



Spring Camp April 18-22, 2011
8:00 a.m.-4:15 p.m.

- In order to ensure your child's spot in Camp City Year, the postmark deadline for the application is April 11th.
- Early Bird Registration \$10, Paid by March 18, 2011. Registration \$15, Deadline April 11, 2011.
- Cash or Money order (payable to City Year) only. **CHECKS WILL NOT BE ACCEPTED.**

If you have any questions, please call 216.466.1844 or email CNewsome11@cityyear.org.

REGISTRATION INFORMATION (ONE FORM PER CHILD. PLEASE PRINT.)

Child's Last Name _____ First Name _____

Street Address _____

City _____ Zip _____ Language Spoken at Home _____

Age _____ Date of Birth _____ School Child Attends _____

Grade _____ T-shirt Size (circle one): Adult S / M / L / XL or Child S / M / L

Parent(s)/Legal Guardian(s) Name(s) _____ Cell Phone/Pager# _____

Phone # (day) _____ Phone # (evening) _____

Address (if different than child's) _____

City _____ State _____ Zip _____

Emergency Contacts (please list 2)

1. Emergency Contact _____ Phone # (day) _____

Relationship to Child _____ Phone # (evening) _____

2. Emergency Contact _____ Phone # (day) _____

Relationship to Child _____ Phone # (evening) _____

Parents: Please note that your child will **NOT** be released from Camp City Year by any person other than you, the legal guardian, or those people listed here, whom you authorize to sign your child in and out every day.

<u>Authorized Name for Child Pick Up</u>	<u>Relationship to child</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

All students must be picked up no later than 4:30 p.m.

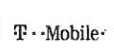
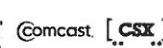
Which camp location will this child attend?

EAST—

WEST—Urban Community School
4909 Lorain Avenue



NATIONAL LEADERSHIP FOUNDATIONS



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Medical Information

Does your child have special dietary needs or restrictions? Yes No

If yes, list ALL allergies (medications, food, etc.) _____

Does your child have any health or physical conditions? Yes No

If yes, please explain: _____

Will our child need to take any type of medication during the week of Camp City Year? Yes No

If yes, what is the name of the medication? _____

What is the daily dosage? _____

What time(s) of the day should the medication be taken? _____

***ALL medication must be accompanied by a note from the child's doctor.**

Please answer these questions **COMPLETELY**:

Name of Child's Doctor: _____

Doctor's Telephone #: _____

Medical Insurance Provider: _____ (If you do not have insurance, please note here).

Child's Medical Policy #: _____

PLEASE READ THE FOLLOWING INFORMATION

Consent for Involvement in Publications

1.) City Year is committed to furthering the discussion and growth of national service in the public. Thus, it is possible that media will be present at one day or all of Camp City Year. It is possible that any or all campers will be photographed, filmed, or interviewed.

I **DO** give consent for my child to be included in any such publications

I **DO NOT** give consent for my child to be included in any such publications

Signature of Child's Legal Guardian (pen only please) Date

Consent for Camper Participation in Evaluations

2.) As part of your child's participation in Camp City Year, s/he is being asked to participate in an evaluation of this program. This may or may not include personal information, such as interests, family information, etc. All information will be used only to evaluate Camp City Year; no information will be used to evaluate any of the participants. The information we gather for this study will be kept confidential and will not be linked with any child's name. Materials will be stored without names attached. The study may include surveys, interviews, group interviews and observations of participants.

I **DO** give consent for my child to be included in any such evaluations

I **DO NOT** give consent for my child to be included in such evaluations

Signature of Child's Legal Guardian (pen only please) Date

Medical Waiver (this **MUST be signed for your child to attend Camp City Year)**

3.) I agree not to hold City Year, or the hosting Camp site, liable for any injuries, accidental or otherwise, that the child (listed above) may incur during Camp City Year 2011.

4.) In the event of an emergency, if I am unable to be immediately contacted, I allow emergency medical personnel, nurses, and/or doctors to administer the necessary attention to the child (listed above).

Signature of Child's Legal Guardian (pen only please) Date

Return this completed form and \$15

(ONLY CASH or MONEY ORDER PAYABLE TO CITY YEAR—NO CHECKS WILL BE ACCEPTED) to:

**City Year Cleveland
Attn: Camp City Year
526 Superior Ave. E Suite 408
Cleveland, OH 44114**

Date Application Received (CY use only) _____

Money Received _____