



## Kappa Kamp Summer Enrichment Program

Dear Kampers and Parents,

Summer is a great time to be at Kappa Kamp. We are excited that you are joining us for this unique and exciting summer enrichment experience. Well-trained, dedicated, and friendly camp counselors will be eager to share the treasures and discoveries at Paul Quinn College.

Since 1995, we have been offering unique and exciting camp programs that allow children and teens the opportunity to spend time outdoors. This year, we are placing a heavy emphasis on college readiness and enhancing your academic skills to prepare you for amazing careers. In 2020, we will celebrate 24 years of outstanding service and community engagement with our nation's youth. Our program dates are scheduled for May 31- June 12, 2020 in Dallas, TX.

We will begin each morning developing the skills needed to develop and market a business plan. All kampers will be enrolled in classes such as Fundamentals of Leadership, Principles of Management, Servant Leadership and Science, Technology, Engineering and Mathematics (STEM). Students will be paired to develop a business that can be managed, marketed to a panel of experts. Successful projects will receive awards for their work.

We will also enhance their skills and abilities in the sports. We have a several fundamental camps offered and skills clinics offered. Basketball, Golf, Football (Flag Football for competition), Soccer, Softball, and Swimming are scheduled along with games and competition for teams to participate in.

We also have several enrichment trips scheduled to expose the kampers to the unique offering of Dallas and its business and social community. We will host a series of summer enrichment programs which include a visit to the Dallas Police Department, the Texas Rangers Baseball Club stadium tour and game, the Dallas Cowboys Football Club stadium tour and several others. We will also have a church visit to a local church in Dallas that we believe will be a very positive experience for all. Please advise me if there are any concerns that we must address.

All events and programs are MANDATORY and we will advise the kampers each night of the schedule and the appropriate dress. We have provided a "What to Bring List" and advised of procedures for sending items to kamp. We hope that we are able to provide a great experience for all.



**PAUL QUINN**  
C O L L E G E

### Kappa Kamp Summer Enrichment Program

Kappa Kamp has always hosted fun and games during the week and this will continue to highlight the program with our annual Family Fun Day. This year's Fun Day is scheduled for Saturday, June 6, 2020 from 9 am – 3 pm on the campus of Paul Quinn College. We will present the kampers and provide a "show and tell" session for our visitors, have remarks from key leaders from Kappa Alpha Psi Fraternity, Inc. and a keynote address from an accomplished professional in our country. We will lastly have a BBQ, Fun and games for the day for families and friends to connect and engage one another.

We are looking forward to a learning, fun filled and positive experience. We are expecting nothing but the best from out kampers, staff and volunteers. We are looking for young men to take treasured experiences away from this 13 day kamp that will last a lifetime.

We are grateful to the many supporters from around the region and country for their commitment and support. We could not do this without them and you. Hats off for your commitment to Kappa Kamp and we're ready for a great time!

Lastly, in case of emergency of any nature please utilize the following numbers to contact me:

**214-379-5575 – M. West (Office)**

**214-534-9142 – M. West (Cell)**

**214-379-5455 – Residence Hall Office**

**214-455-7031 – Campus Security**

Respectfully, I am

Maurice A. West  
Kappa Kamp Director



*Paul Quinn College*

*Kappa Kamp Summer Enrichment Program*

*Participant Application Packet*

*May 31- June 12, 2020*



**Deadline for all completed applications and monies:  
April 15, 2020**

# Paul Quinn College

## Kappa Kamp Summer Enrichment Program

### Application

Directions: All forms are to be completed and returned with application.

Early enrollment helps to ensure placement in the camp(s) of your choice. We will work hard to place all students in the camp of their choice. However, we cannot guarantee that the desired camps will be available if fees do not accompany this form, if all forms are not completed and returned, or if late registering.

**Fees can be paid with Cash, Cashier's Check, Money Order or Credit Card (Visa, Master Card, Discover, and American Express) or Check from Sponsoring Chapter (approved by Telecheck)**

\_\_\_ T-Shirt Size \_\_\_\_\_ Application Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Parent/Guardian (responsible for student while at camp)

Name \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Where can you be reached:

Home: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Form A

# Paul Quinn College

## Kappa Kamp Summer Enrichment Program

Sponsoring Chapter \_\_\_\_\_

Chapter Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

To reserve a space for my child, \_\_\_\_\_

I am enclosing: \_\_\_\_\_ Camper's Name \_\_\_\_\_

_____	2 week session (boarding)	\$700.00
_____	Late Fee	\$ 50.00

### METHOD OF PAYMENT

_____ Cashier's Check	_____ Money Order
_____ Cash (if paying in person only)	_____ Chapter Check
_____ Visa _____ MasterCard _____ Discover	_____ American Express

**Call 214-379-5575 if making payment via credit card**

**I am including the following forms with the application (please check)**

_____ Authorization to attend Events	_____ Medical Card/Insurance (copy)
_____ Health History	_____ Leave Authorization
_____ Authorization to participate (notarized)	_____ Medical Consent Form (notarized)
_____ Consent to Student Drug & Alcohol Testing	_____ Child's Photograph
_____ Meningitis Vaccination	

I have read the campus brochure and understand its contents. My child and I agree to abide by the guidelines governing this program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME of Parent/Guardian

\_\_\_\_\_  
Date

Form B



# Paul Quinn College

## Kappa Kamp Summer Enrichment Program

### Medical Consent Form

In consideration of the agreement by Paul Quinn College to accept \_\_\_\_\_ (**Kamper**) as a participant in the Kappa Kamp Summer Enrichment Program, the undersigned parent/guardian hereby authorizes Paul Quinn College and its agents and employees to secure for the above named student any medical, mental/psychological health, or dental treatment which they, in their sole judgment, may deem necessary and proper for said student. We further specifically authorize Paul Quinn College and its agents and employees to execute administration of any medical, mental or dental treatment or procedure whatsoever to said student. We also authorize \_\_\_\_\_ (**designated insurance carrier**) to pay directly to \_\_\_\_\_ (**hospital/health care provider**) all benefits that become payable.

We hereby release and waive any claims for damages which we or the said student might have against Paul Quinn College or its agents and employees in any manner arising from or in the course of medical, mental health, or dental treatment or procedure administered to said student.

We individually and on behalf of the student, do hereby release, acquit, and forever waive and discharge the said **Paul Quinn College** and **Kappa Alpha Psi Fraternity, Inc.** and their agents and employees from any and all action claims for compensation on account of personal injuries from instances occurring while the student is enrolled at Paul Quinn College. We, the parent/guardian, will take sole responsibility for any bills incurred which are not covered by insurance. This form also authorizes the release of information pertinent to the treatment of this child.

Parent/Guardian \_\_\_\_\_ \*Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home # \_\_\_\_\_ Policy/Medicaid No. \_\_\_\_\_

Work/Cell # \_\_\_\_\_ Claim Service No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Student

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the state of

\_\_\_\_\_ and the county of \_\_\_\_\_

\_\_\_\_\_ (seal)

\*Copy of Insurance Card (front and back) must be provided. **FORM MUST BE NOTARIZED**  
Form B

## Paul Quinn College

# Kappa Kamp Summer Enrichment Program

### Health History

The following information is required for the benefit of your child's health and well-being while attending Kappa Kamp.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

#### In case of an emergency contact

Name \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Health Problem: List any health problems that your child may have (ex: asthma, allergies, heart condition, seizures, etc.)  
\_\_\_\_\_

List any medication (s) your child is presently taking: \_\_\_\_\_

The application will not be process until a copy of the  
camper's IMMUNIZATON FORM is attached to this sheet.

**YOUR SHOT RECORD MUST INCLUDE A MENINGITIS SHOT (MCV4 or Similar) BEFORE THEY CAN BE ACCEPTED.**

Texas state law that requires "all students entering a public, private, or independent institution of higher education in Texas beginning in January 2012 must provide proof of immunization for bacterial meningitis" (Senate Bill 1107) before before beginning classes. Please submit proof of vaccination at least ten (10) days before moving into campus housing or before the first day of class. Students cannot move into the dormitory or register for classes until they have provided proof of meningitis and all other required vaccinations.

Form C

*Paul Quinn College*

*Kappa Kamp Summer Enrichment Program*

**Authorization to Participate in Activities in the Summer Enrichment Camp and  
Release of All Claims Form**

Authorization and release made on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ of \_\_\_\_\_ County of the State of \_\_\_\_\_, as  
parent/guardian of the herein named child.

I hereby authorize my child, \_\_\_\_\_, to participate in organized Summer  
Enrichment Camp classes and activities at Paul Quinn college, realizing that such activities involve the  
potential for injury which is inherent in all activities. I acknowledge that such injuries can be severe as to result  
in total disability, paralysis, or even death.

In consideration of permission granted \_\_\_\_\_, (my child), by Paul  
Quinn College to participate in Summer Enrichment Camp during the Summer of 20\_\_\_\_, I hereby release and  
discharge Paul Quinn College, its agents, employees, officers, and trustees from all claims, demands, actions,  
judgments, and executions which the undersigned individually and on behalf of \_\_\_\_\_.  
my child, ever had, or now has, or may have, or claim to have, against Paul Quinn college, its successors or  
assigns, for all personal injuries, known or unknown, and injuries to property real or personal, caused by , or  
arising out of, the above described camp activities.

I, the undersigned, having read this warning and release, and understanding of all its terms, will not hold Paul  
Quinn College liable for any injuries, disabilities, or the death of \_\_\_\_\_, my child,  
caused by his participation in the above-described camp activities. I execute this release voluntarily and with  
full knowledge of its significance.

In witness whereof, I have executed this release on this day ad year first above written.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(seal)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date Commission Expires

**THIS FORM MUST BE NOTARIZED**

Form D



# Paul Quinn College

## Kappa Kamp Summer Enrichment Program

### LEAVE AUTHORIZATION FORM

In order to ensure the safety of our summer camper related to leaving campus to travel home or elsewhere, we are asking you to complete the following form. If you would like to change or add any names to this form, please contact the camp director in writing.

Camper's Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Cell # (    ) \_\_\_\_\_ Email \_\_\_\_\_

Name of person(s) authorized to pick up student(s) Please include complete address and telephone numbers

1. \_\_\_\_\_  
Name Relationship to Camper

\_\_\_\_\_ Telephone (    ) \_\_\_\_\_

2. \_\_\_\_\_  
Name Relationship to Camper

\_\_\_\_\_ Telephone (    ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ in \_\_\_\_\_ County and the state of \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date Commission Expires

**THIS FORM MUST BE NOTARIZED**

Form E

## Paul Quinn College

### *Kappa Kamp Summer Enrichment Program*

I hereby grant permission to Paul Quinn College for my child to:

1. Attend the following events, on or off campus, sponsored by Paul Quinn College, field trips (class), athletic events, and special events (concerts, plays, park events, etc.)
2. Appear in or on the following medium: brochures, videos, newsletters. Radio talk shows, television ads, etc., all of which are used to promote the program. I understand that such promotions will be in keeping with the mission and educational philosophy of Paul Quinn College and that Paul Quinn College reserves the right to utilize such material in current and future promotional projects.

Camper's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Cell # (    ) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_ County and the state of \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date Commission Expires

**THIS FORM MUST BE NOTARIZED**

Form F

## *Paul Quinn College*

### *Kappa Kamp Summer Enrichment Program*

#### **Consent to Student Drug & Alcohol Testing**

I, the undersigned camper, acknowledge that I am not a drug or alcohol user. I understand that, upon my acceptance as a summer camper at Paul Quinn College's Summer Enrichment Camp. I may be tested if school or camp officials have reasonable suspicion of drug and/or alcohol use. I agree to comply with the rules and regulations of the college's Summer Enrichment Camp in regard to drug and alcohol use. If, upon reasonable suspicion by school officials, I am tested for drug and or alcohol use, I hereby authorize the confidential release of the results of the testing to Paul Quinn College's summer camp director, to my parents or guardians, and other designated school officials as necessary.

\_\_\_\_\_  
Printed Name of Camper

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

#### **Consent and Endorsement of Parent/Guardian**

We, the parents or legal guardians of the above camper, hereby acknowledge that we understand Paul Quinn College's Student Drug and Alcohol Testing Policy and consent, upon reasonable suspicion by school officials, to the testing, by urinalysis or alcohol/breath test, of our child, and agree to the confidential release of the test results.

\_\_\_\_\_  
Printed Name of Male Parent/Legal Guardian

\_\_\_\_\_  
Signature of Male Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Female Parent/Legal Guardian

\_\_\_\_\_  
Signature of Male Parent/Legal Guardian

\_\_\_\_\_  
Date



*Paul Quinn College*

*Kappa Kamp Summer Enrichment Program*

Please mail all application to:

Paul Quinn College  
3837 Simpson-Stuart Rd.  
Dallas, TX 75241  
Attn: Maurice A. West  
214-379-5575 – office  
[mwest@pqc.edu](mailto:mwest@pqc.edu)

**MAIL APPLICATIONS ONLY!!!**

Please mail all checks/money orders to:

The Southwestern Education Leadership and Training Foundation (SELTF)  
Make payable to: SELTF  
1402 Alabama St.  
Houston, TX 77004  
Attn: Mr. Willie High Coleman, Jr.  
713-759-1500– office  
[whcolemanjr@sbcglobal.net](mailto:whcolemanjr@sbcglobal.net)

June 7-19, 2020  
Cost \$700 per kamper  
Ages 12-16

**Deadline for all completed applications and monies:**

**April 15, 2020**



### *Kappa Kamp Summer Enrichment Program*

#### **Kappa Kamp Talking Points**

1. When does camp begin?

Kamp dates are May 31- June 12, 2020 and we start each day at 8am with our academic programs and college readiness programs. Most days will end around 9pm. Lights out each night at 10:30 pm

2. What events or activities do you have scheduled?

Golf, Soccer, Basketball, Flag Football and several enrichment trips and tours (i.e. – Dallas Symphony Orchestra, the Perot Museum of Science, Dallas Police Department and Fire Department tours, Frito-Lay, Cowboys Stadium, Rangers Ballpark) and other events are planned.

3. What items do we need to bring?

We have emailed a copy of what to bring to all parents and we will also review it with you now if needed. We are specifically asking for 3 white shirts and slacks for their visit to church and the business plan presentation. A nice tie is requested as well. Lots of shorts, t-shirts, socks and undergarments along with tennis shoes and dress shoes are needed.

They will not need a lot of excessive amounts of money. You can load funds on a Visa Pre-Paid Card or similar to ensure safety and accountability. We will not allow cell phones, electronic games and other devices during camp and those used during travel to Dallas will be locked up until the 16<sup>th</sup>. We will have scheduled time for talks with family with a schedule that will be sent prior to the program start. They will be able to call at least twice each weekly if we manage the time.

4. Who do I contact in case of emergency or if I need to get a message to my child?

The following people are your designated contacts in case of emergency:

- Maurice A. West – Camp Director/Dean of Men (PQC) – 214-379-5575 or 214-379-5401 (ofc) or 214-534-9142 (cell) – [mwest@pqc.edu](mailto:mwest@pqc.edu) (email)
- Kelsel Thompson – Asst. Camp Director/Dean of Students (PQC) – 214-379-5551 (ofc) – [kthompson@pqc.edu](mailto:kthompson@pqc.edu) (email)
- Paul Quinn College – Campus Security – 214-302-3599

5. Are you mailing/shipping items before Kamp?

Items shipped can be sent to the address below and make them attention to:

(Camper \_\_\_\_\_ and M. West – Kappa Kamp Director). **The package must also have the return postage paid as we will not pay for the shipping of products.**

Please call Mr. West if you have questions.



*Kappa Kamp Summer Enrichment Program*

6. Can I visit my child while at Kappa Kamp?

Yes. Please let us know if or when you plan to visit as we have several events planned. We also invite you to come on June 6<sup>th</sup> for the Family Fun Day Picnic. We will begin at 9am with program events and lunch will be served at 11:30pm. We will end around 3 pm to allow return travel for families.

7. Travel Arrangements – please indicate on the following page all information related to the camper.

**NOTE: We are not providing local pickup for ANY students. Any students requiring such assistance should contact their sponsoring chapter or others to assist. They MUST attend the Opening Ceremony at 4 pm**

**Flights should be scheduled for Kampers to arrive in Dallas before 1 pm on May 31<sup>st</sup> and depart around 12noon on June 12<sup>th</sup>.**

8. Will the camper travel alone? If not, who is the chaperone
9. Family Fun Day is scheduled for June 6, 2020 on the campus at Paul Quinn College. The address is 3837 Simpson-Stuart Rd. – Dallas, TX 75241 and its scheduled from 9 am until 3 pm. We will have Camp Presentations, Speakers, a College Fair and BBQ for attendees.

We have also secured hotel accommodations at a local hotel that we will announce soon.





**PAUL QUINN**  
C O L L E G E

Thanks for sending your child to Kappa Kamp this year. All of you may be wondering what he will need to bring. The good news is that most of what you'll need to pack you probably already have. But there are likely to be some items you'll need to buy that no camper should without and you'll find them on the handy packing list below.

When planning your own camp packing list keep in mind that most camps offer laundry service approximately once a week. And also remember that the type of clothing needed can vary depending on the location, climate and type of camp you've chosen. Most importantly, do remember to label your campers clothing and belongings so that they come home with the same things they brought!

This list can be used as a guideline for a 2 week stay at a general, multi-activity camp. You should adjust it as you see fit. There is no need for designer clothes, electronic devices and excessive amounts of money.

TIP: If you would prefer to mail some items to have them arrive before your child arrives, please advise me and have them sent to – **Kappa Kamp – Attn: (Your Child)**  
**3837 Simpson-Stuart Rd. – Dallas, TX 75241 (You will need to pay for postage on both ends)**

Check off the items you'll need and print this list for your shopping convenience.



# PAUL QUINN COLLEGE

## Clothing

[ ]	Shorts	7 - 8
[ ]	T-Shirts	8 - 10
[ ]	Sweatshirt & Sweatpants	1
[ ]	Dress Shirt & Ties ( <b>Church Visit &amp; Business Presentation</b> )	2
[ ]	Slacks/Pants	1 - 2
[ ]	Jeans	1
[ ]	Socks	12 Pair
[ ]	Underwear	12 Pair
[ ]	Swimsuits	1
[ ]	Pajamas/Nightwear	2 pair

## Footwear

[ ]	Sneakers	2 Pair
[ ]	Dress Casual Shoes	1 Pair
[ ]	Sandals/Watershoes	1 Pair





### Bedding And Linen

Sheets - Twin (1 set) Blanket & Pillow (1)

<input type="checkbox"/>	Laundry Bag	1
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### Toiletries & Bedding

<input type="checkbox"/>	Soap/Container/Holder
<input type="checkbox"/>	Toothbrush/Toothpaste
<input type="checkbox"/>	Bath and Wash Towels (2-3 sets)
<input type="checkbox"/>	Deodorant/Lotion
<input type="checkbox"/>	Shampoo/Conditioner
<input type="checkbox"/>	Mouthwash
<input type="checkbox"/>	Q-Tips
<input type="checkbox"/>	Brush/Comb
<input type="checkbox"/>	Prescribed Medication (To be secured by Staff)

### Personal Items

<input type="checkbox"/>	Stationary & Stamps
<input type="checkbox"/>	Pens/Pencils
<input type="checkbox"/>	Books
<input type="checkbox"/>	Baseball cap
<input type="checkbox"/>	Sunscreen





# PAUL QUINN COLLEGE

## Athletic Gear

\*Note: We will provide essential items but your child may prefer to bring his/her own.

<input type="checkbox"/>	Mouthpiece
<input type="checkbox"/>	Athletic Supporter w/cup (boys)
<input type="checkbox"/>	Basketball Shoes
<input type="checkbox"/>	Knee pads - 1 pair

## Miscellaneous Items

<input type="checkbox"/>	Ear Plugs
<input type="checkbox"/>	Water Bottle/Canteen
<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	Any medication to be given to medical staff
<input type="checkbox"/>	Lightweight Jacket

### DO NOT BRING

- Blow dryers
- Any electrical items
- iPods
- Expensive jewelry
- Designer/expensive clothing
- Articles that are of value to you, sentimental or otherwise
- Fireworks or any incendiary items
- Weapons of any kind, including knives
- Alcohol, tobacco, or illegal drugs

### Happy packing!

NOTE: Please mark all luggage with your child's name. Also, label all belongings with your child's first and last name. These simple measures will help prevent items from getting lost or misplaced.