

Young Male
IMPACT
Summer
CAMP

**Preparing young men today
for IMPACT tomorrow**

- Ages: 12-16
- Cost: \$35 weekly
- Dates: 6/11 - 8/3
- Hours: 7:30a - 6:00p (Mon -Fri.)
- Lunch & Snack provided
- Limited Space Available
- Limited to only the first 30 males



Valley Brook Outreach Baptist Church • 8323 Augusta Rd. • Pelzer, SC 29669

Print - Child's First Name		Child's Last Name	
Child's Nickname/Preferred Name	Child's Date of Birth/Age	Allergies	
Mailing Address			
City		State	Zip
Phone #		Email Address	
Mother/Guardian Name			
Mother/Guardian Address - Check if same as Child <input type="checkbox"/>			
Home Phone	Mobile Phone	Email	
Mother/Guardian Employer Name		Work Address/Phone Number	
Father/Guardian Name			
Father/Guardian Address - Check if same as Child <input type="checkbox"/>			
Home Phone	Mobile Phone	Email	
Father/Guardian Employer Name		Work Address/Phone Number	
Child Sibling Names/Ages			
What are your child's interests?			
Does your child have any special needs or behaviors we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Does your child have any fears? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
(Office Complete) Enrollment Date		Payment \$	

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Print - Child's Full Name		Child's Date of Birth
Mother/Guardian Name		
Mother/Guardian Address		
Home Phone	Mobile Phone	Work Hours
Mother/Guardian Employer Name	Work Address/Phone Number & Ext.	
Father/Guardian Name		
Father/Guardian Address		
Home Phone	Mobile Phone	Work Hours
Father/Guardian Employer Name	Work Address/Phone Number & Ext.	
If any above are not available, please list at least 3 persons to whom the child may be released		
Name/Relationship	Address	Contact #
Name/Relationship	Address	Contact #
Name/Relationship	Address	Contact #
Preferred Hospital	Primary Doctor Name	
Insurance (Company name, Insured's name, Group ID#)		
Are there any known allergies, health or medical conditions that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
Parent/Guardian Consent If, at any time, due to such circumstances as accident, sudden illness, or emergency, and medical treatment is required, this may be given, including anesthetic, if necessary, by a private physician or hospital.		
Parent/Guardian Specific Instructions (i.e. Allergies, ongoing medication, restrictions for treatment):		
Parent/Guardian Signature		Date

Permission to Participate



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This form extends permission for your child to participate in all activities of the Young Male IMPACT Summer Camp

The camp is an 8-week program beginning June 11, 2018, extending until August 8, 2018.

Child's First Name	Child's Last Name
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I, the undersigned, give permission for my child, _____ (full name), to participate in the activities offered during the Young Male IMPACT Summer Camp at Valley Brook Outreach Baptist Church. I understand that my child will be participating in activities.

I, the undersigned, release Valley Brook Outreach Baptist Church and all of their employees and staff from any, and all causes of action and/or liabilities resulting from my child's participation in these activities, recreation and/or events, and from any, and all causes of action and/or liabilities incurred in transportation of my child to/from any activity, recreation or event.

Parent/Guardian Signature	Date
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Permission to Transport



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Child's First Name	Child's Last Name
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I hereby grant my camp provider Young Male IMPACT Summer Camp/Valley Brook Outreach Baptist Church and employees permission to transport my child in licensed insured vehicles, using Federal approved seats and safety belts according to Federal Law.

I understand that my child is being transported for the following reason: Summer Camp Activities

Parent/Guardian Signature	Date
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Camp Director's Signature	Date
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Child's First Name	Child's Last Name
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I, _____ (Parent/guardian full name), give permission for the Young Male IMPACT Summer Camp at Valley Brook Outreach Baptist Church to photograph my child listed above for the following usage:

Type		Grant Permission	Decline Permission
Photography	Display in facility's scrapbook or bulletin boards, show to current and prospective clients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Display still photographs on facility's website (Will only list first name & last name initial)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Utilize still photos in promotional materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Video	Give video to current parents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Display video on facility's website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Utilize video in promotional materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: Please list -		Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that it is my responsibility to update this form, in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form and providing false information could be grounds for termination of childcare services, forfeiture of retainer or both.

Parent/Guardian Signature	Date
Camp Director's Signature	Date

For Office Use Only