



2015 SUMMER CAMP PROGRAM
For TROY Children ages 8 to 13
 Camper Information Card (front & back)

<u>Schedule</u> Tuesday, Wednesday & Thursday July 7 – July 30, 2015	<u>Location</u> International Academy (East Campus) 1291 Torpey Drive Troy, MI 48083 And scheduled field trip sites	<u>Time</u> Tuesday, Wednesday & Thursday 9:00 a.m. – 3:00 p.m.
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Bus Stops Times – a.m./p.m. (estimate)	Somerset Apartments 8:30 a.m./3:05 p.m.	Morse Elementary School 8:35 a.m./ 3:10 p.m.	Rochester Villa Apartments 8:45 a.m./ 3:15 p.m.
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CAMPER INFORMATION

LAST name _____ FIRST name _____ Male ___ Female ___

Address _____ Apt. _____ City _____ Zip _____ Phone _____

Age _____ Date of Birth ____/____/____ School (Fall 2015) _____ Grade (Fall 2015) _____

Please indicate how your child will be transported to camp – Bus transportation/stop or Parent

Somerset Apts (bus) _____	Morse Elementary (bus) _____	Rochester Villa Apts (bus) _____	Int'l Academy East (Parent) _____
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PARENT INFORMATION Child resides with: both Parents ___ / Mother ___ / Father ___ / Other ___ (relationship) _____

MOTHER'S Name _____ FATHER'S Name _____

Daytime Phone / Cell _____ Daytime Phone / Cell _____

Email _____ Email _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

REGISTRATION FEE \$90 Financial aid for summer camp is available through the Troy Youth Assistance. Please contact TYA at 248.823.5095

Check # _____ Cash _____ or Credit Card # _____ Exp. Date _____

(Make check payable to Troy Community Coalition)

Please mail this form and your \$90 registration fee to: Troy Community Coalition; 4420 Livernois Road; Troy, MI 48098

The Troy Community Coalition is a nonprofit 501(c) (3) organization.

MEDICAL/IMPORTANT INFORMATION

My child has the following medical condition(s) and will be responsible for bringing/using an inhaler and/or medications as needed:

_____ Asthma _____ Diabetes _____ Allergies _____ Other _____

Parent/Guardian – please note any non medical issues which the camp staff should be made aware:

_____ (Parent/Guardian initials) *We understand that the camp staff is not responsible for holding or administering any medications.*

PLANNED ABSENCE

_____ (Parent/Guardian initials) *We understand that it is our responsibility to let the camp staff know in advance when our child **will not** attend camp due to a family vacation or other preplanned event (doctor/dentist appt.; music lessons; etc.)*

DISCIPLINARY ACTION POLICY

In order to make the Troy Community Coalition Summer Camp a fun and educational experience, it is imperative that the members of the staff provide a safe and nurturing environment for every camper. The following expectations are required:

_____ (Parent/Guardian initials) *Campers are expected to be polite to their peers and to the camp staff. Use of profanity, verbal or physical attacks, and rude behavior is prohibited and will result in disciplinary action.*

_____ (Parent/Guardian initials) *Inappropriate behavior will result in the camper receiving a verbal warning. A second written warning will result if the behavior continues. A third behavioral offense will result in a one day suspension. Any behavioral offence after the suspension will result in expulsion from the camp program. Parent/Guardian will be notified by phone and in writing if suspension or expulsion becomes necessary.*

COMMUNICATIONS RELEASE

The Coalition or sponsors may photograph or videotape the summer camp activities. Individual students may have additional opportunities to appear on the Internet, cable and local TV networks, local newspapers or in Coalition newsletters.

_____ (Parent/Guardian initials) *I give permission for my child's camp-related picture to appear on the community/TSD cable channel(s), the Coalition website, Facebook page and/or in print. (This means your child will be included in photos for field trips, camp, awards, etc. By opting out (no initials) your child will be asked to STEP OUT of the picture for photos/videos used on cable or on the website.*

PERMISSION

I hereby voluntarily release and hold harmless the City of Troy, Troy School District and Troy Community Coalition from all liability for all types of damages or injuries, whether foreseeable or not, sustained by myself, my child and other family members while participating, watching and traveling to or from summer camp at the International Academy (East Campus) or on field trips.

Parent/Guardian Signature (Required): _____ Date: _____

Camper Agreement: I agree to abide by the rules of the program and to respect the camp staff and my peers.

Camper's Signature (Required): _____ Date: _____