



Gallatin Shalom Zone's
All Star Summer Camp 2017
June 6th– June 30th

OFFICE USE ONLY
REGISTRATION FEE PAID
CASH
Volunteer/Parenting Class

Summer Camp is open to children who have completed grades K-5 by the end of the 2016-2017 school year. Camp runs Tuesday– Friday, 8:30a– 1:30p. **Breakfast and Lunch** are included and provided daily to campers. Any necessary supplies relating to camp activities will be available at no charge. The **Registration Fee is \$25 per child** due when this application is returned to us, **OR** the parent/guardian may opt to attend a **parenting class** or **volunteer 2 hours** of time serving breakfast at camp. **PLEASE NOTE:** Your child may **NOT** attend Summer Camp unless a parent/guardian attends a **MANDATORY ORIENTATION** meeting (see reverse side for details).

Camper Name: _____ Age: ____ M F Birthdate: __/__/__

T-Shirt Size: _____ Youth __ Adult ____ 2016-2017 Entering School Grade: _____

School Attending: _____ Free/Reduced Lunch: Yes No

Ethnicity: **Please Note**– This **optional** information is for statistical purposes only and in no way reflects eligibility of campers for consideration. (Please Circle)

African American Caucasian Sudanese Hispanic/Latino Asian/Philippine Other

Parent/Legal Guardian: _____ **Address:** _____

City: _____ Primary Phone: (____) _____ Alt. Phone: (____) _____

Other Legal Guardian: _____ **Address:** _____

City: _____ Primary Phone: (____) _____ Alt. Phone: (____) _____

Custody: Mother Father Both Other: _____

FOR THE CHILD'S SAFETY, PLEASE LIST PERSONS AUTHORIZED TO PICK UP THIS CHILD FROM CAMP:

1) Name: _____ Primary Phone: (____) _____

2) Name: _____ Primary Phone: (____) _____

3) Name: _____ Primary Phone: (____) _____

EMERGENCY CONTACTS– AVAILABLE DURING CAMP HOURS (NON-PARENT/GAURDIAN PREFERRED):

1) Name: _____ Primary Phone: (____) _____

2) Name: _____ Primary Phone: (____) _____

ALLERGIES:

Foods: _____ Other: _____

Does the Camper have any CHRONIC health concerns? _____

Does the Camper take any MEDICATION on a regular basis? _____

PLEASE CONTINUE ON REVERSE SIDE

MANDATORY PARENT ORIENTATION SIGN- UP

I understand that by submitting this application I have agreed to attend a Mandatory Parent or Legal Guardian Orientation. I also understand that if I do not attend the Mandatory Orientation my child will not be permitted to attend the Shalom Zone's All Star Summer Day Camp. I also understand that my child must be picked up ON TIME-or he/she will not be able to return to camp.

I will attend Orientation on: (Please Circle one)

- Thursday, June 1st at 9:00a (English) -Friday, June 2nd at 3:00p (English)
- Thursday, June 1st at 3:00p (Spanish Translator Available)

I will: (Please Circle one)

- Pay the \$25 Registration Fee -Attend a Financial Management Class -Volunteer
- Held June 15th, 9:00 a.m.—11:00 a.m.

(Parent or Legal Guardian must attend the Finance Class and Volunteering Time)

PHOTOGRAPHIC RELEASE

Union High Resource Center, a project of the Shalom Zone, Inc.

I, _____, give permission for myself child
(Name of person, or parent or guardian if subject is under 18)

to be photographed with still or motion picture cameras or both and/or have my voice reproduced. I agree to the use of such photographs/voice reproductions/voice live broadcast for publicity and promotional purposes by the Shalom Zone, Inc., and I hereby waive all claims for further compensation for such use or for damages. I waive any right that I may have to inspect or approve the finished product or the copy that may be used in connection with the use of such photographs, voice reproductions, publicity, promotion, resale, or any other purposes

Name of child: _____

Signature: _____ Date: _____

MEDICAL RELEASE

Union High Resource Center, a Project of the Shalom Zone, Inc.

I agree to hold The Gallatin Shalom Zone, Inc. harmless in the event of injury or illness as a result of activities held during Shalom Summer Camp 2016. I understand that The Gallatin Shalom Zone, Inc. will determine if immediate medical care is needed and provide treatment or emergency care as required.

Name of child: _____

Signature: _____ Date: _____

Please Keep For Your Records

_____ has been accepted into the Gallatin Shalom Zone's
2017 All Star Summer Camp!

The first day of camp is June 6th.

The last day of camp is June 30th.

Camp runs Tuesday– Friday from 8:30am-1:30pm

As a parent of a child attending camp you have agreed to...

Attend Parent Orientation on _____ at _____.

Your child will not be allowed to attend camp until you have attended orientation.

Pay \$25 per child for the entire month of camp.

Attend a Finance Management Class: June 15th from 9am-11am.

OR

June 16th from 9am —11am

You must stay for the entire class. If you are late or leave early your child will be dismissed from camp.

Volunteer to serve breakfast twice for one hour on...

_____ and _____

Failure to volunteer on these days will result in your child being dismissed from camp.

Parent/Guardian Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Copy: _____