



Summer Camp Programs



SUMMER CAMP REGISTRATION

For kids ages 4-12

PLEASE MARK THE SESSION THAT YOUR CHILD WILL ATTEND

- Session 1 **STEM** Summer Camp June 10-14 **\$50** (1:00 pm-5:00 pm)
- Session 2 **FUN ART** Summer Camp June 17-21 **\$50** (1:00 pm-5:00 pm)
- Session 3 **STEAM** Summer Camp June 24-28 **\$50** (1:00 pm-5:00 pm)
- Session 4 **FUN ART** Summer Camp July 8-12 **\$50** (1:00 pm-5:00 pm)
- Session 5 **STEAM** Summer Camp July 15-19 **\$50** (1:00 pm-5:00 pm)
- Session 6 **STEM** Summer Camp July 22-26 **\$50** (9:00 am-12:00 pm)

Date of Registration: _____

Payment: _____

Student Information

Name _____ Date of Birth _____ / _____ / _____
Month / Day / Year

Age _____ Grade _____ School _____

Known Allergies/Illnesses _____ Current Medications _____

Parent/Legal Guardian Information

Name: _____ Phone Number: _____

Email: _____ Alternate Phone: _____

Address: _____ City, State, Zip: _____

Other brothers/sisters also participating in the INMED OC Summer Camp program:

Name: _____ Name: _____

Name: _____ Name: _____

Pickup Authorization

The INMED Summer Camp runs for four hours. If you are unable to pick up your child, please fill out the information below to authorize another adult (over the age of 18) to pick him/her up from the INMED Family & Youth Opportunity Center at 21630 Ridgetop Circle – Suite 130, Sterling, VA 20166.

#1 Name _____ Phone _____ Relationship to the Student _____

#2 Name _____ Phone _____ Relationship to the Student _____

Emergency Contacts

If the parent/legal guardian cannot be reached, please provide the contact information for at least two (2) emergency contacts that are able to provide pickup and or/ health services to your child.

#1 Name _____ Phone _____ Relationship to the Student _____

#1 Name _____ Phone _____ Relationship to the Student _____

To participate in the Program you must bring proof of income:

Last tax payment: _____ Pay stub of three months: _____ Employer letter: _____ Self notarized letter: _____

Demographic Information (you MUST complete this section)

Is student (he/she) Latino/a? Yes _____ No _____

How do you define her/his race:

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/another Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black/African American Other Multi-racial

Annual family income 0-\$38,000 \$38,001-\$63,350 \$63,351-\$78,900 \$78,900-More

How many family members are there in your household? _____

General Liability Waiver

I, _____, agree to waive any and all claims against INMED Partnerships for Children, including staff and volunteers, for any injury that my children may receive as a result of participation in this program. I am also giving permission for my child to be transported to emergency medical care and receive emergency services, if needed, and I agree to release all INMED employees and volunteers from any liability for any injury (including death), that my children may receive as a result of emergency transportation services.

By signing below, I agree that this document has been fully explained to me (in a language I understand) and I have carefully read it before signing. I agree to all parts of this document and I am giving permission for my child to attend the INMED Opportunity Center and to receive any emergency services described above.

Signature: _____ Date: _____

PHOTOGRAPH/MEDIA/PUBLICATIONS RELEASE FORM

I, _____ grant permission to the staff of **INMED's Family & Youth Opportunity Center** to utilize any photographs, videos, and publications in which I or my child/children may appear, without using any names. I understand that the photograph may be used for making reports to funders and partners, as well as for public relations. I give INMED Opportunity Center permission to use my photograph and testimonials for marketing and publicity materials. I understand that I won't receive any monetary compensation for the use of either my photograph or my testimonial.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE