



Empowered Youth Summer Camp Student Intake Form

Date _____

PLEASE COMPLETE THE ENTIRE FORM AND PRINT CLEARLY. This application is STRICTLY confidential.

Student Information

Last Name _____

First Name _____

Preferred pronoun _____

Date of Birth _____

Phone _____

Address _____

Name of School _____

Session 1 – July 1-19

rising 4th rising 5th grade

Session 2 – July 22 - Aug. 9

rising 6th rising 7th rising 8th

Parent/Guardian Information

Mother

Father

Name _____

Name _____

Address

Address

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Check BEST phone to call:

Check BEST phone to call:

Home Phone Cell

Home Phone Cell

Email _____

Email _____

Does child live with both parents? Yes No If no, who is custodial parent? _____

Are there any court orders regarding custody, visitation or release of child? Please describe:

Emergency Contacts - Please provide two (2) contacts other than parents.

Name _____

Name _____

Relationship to child _____

Relationship to child _____

Address

Address

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____



Cell Phone _____

Cell Phone _____

Please note BEST phone to call:

Please note BEST phone to call:

Demographic information: we are required to collect this information for reporting purposes only.

Race:

Check one: Black or African American White Asian
 Native Hawaiian or Pacific Islander American Indian or Alaska Native

Ethnicity:

Check one: Hispanic or Latino Not Hispanic or Latino

Household income level: _____ (annually)

Household size: _____ (total number of people living in your house)

We do not share your personal information. This is only asked for the purpose of grant writing.

Health Information

Known Allergies _____

If yes, please check: gluten nuts dairy eggs latex other _____

Will your child need to take any medicine during program hours?

Yes No If yes, what? _____ What time? _____

Do you understand that we cannot dispense any medication? Yes No

Your child must be able to administer their own medication, if necessary.

I, _____, acknowledge that in the event of a medical emergency involving my child, Claymont Community Center will contact 911. I will be notified immediately.

Parent Signature _____

Date _____

Parent Signature

I acknowledge that I have completed this application to the best of my knowledge

Parent Name _____ Date Signed _____

Parent Signature _____



Photography Release and Waiver

I give the Claymont Community Center the permanent right to take pictures or videos of me and my child _____ during events, parties, trips, activities, etc., (without restriction as to changes or alterations) for use in the newsletter, advertising, promotion, exhibition, social media, Claymont Community Center website, or any other lawful purposes.

I acknowledge that Claymont Community Center owns all rights to the images and recordings in any medium.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby release, waive, forever discharge, and agree not to sue Claymont Community Center, its governing board, employees, consultants, temporary and any volunteer workers acting on behalf of Claymont Community Center from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I hereby acknowledge that this consent, waiver, indemnity, release and agreement not to sue is binding on me, my heirs, executors, administrators and assigns.

I am over the age of 18 and am competent to sign this release. I have read this release and waiver and am fully familiar with its contents.

Name (please print): _____

Address: _____

Signature: _____

Date: _____