

## 2017 SUMMER CAMP REGISTRATION



Week	Feature Trip	Dates	Full Week Fee	Max # of Kids	Total Due	Amt Due	Amt Paid	Balance Due
#1	Let's Get Together!	June 28th & 30th	\$50	21				
#2	Collaboration with library	Please visit library's website for more information and registration.						
#3	Collaboration with library	Please visit library's website for more information and registration.						
#4	Collaboration with library	Please visit library's website for more information and registration.						
#5	Collaboration with library	Please visit library's website for more information and registration.						
#6	Time to get crafty!	Aug 9 <sup>th</sup> & 11th	\$50	21				
#7	Lets go to the zoo!	Aug 16 <sup>th</sup> & 18th	\$50	21				
#8	Now it's time to say goodbye...	Aug 23 <sup>rd</sup> & 25th	\$50	21				

<b>TOTAL</b>							
Exp Date/ CVV		Payment AMT					
Signature _____							
Please make checks payable to GMVCC				Receipt # _____		Authorization# _____	

Participant Name _____			Today's Date _____		Home Phone _____		E-mail Address _____		
Street Address _____			Mailing Address (if different) _____			City/State _____		Zip _____	
School _____		Date of Birth _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Language other than English? _____		Does participant have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies (including food) _____			Special needs & additional comments _____						
Physician Name _____			Phone Number _____		Insurance Company _____		Subscriber Name & Medical Number _____		
Parents Name(s) 1. _____ 2. _____			Address (if different than above) 1. _____ 2. _____			Home Phone 1. _____ 2. _____		Cell or work 1. _____ 2. _____	
Emergency contact if parents cannot be reached 1. _____ 2. _____			Home Phone 1. _____ 2. _____		Cell or work 1. _____ 2. _____		Authorized to pick up Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Okay to Walk home alone at end of trip?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Program Hours**

*Please be prompt dropping off/picking up. Supervision provided only during program hours. Youth released to authorized contacts only.*

***Injury/Illness Procedure***

If a participant is injured, appropriate first aid will be given, and 911 called as necessary. All staff are certified in first aid and CPR. A parent/guardian will be notified as soon as possible. Authorization for emergency medical treatment must be signed prior to program participation. If a participant becomes ill, parent/guardians will be contacted to pick up youth as soon as possible.

**Agreement of Mutual Respect**

- GMVCC summer trips must be a place where everyone can feel safe and respected. Participant agrees to treat others with respect, comply with the authority of adult supervisors, complete all check in's and obey the general laws of the land.
- Participant agrees to abide by GMVCC's "zero tolerance" policy for *use or possession of illegal substances, including alcohol, tobacco, drugs, and/or drug paraphernalia; illegal gambling; use or possession of weapons of any kind; stealing.*
- Youth are encouraged to make good choices when relating to each other and to the adults in the program. They will be encouraged to practice conflict resolution skills and to work through any problems they may experience with another person.
- For the safety and security of all, threatening the safety of oneself, another person or property, failure to abide by GMVCC's "zero tolerance" policy, or failure to follow all rules as directed by staff will result in immediate removal from program. *Disobedience will not be tolerated.* Parents will be required to pick their child/ren up from a trip if they present safety risks. No refunds are given in the event that your child is removed from the program.

\_\_\_\_\_ Participant initials                      \_\_\_\_\_ Parent/Guardian initials

**Parent Permission**

My signature below grants permission for \_\_\_\_\_ to participate in activities sponsored by the Greater Maple Valley Community Center (GMVCC), including field trips & transportation in approved vehicles (vans or designated staff car). I assume all risks and hazards in the conduct of these activities. I agree to hold harmless GMVCC, its officers, employees, volunteers and agents, from all liability including any and all claims stemming from injuries, damages or losses that may be incurred by participation in, and/or the transportation to or from these activities. I also grant GMVCC permission to use photos that may be taken of participant during activities for use in various publications, including GMVCC newsletter, web site, press releases and other articles.

My signature below also authorizes GMVCC staff to obtain emergency medical treatment for \_\_\_\_\_ in the event that I cannot be reached, and such treatment is deemed necessary by medical professionals.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Participant Signature                      Date



**Please provide us with the following information which is kept CONFIDENTIAL:  
(This information pertains to youth in grade 6-12)**

**What neighborhood or area do you live in?** \_\_\_\_\_

**What is your zip code?** \_\_\_\_\_

**What is student gender?** \_\_\_\_\_ Female \_\_\_\_\_ Male    **How old is student?** \_\_\_\_\_

**What is student race/ethnicity?** Hispanics and Latinos/Latinas may be of any race. Choose all that apply.

\_\_\_\_\_ African (Black) or African American                      \_\_\_\_\_ Hispanic or Latino/Latina  
\_\_\_\_\_ Asian    \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Hawaiian Native or Pacific Islander                      \_\_\_\_\_ White or Caucasian  
Other \_\_\_\_\_

**Is student non-English/limited English speaking?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is student an immigrant, refugee, or new arrival to this country?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does student consider themselves to be disabled or have a handicap?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**How many people live in students home?** \_\_\_\_\_    **How many (including student) are under 18?**  
\_\_\_\_\_

**Does student live with a single parent?** \_\_\_\_\_ Yes    \_\_\_\_\_ No    **If yes, male or female?** \_\_\_\_\_

**Is student a child of a veteran?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is student homeless?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is student employed?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**What is student's family's total yearly income?**

_____ Less than \$20,000	_____ \$40,000 - \$45,000
_____ \$20,000 - \$25,000	_____ \$45,000 - \$50,000
_____ \$25,000 - \$30,000	_____ \$50,000 - \$55,000
_____ \$30,000 - \$35,000	_____ \$55,000 - \$60,000
_____ \$35,000 - \$40,000	_____ More than \$60,000