



Gallatin Shalom Zone's
All Star Summer Camp 2021
June 1st– June 25th

OFFICE USE ONLY

REGISTRATION FEE CASH ____

Class ____

Volunteer to help ____

Summer Camp is open to children who have completed grades K-4 by the end of the 2020-2021 school year.....**No graduated 5th graders.** Summer camp runs Tuesday– Thurs. 8:30 a.m.-1:30 p.m. **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 **nutrition 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: __/__/____

Youth T-Shirt Size: _____ S M L or Adult T-Shirt Size: _____ S M L XL XXL **(circle 1)**

2020—2021 Entering School Grade: _____

School Attending: _____ Do you have a computer or iPad or cell phone at home? Yes No Do you have internet 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: (____) _____

EMERGENCY CONTACTS– AVAILABLE DURING CAMP HOURS (NON-PARENT/GUARDIAN 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 will attend Orientation on: (Please Check one)

- May 26 at 10am (English)
- May 27 at 10am (Spanish Translator)

(Please Check one)

- Pay the \$25 Registration Fee
- or
- Attend a Nutrition Class: June 2nd from 9am-11am
- Attend a Nutrition Class: June 3rd from 9am-11am (Spanish Only)
- or
- Volunteer for Breakfast on or before June 11th

(Parent/Legal Guardian must attend and not send someone else in their place for orientation, class or volunteer option)

Signature: _____ Date: _____

PHOTOGRAPHIC RELEASE

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

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 2020. 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 2021 A.I.M. All Star Summer Camp!

The first day of camp is June 1st.

The last day of camp is June 25th.

Camp runs -Tuesday and Thurs. from 8:30 a.m.-1:30 p.m.

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

Attend Parent Orientation on _____ at 10 a.m.

Attend Parent Orientation on _____ at 10 a.m.

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

Pay \$25 (cash only) per child for the entire month of camp.

or

Attend a Nutrition Class: June 2nd from 9am-11am

Attend a Nutrition Class: June 3rd from 9am-11am (Spanish Only)

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

or

Volunteer to serve breakfast twice for one hour on dates below before June 11th

_____ and _____

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

Parent/Guardian Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Copy: _____