The Trial Court Administrator's Office is now accepting applications for one of two one-week sessions of Court Camp™, an educational program for students ages 14 through 18, who are interested in learning about the North Carolina Judicial system.

## Court Camp™ Dates for 2025:

Session I Session II July 14<sup>th</sup> – July 18<sup>th</sup> July 21<sup>st</sup> – July 25<sup>th</sup>

Camp Hours & Location: 9:00am – 4:00pm, Monday - Friday; Mecklenburg County

Courthouse

**Registration Fee:** \$125.00 per student (by April 30, 2025, deadline)

\*Registration cost includes lunch each day, t-shirt, bag, graduation certificate, and supplies.

**PLEASE NOTE:** The registration fee is **non-refundable**. If the student is dismissed from Court Camp for any reason, no refund will be granted. Refunds for early cancellations will be addressed on a case-by-case basis.

#### **Registration Information:**

- □ Spaces are filled on a first-come, first-served basis, based on indicated preference.
- □ All applicants must submit a <u>one-page (typed or written) essay, answering the following</u>: *What impact do you believe our courts and criminal justice system have on your generation?* <u>OR</u> *How will your participation in Court Camp empower your future goals?* Please be sure to clearly state the question you are answering at the beginning of your essay.
- □ A **completed** registration packet and **full payment** of tuition fee (or scholarship request) is required to reserve a space. **Students cannot attend camp without full payment. NO EXCEPTIONS.** A **completed** registration packet includes: a completed application **with** signatures, a one-page essay on one of the prompts listed above, signed waiver and release, signed photo release, and a check or money order for registration fee or, <u>all</u> supporting documentation (as outlined on the next page) if applying for a scholarship.

Your check or money order should be made payable to the Mecklenburg Bar Foundation.

- □ Parents/Legal Guardians will be notified via **email** once your registration forms and payment have been received. *Please include a legible email address on your application*.
- ☐ If your child is accepted, additional information and instructions will be emailed to parents prior to the first day of Court Camp.

### Mail completed applications by April 30, 2025 to:

Trial Court Administrator's Office Attn: Court Camp 832 East Fourth Street, Suite 4420 Charlotte, NC 28202

\* To inquire about space availability for a particular session, please email: Mecklenburg.CAO@nccourts.org

### **SCHOLARSHIPS**

### **INSTRUCTIONS TO PARENTS:**

To ensure everyone has equal opportunity to participate in Court Camp, a limited number of scholarships will be granted per session. The dollar amount awarded will be based on financial need on a case-by-case basis.

#### **ELIGIBILITY:**

For a student to qualify for a scholarship, parents must meet **one** of the following criteria and provide supporting documentation:

- Documentation of receipt of public assistance (*e.g.*, food stamps, welfare, free school lunch, etc.)
- Documentation (*e.g.*, 2024 income tax return) that income/family composition does not exceed the following levels:
  - \$32,920 Family of two
  - \$41,560 Family of three
  - o \$50,200 Family of four
  - \$58.840 Family of five
  - o \$67,480 Family of six

For each additional person, add \$8,640 to determine maximum annual income for eligibility.

To be considered for a scholarship, please complete the registration forms, and attach copies of the required financial documentation as outlined above. You will be notified via email if your child has been awarded a scholarship, along with the amount of the scholarship.

Please refer questions to our Public Information Officer at (704) 686-0269 or by email at Mecklenburg.CAO@nccourts.org

### **COURT CAMP 2025**

Registration Application



CHILD INFORMATION								
First Name:			M	I.	Tod	ay's Date:		
Street Address:				Apart	Apartment/Unit #:			
State:					Zip code:			
Email:								
Gender: Male Female Ethnic				city:				
:				Grade:				
Have You Participated in Court Camp Before? NO \( \subseteq \text{YES} \subseteq \text{Year 20} \subseteq \text{Session Number?} \( \subseteq \subseteq  \)								
Which Court Camp Session Do You Want to Participate In?								
Session I	Session II							
Session I	Session II							
Child's T-Shirt Size: (Sizes are ADULT) Small  Medium Large X-Large Other								
PARENT INFORMATION								
	Hor	me Phone:			Cell Pho	one:		
Parent/Guardian Email:			Worl	κ Phone:				
Parent/Guardian 2:			Home Phone:			one:		
lian 2 Email:			Wo			rk Phone:		
Contact Name:				Relationship:				
e Phone: Cell Number:								
CHILD HEALTH INFORMATION								
Any Health Problems, Allergies, or Dietary Restrictions? If so, please list.								
Any medications to be taken during Court Camp? If so, please list.								
MEDICAL RELEASE								
IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or legal guardians of participants. In the event I cannot be reached, I hereby give permission to the physician selected by the Trial Court Administrator or designee to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, as named above.								
	Date:							
	Email:  Gender: Male   Before? NO  Int to Participate In  Session I  Session I   Small Medium  Medium  tary Restrictions? If  purt Camp? If so, pleaning in the properties of	Email:  Gender: Male	State:  Email:  Gender: Male   Female    Before? NO   YES   Year 20  Int to Participate In?  Session I   Session II    Small   Medium   Large    Home Phone:  Cell Number:  tary Restrictions? If so, please list.  Ourt Camp? If so, please list.	State:  Email:  Gender: Male   Female   Ethni  Before? NO   YES   Year 20 Int to Participate In?  Session I   Session II    Session I   Large   X-Large   X-Large    Home Phone:  World   Home Phone:  Tary Restrictions? If so, please list.  Ourt Camp? If so, please list.  Understand every effort will be made to contain the physician selected treatment for, and order injection, anesthesian the state of the physician selected treatment for, and order injection, anesthesian the state of the physician selected treatment for, and order injection, anesthesian the state of the physician selected treatment for, and order injection, anesthesian the state of the physician selected treatment for, and order injection, anesthesian the state of the physician selected treatment for, and order injection, anesthesian the physician selected treatment for the physici	State:	Apartment/Ur  State: Zip code  Email:  Gender: Male   Female   Ethnicity:  Grade:  Before? NO   YES   Year 20_ Session Number and to Participate In?  Session I   Session II    Session I   Session II    Small   Medium   Large   X-Large   Other    Home Phone: Cell Phone:  Work Phone:  Home Phone: Relationship:  Cell Number:  tary Restrictions? If so, please list.  Apartment/Ur  Zip code  Grade:  G		

EMERGENCY INFORMATION							
Child's Doctor:	Phone:						
Hospital of Choice:							
WAIVER AND RELEASE OF ALL CLAIMS							
In consideration of permission granted							
Parent/ Guardian Signature	Date:						
Child Signature	Date:						
PHOTO RELEASE							
During camp activities, photos and video are sometimes taken. They may be used in print or electronic publicity materials for the camp, such as television, newspaper, and magazine coverage, or they may be featured in our camp brochure, annual reports, presentations, social media, or on the Administrative Office of the Courts (AOC) websites. Not all children are photographed or filmed, and of those who are photographed or filmed, not all are necessarily featured on air, in print or online.  Please indicate below whether we have your permission for your child to be included in any photos or video taken during camp activities and/or conduct any on camera interviews that may air on television. Of course, this is not a guarantee that your child's photo or video likeness will be publicized. Please complete the form below by initialing one of the lines, then sign and date it to indicate whether your child may be photographed or filmed during camp activities and whether those photos or videos may therefore be used in camp publicity. Campers' names will never be included with any pictures or videos without your expressed permission.  Yes, my child, named above, may be photographed, or filmed during camp activities and you have my permission to use any of those photographs or video images in camp publicity and/or advertisements, television, on the AOC, or partners' websites, TCA, or partners' social media channels, presentations, reports and/or publications.							
☐ No, my child's photograph or video likeness may not be used for publicity.							
Parent Signature Date:							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
Signature	Date:						