



# Camp City Year Application

March 21-March 25

8:00 a.m. until 3:00 p.m.

\*Entire Application **MUST** be completed\*  
\*Application is **NOT** complete if the \$15 application fee is not enclosed\*

Presented by



University of Phoenix®

MR. C. TUCKER STEINMETZ

## REGISTRATION INFORMATION

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Name and Address: \_\_\_\_\_

Daytime Phone#: (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_ Hours at Work: \_\_\_\_\_ to \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Identifying Information

Male  Female

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight: \_\_\_\_\_ lbs

Identifying marks: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

## INFORMED CONSENT FOR EMERGENCY MEDICAL ATTENTION

**Medical Concerns:** Please describe any medical/physical conditions which the City Year staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medication.

Allergies: \_\_\_\_\_ Limitations on activities: \_\_\_\_\_

Medications: \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_

Chronic health conditions: \_\_\_\_\_ Additional comments: \_\_\_\_\_

**Emergency contact** (other than parent or guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone #:(\_\_\_\_) \_\_\_\_\_

**Physician Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

**City Year corps members are not allowed to administer/keep any medication.** If a child does have to take medication, we recommend that parent/guardian of the child remain available to provide their child the medication. (e.g. A child with A.D.D and needs to take Ritalin given by an adult.) However, if the child can self-administer his or her own medication, we can accept that child. (e.g. A child who has asthma and needs an inhaler.)

### Pick up Information

**Pick up**  
The person picking up my child is:

**Walker**

**Other Additional Information:**

## STATEMENT OF CONSENT

I agree to release City Year, the sponsors, their staff and all persons directly or indirectly related to the program on any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss of damages incurred by my son/daughter during his/her participation in a City Year program. In the case of accident or illness, I grant the City Year staff members the power to authorize emergency medical treatment necessary for my child. In an event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia and/ or all blood transfusions to the above named minor person that may be ordered by the physician and/ or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report (s) to any doctor or agency and consent to the above named minor person to the hospital.

- I give permission for my child to be photographed to be used in any nonprofit publicity for City Year or the site with no payment to me.
- If the City Year staff feel my child is unwilling or unable to follow the guidelines and rules, I will arrange to pick up my child at my expense.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*



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# CAMP CITY YEAR

200 ELEMENTARY STUDENTS  
SPEND THEIR **SPRING BREAK**  
WITH **CITY YEAR** LITTLE ROCK/NORTH LITTLE ROCK  
LEARNING ABOUT TAKING CARE OF **THE EARTH**  
AND **EACH OTHER.**

**Who?**

**1st—5th  
Graders!**

**When?**

**March 21-25  
8:00am-3:30pm**

**Where?**

Dunbar Middle  
School  
1100 Wright Avenue  
Little Rock, Arkansas 72206

## What is CAMP CITY YEAR?

Camp City Year is a low cost and extremely fun day camp for elementary age students during spring break.

At Camp City Year, you'll meet new friends, play fun games, eat great food, and learn new things!

There are a limited number of spaces, so Camp City Year is **FIRST COME FIRST SERVE!**

**How?**

## HOW DO I GET AN APPLICATION?

**Call:**

Office (501) 707-1400  
Will Frisby (Camp Director) (501) 442-4714

**E-mail:**

wfrisby10@cityyear.org  
sonorato@cityyear.org

[www.cityyear.org](http://www.cityyear.org)

**Stop In:**

610 President Clinton Avenue, 3rd Floor  
Little Rock, AR 72201

PRESENTED BY



University  
of Phoenix®

C. TUCKER STEINMETZ

**COST:  
\$15.00**



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