

Toots for Books "It's LITeracy" Summer Camp

STUDENT APPLICATION/PERMISSION FORM

Please print clearly - Due Friday, June 30, 2018
AGES 5-13



Camp spots are filled on a first come, first serve basis.
July 23-27, 2018 (Monday-Friday/10:00AM-3:00PM)
New Genesis Church 4293 Austell Road Austell, GA

Child's Name _____ Female ___ Male ___

Date of Birth: _____ Age: _____

Street Address _____

City _____ State _____ Zip _____

Parent's Name _____

Email Address _____

Home/ Phone (____) _____ Work/ Cell Phone (____) _____

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EMERGENCY INFORMATION

Emergency Contact _____ Ph # (____) _____

Please note any medical problems (allergies, illnesses, etc.) or special educational issues, which a chaperone should know _____

In case of an emergency, I authorize **Toots for Books** and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility or that of my child's health insurer.

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STUDENT PHOTO RELEASE & RELEASE OF LIABILITY FORM

I hereby grant permission for the aforementioned minor to participate in the Toots for Books program. I understand that participation is voluntary. I also acknowledge that photographs and video may be used to document and promote Toots for Books Program activities. I hereby grant the right and permission to use and publish the photographs/video material taken in order to develop photographic and multimedia materials. These materials may be used to advertise, market, and promote our youth program activities. I understand that identifying information (e.g. name, address, or phone number) will not be used in this media without my permission.

I further release Toots for Books, its officers, employees, affiliates, contractors, agents, and volunteers supporting the program from any responsibility or liability for any reason as a result of participation in the program.

Parent or Guardian Signature*

Date

*Signature is required. Unsigned applications will not be accepted.

MEDICAL RELEASE:

Complete the information below. If your child has allergies, medication needs or any other medical condition we need to be aware of, please let us know.

YES NO Medical condition or needs that require monitoring:

YES NO Allergies (Food, medicine, insects, etc.):

YES NO Currently taking medication (including prescription or over-the-counter medication):

YES NO My child has permission to administer his/her own medication. If "NO", the following individual will dispense all medication to my child:

In order to dispense medication we need to know the following:

Condition for which it is given:

Exact name of medication(s):

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- Dosage: _____
- When it should be given: _____

NOTE: All medication must be in its original container to include any items (inhalers, spoons, cups, etc.) which will be needed to properly dispense the medication.

Parent or Legal Guardian Signature _____ Date

MEDICAL ADMINISTRATION RECORD:

DATE	MEDICATION	DOSAGE	TIME	ADMINISTERED BY

AUTHORIZATION TO TREAT:

I hereby give permission to medical personnel selected Toots for Books to provide for emergency medical treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician and other appropriate medical personnel to secure and administer treatment including hospitalization.

Emergency Contact with phone number _____

Parent or Legal Guardian _____ Date

Code of Conduct

To ensure that the 'Toots for Books Camp' is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following and sign below.

- I, a Toots for Books Camp participant, will uphold the following conduct and behavior standards:
- I will be courteous and respectful towards others.
- I agree to value and respect others' ideas, regardless whether they are the same as my own.
- I will actively participate in all missions during workshop sessions.
- I will conduct myself in a professional manner at all times.

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- I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages are prohibited.
- I will not use any alcohol, tobacco, or other drugs, or engage in any behavior of a sexual or violent nature at any time during the camp.

As a Toots for Books Camp participant, I pledge to uphold this commitment. I understand that if I am not able to remain in good standing or violate the Code of Conduct during this event, I will be asked to leave.

Youth Signature

Date

I have witnessed the pledge made by my son/daughter and understand that if my son/daughter breaks any of the commitments stated in this Code of Conduct, they will be dismissed from this event.

Parent/Guardian Signature

Date

Child & Youth Director Signature

Date

. Completed applications should be emailed to
kchanyasubkit@tootsforbooks.org or mailed to:

Toots for Books
902 Ellesmere Pt.
Mcdonough, GA 30253

If you have any questions about this program, please contact:

kchanyasubkit@tootsforbooks.org

Office: 850-851-6214