

# a 5-Day Leadership Experience for Budding Entrepreneurs

### **OVERVIEW**

Camp 'Treppie is a one-week day camp (June 19-23) for youth between the ages of 13 and 18 who have started their own businesses or are interested in starting a business. The purpose of the camp is twofold: first, to introduce campers to the basic life-and-leadership skills that are so useful for the entrepreneur or small business owner. Second, to provide training and guidance on the basic fundamentals of successful business startups and money management.

The camp curriculum is a thoughtful combination of award-winning BIZ KID\$ lesson plans, leadership lessons from Kauffman's Entrepreneurial Learning Institute, and the successful financial management tools developed for the Mini Billionaires Academy (MBA). Camp facilitators include the senior management team from the Tallahassee-Leon Federal Credit Union, local leaders in the entrepreneurial sector, and trained and vetted volunteers.

The camp will be held on the Tallahassee Community College main campus, in Building #4 (the Workforce Development Building). Each camp day will begin with a leadership-building session for all campers. Then, campers are organized into age-specific teams where they work on business startup concepts and ideas.

On the final day of Camp 'Treppie, teams present their business ideas to a panel of business consultants and receive valuable feedback.

Valued at more than \$500/camper, Camp 'Treppie represents a partnership between the Big Bend Minority Chamber of Commerce Youth Entrepreneurs Council (BBMC-YEC) and the Tallahassee-Leon Federal Credit Union (TLFCU). Camp benefits include:

- Camp materials and supplies
- Learn leadership and team-building skills
- Learn the basic fundamentals for starting a business
- Learn the keys to successful lifelong money management
- Daily mid-morning and mid-afternoon snacks
- Certificate of Completion
- Credential to include on student resume'
- One-year membership in BBMC Youth Entrepreneurs Council
- Incentives to open savings account at Tallahassee-Leon Federal Credit Union
- Preferential admission application into 2018 Camp 'Treppie

#### **POLICIES & PROCEDURES**

- 1. Admission into Camp 'Treppie requires the completion and submission of THREE documents by the legal parent or guardian of the camper: [The forms are included in this packet]
  - a. Application Form
  - b. Consent Form
  - c. Health History Form
- 2. The camp fee for Camp 'Treppie is \$199. (Children and grandchildren of BBMC members receive a \$20 discount.) Payment of this fee should be submitted along with the three required documents. Payment can be made by online (<a href="www.mybbmc.org">www.mybbmc.org</a>), or by cash, check, and money order/cashier's check. Parents/guardians who would like to have the BBMC PayPal credit card link e-mailed to them, may make this request to <a href="mailto:CampDirector@mybbmc.org">CampDirector@mybbmc.org</a>. (A limited number of need-based, partial scholarships are available. Scholarship determinations will be made after the camp application deadline of June 9.)
- 3. Camp 'Treppie (June 19-23) begins at 9:00am each day and concludes each day at 4:00pm.
- 4. Camp participants should plan to arrive each morning between 8:30am and 8:45am so they are in place when the morning session begins at 9:00am.
- 5. Parents/Guardians should use the designated drop off/pick up points. Camp workers will be at these points between 8:15am and 9:00am to receive camp participants.
- 6. Parents/Guardians must sign the 'release' roster at the time of drop off and sign again at the time of pickup. This must be done each camp day.
- 7. Campers should dress comfortably. We recommend denim jeans, khakis or shorts with a comfortable tee-shirt or polo. (T-shirts with inappropriate language or images are not acceptable.) Sneakers, sandals, etc., are acceptable footwear.
- 8. Light snacks will be provided mid-morning and mid-afternoon. However, each camper should bring their own lunch and mark their lunch bag with their full name. Campers will have access to a kitchen facility for storing refrigerated items.
- 9. We understand most teenagers have their own personal cell phones today. We ask that parents and guardians of the campers please support Camp 'Treppie officials in our policy that campers refrain from cell phone use during camp activities.
- 10. Campers who are not able to comply with the basic camp regulations will be dismissed from the camp program.
- 11. Camp 'Treppie observes an open policy for parents who may wish to observe camp activities. We ask that visiting parents not interrupt, interject or disrupt the camp activities. Designated observation areas will be provided for parents.
- 12. Each parent/guardian will receive the Points of Contact List via e-mail before the first day of camp. Parents/Guardians may communicate their concerns to any of the individuals on the point of contact list and can expect an immediate response.
- 13. Campers will not be taken off the TCC main campus. All camp activities will be held on the TCC main campus.
- 14. Campers, potential campers, parents and guardians of campers may direct their questions to <a href="mailto:CampDirector@mybbmc.org">CampDirector@mybbmc.org</a> for immediate response.



### **APPLICATION FORM** (PDF Write-able Format)

Form Submission Options:

- You may complete this form online, include an electronic signature, save it, and e-mail it to <a href="mailto:CampDirector@mybbmc.org">CampDirector@mybbmc.org</a>.
- You may download this form, complete it, provide an original signature, save it, scan and e-mail it to CampDirector@mybbmc.org.
- You may download this form, complete it, provide an original signature, print and mail (or hand deliver) it to Camp Director, c/o BBMC,
   528 East Park Avenue. Tallahassee. FL 32301

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Name of Camper:				
Address:				
City / State / Zip Code:				
E-Mail Address of Camper (if applicable)				
Gender of Applicant: Age of Applicant: Birthdate:				
Grade Level Completed in May 2017:				
School Attended for 2016/2017 Academic Year:				
Expected High School Graduation Date:				
SECTION TWO: About the Parent/Guardian of the Camper				
Name of Parent/Guardian:				
Address of Parent/Guardian:				
City State ZIP				
E-Mail Address of Parent/Guardian:				
Telephone Number of Parent/Guardian:				
Alternate Telephone Number of Parent/Guardian:				
Alternate Telephone Number of Parent/Guardian:				
•				
Signature of Parent/Guardian:				
Signature of Parent/Guardian:				
Signature of Parent/Guardian:  SECTION THREE: Payment Information  Please indicate your method of payment: I will pay the camp registration fees via the BBMC website (PayPal).				

Please complete the entire application form to the best of your ability. You will receive notice via the e-mail address of the parent/guardian when the application has been received and processed. Please complete one application for each camper in your household. If there are questions pertaining to the application, you will be contacted at the telephone number of the parent/guardian.

# CONSENT FORM Notice to the Minor Child's Natural Guardian

Please read this form completely and carefully.

You are agreeing to let your minor child engage in a leadership camp experience that may include activities that require some degree of physical exertion.

You are agreeing that, even if the Big Bend Minority Chamber of Commerce and the Tallahassee-Leon Federal Credit Union use reasonable care in providing this activity, there is a chance your child may be injured by participating in this activity because there is always potential for injury in the activity which cannot be avoided or eliminated.

By signing this form you are giving up your child's right and your right to recover from the Big Bend Minority Chamber of Commerce and the Tallahassee-Leon Federal Credit Union in a lawsuit for any personal injury, including death to your child or any property damage that results from the risks that are a natural part of the activity.

You have the right to refuse to sign this form, and the Big Bend Minority Chamber of Commerce and the Tallahassee-Leon Federal Credit Union have the right to refuse to allow your child participation in camp activities if you do not sign this form.

I,	, the parent/guardian of			
give t	he Big Bend Minority Chamber of Commerce (BBMC) staff and the Tallahassee-Leon			
Feder	al Credit Union (TLFCU) staff permission to:			

- 1. Dispense medication(s) brought to camp by parent or guardian in original prescribed bottle under minor's physician prescription.
- 2. I hereby give permission to the medical personnel selected by the BBMC and TLFCU staff to order x-rays, routine tests, and treatment for my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BBMC/TLFCU staff to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named herein.
- 3. I hereby give BBMC and TLFCU staff permission to photograph and/or videotape and use for marketing and future publications and promotions, photos of minor names herein.
- 4. I agree to hold BBMC and TLFCU and its agents, staff and officers harmless from any claims from accident or injury sustained by the camper while attending or participating in any camp program on or off camp premises.
- 5. I agree that BBMC and TLFCU, its officers, and representatives are released from liability in connection with unavoidable illness or accidents. My child has permission to leave the camp premises with authorized BBMC or TLFCU staff for scheduled trips and outings.
- 6. I will not hold BBMC or TLFCU responsible for items lost at camp.

Parent/Guardian Signature	
Date of Signature	



# CONSENT FORM, continued Notice to the Minor Child's Natural Guardian

I understand that BBMC and TLFCU assume no responsibility for injuries and illnesses which may sustain as a result of the minor child's physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment exercise, or other activities. In consideration of the privilege of participating at the BBMC/TLFCU camp, I hereby voluntarily release and discharge BBMC and TLFCU, their agents, servants, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in these activities.

While BBMC and TLFCU make every attempt to provide reasonable accommodations for mentally and physically challenged children, BBMC and TLFCU will not accept children that are:

- Of danger to themselves
- Of danger to others
- A disruption to the normal activities making it unreasonably difficult for other children to enjoy the camp programs

Any of the above reasons will be grounds for dismissal from the BBMC/TLFCU programs.

NOTE: We strongly recommend that you discuss with BBMC/TLFCU staff any special conditions or circumstances involving your child. We request that you do this prior to registration so that we can advise you as to whether we can make reasonable accommodations for your child.

I understand that no accident or medical insurance is provided with this activity/camp.

I give my permission to BBMC/TLFCU to use, without limitation or obligation, photographs, film footage, tape footage, or tape recordings, which may include my child's image or voice for purpose of promoting or interpreting BBMC/TLFCU programs.

I give my permission for my child to be transported by the bus service secured by BBMC/TLFCU for related program activities.

I understand that my child will not be able to attend this camp without a signed and completed registration/application form, including the full completion of health information. The health history provided is correct and complete as far as I know and the person herein has permission to engage in all camp activities except as noted:

Parent/Guardian Signature	 	
Date of Signature		



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#### **CAMPER HEALTH HISTORY FORM**

This form is an abbreviated version of Camper Health History Form developed and reviewed by: American Camp Association; American Academy of Pediatricians; Council on School Health; Association of Camp Nurses

Camper Name:						
Gender: Birthdate	Age on Arrival at Camp _					
Camper Home Address:						
City	State ZIP					
Parent/Guardian with legal custody to be contact	cted in case of illness or injury:					
Name:						
Relationship to Camper:						
Preferred Telephone Number:	Alternate:					
E-Mail Address						
Home Address						
City	State	ZIP				
Second Parent/Guardian or other emergency con	ntact					
Name	Relationship to Camper					
Preferred Telephone Number:	Preferred Telephone Number: E-Mail Address					
Additional Contact in the event the Parent/Guar	dian cannot be reached:					
Name	Name Relationship to Camper					
Preferred Telephone Number:	E-Mail Address					
MEDICAL HISTORY OF THE CAMPER:						
Allergies?						
Diet/Nutrition Restrictions?						
Other Restrictions?						
Mental, Emotional, or Social Issues for Concern?						
Is this camper covered by family medical/hospital insurance?						
Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me. If I (or other designees indicated above) cannot be reached in an emergency, I give my permission to the Camp Director to seek immediate assistance from a physician to secure proper treatment for said camper. I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.  Signature of Custodial Parent/Guardian:						
Relationship to Camper:	form please contact the Camp Director (Camp Director)	gtor@muhhma ora) to request a logal				

\*If for any reason you cannot sign this form, please contact the Camp Director (<u>CampDirector@mybbmc.ora</u>) to request a legal waiver which must be signed for camp attendance