**Youth Moves Summer Camp 2020**

**Registration Form**

**Flint, Michigan**

**Session: June 22-July 30, 2020**

**WE WILL BE FOLLOWING COVID-19 STATE GUIDELINES**

Thank you for your interest in attending our Youth Moves Summer Camp.

Camp runs Monday through Thursday, 9AM-3PM.

 **[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

**YOUTH MOVES SUMMER CAMP PROGRAM SITE**

The program will be held at the Historic Masonic Temple, 755 Saginaw Street, Flint, Michigan 48502 (Downtown Flint).

**CONTACT INFORMATION**

Mailing Address: PO Box 310108, Flint, MI 48531

*IMPORTANT: DO NOT SEND any mail to our program location. Please use our PO Box only.*

Email: babacollins14@gmail.com

Phone: 810.394.3880

**WHEN TO SHOW UP AND WHAT TO BRING**

Camp is Monday-Thursday, 9:00-3:00

Camp provides all the necessary instruments, equipment, and instructors, as well as breakfast and lunch and a snack in the afternoon. Campers should wear comfortable clothing. Please note that if you choose to bring mp3 device, cellphone, or other personal items, Camp cannot be responsible if it is lost or damaged.

**COMPLETING YOUR APPLICATION**

**and send it to:**

African Drum and Dance Parent Association

P.O. Box 310108

Flint, Michigan 48531

**Include the following: **

❒ Program application

*The policy and intent of Youth Moves Summer Camp is to provide*

*equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.*

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

**Youth Moves Summer Camp 2020**

**Program Application**

**(Thanks for printing legibly or typing!)**

**1. CAMPER AND PRIMARY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age(at the time of Camp): \_\_\_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address you check frequently:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you? **(circle one)** **Home Phone** **Cell Phone**  **Email**

What is the race/ethnicity of you/your camper?\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say\_\_\_\_\_\_\_\_

\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

# 2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

**3. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper’s needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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Does your camper have any behavioral or emotional issues the staff should know about?

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Is your camper taking any medications to treat these conditions?

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**4. OTHER INFO**

Is there anything else you would like us to know?

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**To complete your application; please send these pages to:**

 African Drum and Dance Parent Association

 ATTN: Youth Moves Summer Camp

 PO Box 310108

 Flint, MI 48531

Thank you!

Sincerely,

Ba Ba Kevin Collins, Director, 810.394.3880, babacollins14@gmail.com

From time to time, photographs or videos of your children are taken here at camp. There is the possibility that the photos would appear on our FaceBook Page, web page, in a local newspaper, or local news station. We are asking you to sign the permission slip.

**I give permission for my child**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to be photographed during camp activities for the purpose of public relations for our group.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or **I do not give permission for my child**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to be photographed during camp activities for the purpose of public relations for our group.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that all the information I have provided in this document is true to the best of my knowledge.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature Date