



(June 9 - 20, 2025)

Dear Camp Treppie Parent:

Thank you for your support of Camp 'Treppie. As we get closer to the kickoff of Camp 'Treppie 2025, all of us on the team are excited about meeting the campers and facilitating a ten-day leadership experience for them that will be fun, educational and life-changing.

Below are 'camp housekeeping' details for your information. Please review them and let us know if you have questions.

1. **CAMP LOCATION.** Your camper is one of 25 campers enrolled in Camp 'Treppie 2023. The Camp will be held at Domi Station 914 Railroad Avenue Tallahassee, FL.
2. **CAMP DROP OFF.** Camp doors OPEN daily at 8:30am; Camp BEGINS at 9:00am. Please try to drop your camper off between 8:30 am and 8:55 am each day. You may drop them off at the CAMP 'TREPPIE sign that will be positioned at Domi Station. A camp staffer will be standing there to greet the campers and direct them to the building entrance.
3. **CAMP PICK UP.** Camp ENDS at 3:30pm; camp doors CLOSE daily at 4:00pm. Please plan to pick up your camper between 3:00pm and 3:30pm each day. A camp staffer will be at the pickup point with your camper to ensure a safe transition.
4. **CAMP SIGN-IN AND SIGN-OUT.** ALL campers must sign their name upon entering the camp area and must sign their name when exiting the camp at the end of each camp day.
5. **DRESS CODE.** Please encourage your camper to dress comfortably. They may wear shorts, khakis, denim jeans or similar comfortable attire. We do ask that campers use sound judgment when wearing t-shirts with slogans, quotes, etc. (Clothing bearing offensive symbols or language, political persuasions, etc., are not appropriate at Camp 'Treppie.) Sneakers or sandals are acceptable footwear.
6. **MEALS.** Camp 'Treppie provides a light breakfast (cereal and milk, yogurt, protein bars, breakfast bars, fruit, etc.), two snack breaks (chips, cookies, snack crackers, dried fruit, etc.) and bottled water daily.
7. **LUNCH.** Lunch begins at 11:40 a.m. and concludes at 12:25pm. Lunch will be provided, if your campers require a special diet you will need to provide his or her

meal. There is access to a refrigerator for campers who may need to keep their lunch cold. There is no microwave.

8. **USE OF PUBLIC RESTROOMS.** The restrooms for the campers are public and may be used by others in the building. For this reason, campers will not be permitted to use the public restrooms unless they are accompanied by a camp staffer. Campers must let camp staff know when they have need to go to the restroom.
9. **CAMP VISITORS.** Parents/Guardians are welcome to visit Camp “Treppie at any time. Outsiders will not be allowed access to Camp “Treppie. Campers will interact with the Camp Director, camp staff, other campers, and the daily Visiting Entrepreneurs ONLY.
10. **ACCESS AREAS FOR CAMPERS.** Campers may not leave Domi Station campus during snack breaks or lunchtime. Campers should plan to remain in the building during camp each day. Campers may sit outside in the common area in front of the building during lunch and breaks if they want to. Campers who need to arrive late or leave early from camp must be accompanied by a parent or guardian.
11. **CELL PHONE USAGE.** We understand most youth have their own personal cell phones today. We ask that parents and guardians please support Camp “Treppie staffers in our policy that campers refrain from cell phone use during camp activities. Campers may call their parents and receive calls from parents as needed. Excessive use of the cell phone for texting, accessing social media, chatting with friends, etc., is strongly discouraged.
12. **USE OF COMPUTERS, TABLETS, etc.** Campers will not need to bring computers, tablets, or other electronic devices with them to Camp “Treppie. We will have computers on hand for their use when they conduct their market research and research their product and business ideas.
13. **CAMP CONDUCT.** The professional staff at Camp “Treppie is neither trained nor prepared to handle campers with behavioral issues that threaten the safety of the camp. Campers who are unable to follow the guidance and authority of the Camp Director will not be permitted to return to the camp.

Camp 'Treppie is an annual summer day camp hosted by the Big Bend Minority Chamber of Commerce.

The camp is directed by BBMC's Director of Development Laurise Thomas and visiting Entrepreneurs will engage the campers. All individuals working with your camper have many years of combined experience working with young people, coaching young entrepreneurs, and consulting.

Laurise Thomas will serve as your PRIMARY CONTACT for Camp 'Treppie. On camp days, please feel free to call her or text her at 850-322-8056 for an immediate response. Her e-mail addresses are CampDirector@mybbmc.org and laurise@mybbmc.org.

There are 3 staffers who will be working at Camp 'Treppie this year. The camp staffers are college students who are majoring in business administration, entrepreneurship or a related discipline. They have been thoroughly vetted, interviewed, screened and cleared to work with minor children.

If you wish to speak with someone other than the camp director, you may contact Mr. Antonio Jefferson, BBMC President, at 850-577-0789 or antonio@mybbmc.org.

Camp 'Treppie 2025

APPLICATION PACKET (PDF Fillable Format)

Form Submission Options:

- You may complete this form online, include an electronic signature, save it, and **e-mail** it to CampDirector@mybbmc.org.
- 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

SECTION ONE: About the Camper

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 2024: _____

School Attended for 2023/2024 Academic Year: _____

Camper Tee-Shirt Size _____

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: _____

Signature of Parent/Guardian: _____
(electronic signatures acceptable)

SECTION THREE: Payment Method

_____ I will pay the **FULL** camp tuition fees via the BBMC website link.

_____ I will pay the **FULL** camp tuition fees by check (or money order) and I will mail/hand-deliver the camp tuition fee to the BBMC Offices (528 East Park Avenue, 32301).

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 Domi Station uses 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 Domi Station 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 has 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 the Big Bend Minority Chamber of Commerce (BBMC) 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 Domi Station 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 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 Domi Station 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, Domi Station 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 Domi Station, 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 staff for scheduled trips and outings.
6. I will not hold BBMC and Domi Station responsible for items lost at camp.

Parent/Guardian Signature _____

-electronic signatures are acceptable-

Date of Signature _____



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

I understand that BBMC and Domi Station assumes 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 camp, I hereby voluntarily release and discharge BBMC, Domi Station, 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 Domi Station makes every attempt to provide reasonable accommodations for mentally and physically challenged children, BBMC 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 programs.

NOTE: We strongly recommend that you discuss with BBMC 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 and Domi Station 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 and Domi Station programs.

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:

[Please list above any activities, etc., your child should not engage in because of their health history.]

Parent/Guardian Signature _____
Electronic signature is acceptable/

Date of Signature _____

CAMPER HEALTH HISTORY FORM

This form is an abbreviated version of the 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 _____

Camper Home Address: _____

City _____ State _____ ZIP _____

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Relationship to Camper: _____

Preferred Telephone Number: _____ Alternate Number: _____

E-Mail Address _____

Home Address _____

City _____ State _____ ZIP _____

Second Parent/Guardian or Another emergency contact

Name _____ Relationship to Camper _____

Preferred Telephone Number _____ E-Mail Address _____

Additional Contact in the event the Parent/Guardian or Other Emergency Contact cannot be reached:

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: _____

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