

2010 ACTIVE COMMUNITY TEEN CAMP ENROLLMENT FORM

Volunteers must attend at least 2 days to participate in "Terrific Thursday" activities.

Please indicate weeks and days attending. (3 days = \$50 ■ 4 days = \$65)

(After printing this form, please circle the appropriate combination of days for each week your child is attending.)

Circle the combination of days: June 14-17	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH
Circle the combination of days: June 21-24	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH
Circle the combination of days: June 28-July 1	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH
Circle the combination of days: July 12-15	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH
Circle the combination of days: July 19-22	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH
Circle the combination of days: July 26-29	M/TU/TH	M/W/TH	TU/W/TH	M/TU/W/TH

CHILD'S NAME _____ (MI) _____ (LAST) _____ HOME PHONE _____

BIRTH DATE _____ AGE _____ GRADE 2010- 2011 _____ CIRCLE: MALE OR FEMALE

ADDRESS _____ CITY _____ ZIP _____

PRIMARY CONTACT E-MAIL: _____ (MOM OR DAD)

MOM'S NAME _____ WORK PHONE _____ CELL _____

IF DIFFERENT FROM CHILD:

MOM'S ADDRESS _____ CITY _____ MOM'S HOME PHONE _____

DAD'S NAME _____ WORK PHONE _____ CELL _____

IF DIFFERENT FROM CHILD:

DAD'S ADDRESS _____ CITY _____ DAD'S HOME PHONE _____

EMERGENCY PERSON (IN CASE PARENTS CANNOT BE REACHED) _____

RELATIONSHIP _____ PHONE (DAY) _____ CELL _____

NO ONE MAY PICK UP YOUR CHILD (OTHER THAN PARENT) EXCEPT :

NAME _____ RELATIONSHIP _____ PHONE (DAY) _____

CE CODE (EMERGENCY WORD) _____

Consent to Treat and Transport / Photo Permission / Discipline / Participation

► In case of an emergency situation involving my child, I give permission for school authorities or medical personnel to treat my child and/or transport my child to the necessary medical facility. It is further understood that the treatment and transportation cost will be the responsibility of the parents.

FAMILY DOCTOR _____ PHONE _____

LIST ALLERGIES: _____ MEDICATIONS _____

DOES YOUR CHILD HAVE SPECIAL NEEDS WE SHOULD BE AWARE OF? _____

- I give permission for Yukon Community Education to use my child's photograph for publicity regarding ACT Teen Camp.
- **IMPORTANT:** Active Community Teen Camp will enforce a **NO TOLERANCE** policy regarding discipline.
- My child has permission to participate in, and be transported to, field trips and activities. It is further understood that my child agrees to participate in all activities as scheduled by the supervisor.

Parent's Signature _____ Date _____

Parent must sign, date and return to the YCE office with payment.

