



CITY YEAR
**SEATTLE/
KING COUNTY**

2203 23rd Avenue South
Suite 101
Seattle, WA 98144
Tel: 206.219.5010
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www.cityyear.org/seattle

February 2, 2009

HURRY! Space is limited!
Applications Due March 9th!!

Dear Parents and/or Guardian:

City Year Seattle/King County is pleased to invite your youth to our 11th annual Camp City Year for elementary school students. This year's theme is "The Wizard of Oz". We will do arts and crafts, participate in relays and scavenger hunts, and have fun while learning about science and music!

- Who is eligible:** K-5th Grade Students
- Where:** Wing Luke Elementary School
3701 S Kenyon Street
Seattle, WA 98118
- When:** Spring Break
Monday, March 30th through Friday, April 3rd, 2009
8:30AM to 3:30PM
- Cost:** \$10.00
- Additional Info:** Transportation to and from camp **will not** be provided by City Year.
Students need to bring their own lunch.

Space is limited to 225 students, and selection will be on a first come first served basis.

Please note this is not an overnight camp. All student must depart the camp by 3:30PM.

During the day, students will participate in various activities with City Year and external volunteers. There will be plenty of fun, but students will also learn many things at camp through science, arts, and musical curricula.

Thank you for your consideration, and we look forward to seeing your student at camp! If you have any further questions or concerns, please contact Quayana Mathews at 206-446-1400.

Yours in Service,

Rebekah Wilson
City Year Seattle/King County
Camp Student Recruitment
rwilson09@cityyear.org

Quayana Mathews
City Year Seattle/King County
Program Manager
qmathews@cityyear.org



NATIONAL LEADERSHIP SPONSORS





SEATTLE/
KING COUNTY

2203 23rd Avenue South
Ste. 101
Seattle, WA 98144
206-219-5010

2009 Student Application

The Wizard of Oz ELEMENTARY SCHOOL CAMP

When: Monday, March 30th—Friday, April 3rd, 2009; 8:30AM to 3:30PM
Where: Wing Luke Elementary School (3701 S Kenyon St.)

*Please contact Quayana Mathews at (206) 446-1400 if you have any questions.

STUDENT INFORMATION

Last Name _____ First Name _____ Grade _____
Age _____ Date of Birth ____/____/____ Race/Ethnicity (optional) _____
Street Address _____ Apt # _____
Neighborhood/City _____ ZIP _____
Home Phone # (____) _____ Languages spoken at home _____
Dietary Restrictions/Food Allergies/Special Accommodations _____

Identifying Information Please Include A Picture

Male Female

Eye Color: _____

Hair Color: _____

Height: _____ ft. _____ in.

Weight: _____ lbs

Identifying marks:

Nickname: _____

Who do you currently live with (check all that apply):

___ Mother ___ Father ___ Step-Mother ___ Step-Father
___ Foster Mom ___ Foster Dad ___ Grandmother ___ Grandfather
___ Uncle ___ Aunt ___ Sister (s) ___ Brother (s)

Other: _____

Name of Parent/Guardian 1: _____

Place of employment and Address _____

Daytime Phone# (____) _____ Cell/Pager # (____) _____ Hours at Work _____ TO _____

Home Phone# (____) _____ E-mail address _____

Name of Parent/Guardian 2: _____

Place of employment and Address _____

Daytime Phone# (____) _____ Cell/Pager # (____) _____ Hours at Work _____ TO _____

Home Phone# (____) _____ E-mail address _____



NATIONAL LEADERSHIP SPONSORS



STUDENT RELEASE FORM

INFORMED CONSENT FOR EMERGENCY MEDICAL ATTENTION

Medical Concerns: Please describe any medical/physical conditions in which City Year staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medications. *Please note that City Year is not able to administer any medications during camp.*

Allergies: _____

Limitations on activities: _____

Medications: _____

Additional comments: _____

Emergency Contacts: (Please provide information other than Parent and/or Guardian)

Name: _____ Relation: _____ Daytime Phone #: _____

Name: _____ Relation: _____ Daytime Phone #: _____

Physician Information:

Name: _____ Address: _____ Phone #: _____

Insurance Information:

Provider: _____ Policy #: _____ Phone #: _____

DISMISSAL INFORMATION

Please note that camp hours are 8:30AM to 3:30PM.

Please answer the following (Please check appropriate box and fill in names and/or bus #):

- My child can be picked up by the following *person (s):

***Only the following names have release authorization to pick up camper.**

Name: _____ Relationship to the child: _____

Name: _____ Relationship to the child: _____

Name: _____ Relationship to the child: _____

- My child will take the King County Metro Transit bus to and from camp.

Bus # or Station _____

Please note that school buses will not be operating the week of camps.

- My child will walk to and from camp.

VERY IMPORTANT NOTE: City Year Staff will follow only these instructions. All persons picking up a child **MUST** be on this list.

Please notify Camp Staff if these names or options will change by either sending a note with your child the day of or by contacting us in person.

STUDENT RELEASE FORM

INFORMED CONSENT FOR WAIVER OF MINOR PARTICIPANTS

Statement of Consent: I, _____, being the parent/legal guardian of _____, a minor, do hereby consent to his/her participation in Camp City Year projects, events, and functions sponsored and/or organized by City Year. I understand that he/she is responsible for his/her behavior, and will only participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance of the above-named minor's participation in City Year's organized and/or sponsored projects, events, and functions, I do hereby waive and release City Year, the sponsors, their staffs and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a City Year volunteer program. I understand the staff is trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached 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 the 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 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 reports (s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Signature of Parent or Guardian

Date

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

City Year is committed to furthering the discussion and growth of national service in the public realm. As such, I grant permission for City Year to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage or other uses by City Year either associated with the program, a project, event or function or otherwise.

Statement of consent. I hereby agree to allow City Year to use any photograph and/or likeness of my son/daughter at any time during their participation in the program or thereafter, without prior approval. I acknowledge that we will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Parent or Guardian

Date

Informed Consent For Student Evaluation

As part of your child's participation in the City Year's Wizard of Oz Camp, he or she is being asked to participate in an evaluation of this program. One purpose of the evaluation is to see whether City Year Camp opportunities and/or programs makes a difference to the young people who participate in them. We will ask about their interests, activities, and attitudes, as well as some background information about family. All information will be used only to evaluate the camp opportunities and/or programs; no information will be used to evaluate any of the young people participating. We do not anticipate any risks to the young people because of their participation. 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 any names attached. *If you have any questions, please call Erika Rasmussen, Service Director at (206) 219-5010.* The study may include the following activities: surveys; interviews; group interviews and observations of program participants.

Statement of consent: I understand the purposes of this study and the methods to be used. I understand that participation in this study is voluntary and that I can request at any time that the child named below be withdrawn from the study. I consent to let my son/daughter participate in this evaluation study of the City Year Volunteer Program.

Signature of Parent or Guardian

Date