to the Andrew L. Hicks, Jr. Foundation to photograph my image and to edit, crop, or retouch such photographs. I consent to permit those photographs to be used by the Andrew L. Hicks, Jr. Foundation for any purpose, including education and advertisement purposes, and in any medium including print and electronic.

Chaperone Signature: _____ Date: _____

I give the Andrew L. Hicks Jr. Foundation Board Members or Staff members permission to initiate any medical attention necessary throughout the day. I understand that an Andrew L. Hicks, Jr. Foundation Board Member or Staff member will make every effort to make contact in the event medical attention is necessary.

Chaperone Signature _____ Date: _____

Camp Lionheart Adult Guest Liability Consent

Camp Name _____ Dates at Camp _____

Printed Name _____ Phone #: _____

Email address _____

Emergency contact name _____ Phone # _____

Medical conditions/concerns you would like the NorthBay nursing staff to know about while you are here at camp _____

PLEASE READ AND SIGN BELOW

As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp. I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC (“NorthBay”). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the “Release”).

LIABILITY RELEASE - I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I agree that I shall assume all such risks as well as any other risks involved in any activities sponsored by or involving NorthBay. I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the “Released Parties”), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of myself. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay.

PUBLICITY RELEASE – I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without payment or approval rights, for use in materials created for promoting NorthBay.

HEALTH RELEASE - In the event I become unconscious or are unable to make decisions for myself due to a sudden injury or illness while I am on camp property, I hereby give permission for NorthBay staff to request emergency medical services by calling 911 and to provide emergency medical care until such time as EMS arrives to assume care. I understand that I am responsible for any medical expense occurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial. I further agree to pay any attorney’s fees incurred by NorthBay if I attempt to contest the validity of this Release.

PREGNANCY – Adventure activities are NOT RECOMMENDED for women that are pregnant. If you have any questions please contact one of our staff members in Administration.

I hereby agree that I have read and understand the liability statement above

Signature

Date



NORTHBAY GUEST HEALTH INFORMATION FORM

Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.

Group Name:

Guest Information

Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Email Address:		
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:		Home Phone:
My Insurance Company:		Policy Number:

Not Currently Insured—NorthBay reserves the right to subrogation if it is later determined that personal medical insurance was in place.

HEALTH HISTORY

List any major medical conditions:

List any allergies to medications:

RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK

At NorthBay, health, safety, and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment, and purposeful sound programming. Guest safety and well-being is everyone's concern. As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp.

I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release"). I assert the information given on this health form is complete and accurate to the best of my knowledge.

I acknowledge that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature and acclimatization activities, and using the ropes course, involve certain inherent risks, including the risk of serious personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving NorthBay.

I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected to Northbay.

This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend NorthBay from and against any loss, damage, liability and expense, including costs and attorneys' fees, incurred by NorthBay that is related to or arise from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I hereby grant permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of NorthBay.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Cecil County, Maryland. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney's fees incurred by NorthBay if I attempt to contest the validity of this Release.

In the event I cannot be reached in an emergency when I am under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for myself. If something were to happen to me a doctor selected by the camp may treat me for any injury/illness.

THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

Signature of adult guest:	Date:
If the guest is under 18 years of age:	
Signature of parent/guardian:	Date:

Dining Hall Staff

CHECK LIST

- Read the Dining Hall Staff Welcome Letter thoroughly.
- Read the Dining Hall Staff Job Description thoroughly.
- Completed the Camp Lionheart Adult Guest Liability Consent Form.
- Completed a Child Abuse Clearance.
- Completed a Criminal Background Check.
- Paid the \$20 fee for a Camp t-shirt and an Andrew L. Hicks, Jr. Foundation t-shirt (\$10 if you only need a Camp shirt). Cash or check made payable to Andrew L. Hicks, Jr. Foundation and please include a note indicating what size shirts you would like.
- Optional - Paid the \$50/person fee for a hotel style room instead of a free, multi-person cabin. Cash or check made payable to Andrew L. Hicks, Jr. Foundation and please include a note indicating if you will be sharing this room with another person and that person's name.
- Optional - Paid any additional amount to help support campers at Camp. Cash or check made payable to Andrew L. Hicks, Jr. Foundation.