

Dear Friend,

The Andrew L. Hicks, Jr. Foundation is continuing our summer camp tradition- Camp Lionheart! Over the years, we have made camp available to hundreds of Chester children who have never had the opportunity to experience life in the wilderness and all of its wonder. Our goal is to bring concrete city residents to the Great Outdoors.

Dates: Sunday, August 1th - Thursday, August 5th

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.

Cabins: The 98 Chester campers (3rd, 4th, 5th and 6th graders) are divided into groups of 4, by gender and age. Each cabin has 2 high school or college Counselors and one Adult Chaperone for the week.

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.

This letter is an invitation, reaching out to adults, to consider a commitment to Camp Lionheart as an Adult Chaperone. Here are a few things we are requesting as you consider this commitment. You must be passionate about sharing God's love with the youth of Chester and seeing godly character development in them. You must also be passionate to see godly character development in the student Counselors and work to instill in them a desire to serve others selflessly. This will be accomplished by both your actions and examples throughout your time as a Chaperone at Camp Lionheart, as you will be asked to walk alongside both the children of Chester and camp Counselors, offering encouragement and hands-on support. Our Foundation is not about 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 clearances 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 Chaperones need a Foundation STAFF shirt (FEE= \$10 if you don't have one)
- Camp Lionheart t-shirt. (FEE= \$10)
- The Foundation fully covers the \$200 cost of our chaperones, as thanks for your time and talents. However, if you are able to and would be willing to, sending in a contribution of any amount to help cover your cost would be greatly appreciated. This is completely optional and we thank you in advance for simply considering it.

Time Required:

- Camp begins for Chaperones at **10am on Sunday, August 1th and ends at 4pm on Thursday, August 5th.**
- Camp participation requires that you commit to the entire 5 days/4 nights so that we can provide the campers with consistency.

- We also ask that you drive yourself, or carpool, to and from camp. This saves us the cost of an additional bus for staff.
- **Mandatory Counselor/Chaperone Meeting-Tuesday, June 21st 7:00-9:00pm**
(meeting at the Hicks' home, located at 914 Kenmara Drive in West Chester, PA).

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 or scanned to:

Rachel Cameron, Operations Coordinator
P.O. Box 177
Downingtown, PA 19335
Rachel@alhjr.org

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 "Events" tab under "Blog". 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,

Susanne Cianfaro
Executive Director



ANDREW L.
HICKS JR.
FOUNDATION

Camp Lionheart 2021 Chaperone Job Description

General Description: To supervise the Counselors in my cabin as they identify and meet camper's needs while administering a quality camp program that reflects the core values and initiatives of the Foundation.

Qualifications:

- Desire and ability to work with children in a camp environment.
- Supervisory and enthusiastic participation in all learning and adventure activities.
- Provide supervision and guidance to children in accordance with the training guidelines set forth by the Foundation and NorthBay.
- Ability to give guidance, encouragement and constructive criticism to Counselors and relate and work with a diverse staff.
- Enthusiasm, honesty, sense of humor, patience and self-control.
- 18 years old or older.

Responsibilities:

- **Always be an excellent role model for your Campers and Counselors!**
- Attend all pre-camp training & all activities scheduled while at camp.
- Set a good example for Counselors and others including cleanliness, punctuality, respect and act as a role model for the Counselors.
- Display and encourage respect for personal property, camp equipment, and facilities.
- Keep personal issues separate from the Campers and Counselors and manage personal time in accordance with camp and Foundation policies.
- Carry out established roles for supervising Campers and Counselors instructing and enforcing safety and emergency procedures and regulations as set forth in the Chaperone training.
- Assist Counselors in supervising all aspects of the campers' day including, but not limited to: morning wake-up, cabin clean-up, or unit duties, meal times, rest hour, evening activities, getting ready for bed, and after-hour duties as assigned.
- Encourage counselors to participate in all activities with campers.
- Reinforce the expectation that Counselors are participating in activities with Campers to model for and encourage them.
- Work privately with Counselors in order to overcome any behavior or emotional issues that arise during camp within the cabin and at camp.
- The possession and use of tobacco, alcohol and/or drugs is strictly forbidden.
- Have fun and enjoy the experience!

2021 Camp Lionheart

Chaperone Important Dates

Chaperone Applications Due:

ASAP

Mail or scan to: Rachel Cameron

P.O. Box 177

Downingtown, PA 19335

Rachel@ALHJR.org

1-866-ALHJR10

Mandatory Counselor/Chaperone Mtg:

Monday, June 21st 7pm - 9pm

Hicks' home

914 Kenmara Drive

West Chester, PA 19380

Camp Lionheart:

Report to Camp- Sunday, August 1th, 11am

Depart from Camp- Thursday, August 5th, 2pm

NorthBay

11 Horseshoe Pont Lane

North East, MD 21901

443-967-0500

www.northbayadventure.org

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

CHAPERONE CHECKLIST

- Read the Chaperone Welcome Letter thoroughly.
- Read the Chaperone Job Description thoroughly.
- Completed and returned the Andrew L. Hicks, Jr. Foundation Camp Lionheart Packet.
 - Signed ALHjr Foundation Camp Adult Waiver.
 - Completed and returned the Health Information Form.
 - Completed and returned the Camp Lionheart Adult Guest Liability Consent form.
 - Completed a Child Abuse Clearance, saved the original for myself and mailed a copy to Niki Goodson.
 - Completed a Criminal Background Check, save the original for myself and mailed a copy to Niki Goodson.

Mailed in the \$10 fee for a Camp Lionheart and an \$10 for an Andrew L. Hicks, Jr. Foundation t-shirt if needed. Cash or check made payable to *Andrew L. Hicks, Jr. Foundation*. Also, we accept Cash App: \$ALHjrFoundation or Venmo: @ALHjrFoundation payments

- OPTIONAL:** Mailed in a contribution to help cover the \$200 chaperone fees. Cash or check made payable to *Andrew L. Hicks, Jr. Foundation*.

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 Shirt Size: _____

NorthBay/Camp Lionheart Adult Guest Liability Consent

Camp Name Camp Lionheart Dates at Camp Aug. 1-5, 2021

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:
<input type="checkbox"/> 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:

PACKING LIST

COUNSELORS & CHAPERONES

- Bathing Suit (one piece or tankini for women)
- Masks
- Sun screen
- Bug spray
- Hat/Sunglasses
- Shorts, T-shirts, one sweatshirt, one pair of sweatpants and underclothes. (*Be prepared for hot weather and possibly cool evenings. Dress is casual and should be appropriate for working with children*)
- Sneakers or comfortable shoes for walking (*two pairs; one must be a closed toe shoe*)
- Flip flops for shower
- One backpack
- 2 Towels (*one for bathing and one for swimming*)
- Bedding (pillow, sheets, and light blanket provided. Can bring additional blanket- labeled and in a labeled bag).
- Toiletries in a portable container
- Stories to read to campers
- Rain Gear
- Flash light, important!
- Watch, important!
- Alarm Clock

- Optional:
- Musical Instruments
- Camera, although we will have a photographer!
- If you bring an mp3 player or cell phone for time off, please keep in mind that each cabin has a safe for storage, but we are not responsible for damage or loss. *Valuables are not recommended at camp.*

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Andrew L. Hicks Jr. Foundation has put in place preventative measures to reduce the spread of COVID-19; however, the Foundation cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, **attending Camp LionHeart/Camp Rise could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Event employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Event or participation in Event programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Andrew L. Hicks Jr. Foundation, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Andrew L. Hicks Jr. Foundation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Andrew L. Hicks Event program.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Name of Child