



APPLICATIONS DUE AUGUST 5th, 2016!

YOUTH IN POWER: Summer Leadership Camp 2016

COST: Camp is FREE & includes ALL meals, snacks, activities, & transportation to & from the Pride Center

CAMP DATES: Friday, August 19th, 9am—8pm, Saturday, August 20th, 9am-8pm, Sunday, August 21st, 9am—6pm

CAMP BUS: Bus departs from Pride Center at 8:15am (each day), returns 8:45pm (Fri/Sat), & 6:45pm (Sun)

MORE INFO: Contact James Shultis, Director of Programs (phone & email below) or visit website (also below)

HOW TO RETURN REGISTRATION:

Please fill out entire registration, including all signatures (parent/guardian & youth) then return by MAIL, FAX, or EMAIL!

MAILING ADDRESS:

Pride Center Capital Region
332 Hudson Avenue
Albany, NY 12210

PHONE: (518) 462-6138 x15

FAX: (518) 462-2101

CAMP INFO: www.tinyurl.com/youthinpower

EMAIL: jshultis@capitalpridecenter.org

Camper Basic Information

Chosen Name (What you go by): _____ + _____

Full (Legal) Name: _____

What pronouns do you use? He/him/his She/her/hers They/them/theirs Ze/zim/zirs Other: _____

What is your Date of Birth: _____ As of August 19th, your age will be: _____

Grade in Fall 2016: _____ What school do you attend? _____

Camper Contact Information

Email Address (REQUIRED): _____ Twitter Handle: _____

Cell Phone: _____ Home Phone: _____

Facebook: _____ Other: _____

Current address, including zip code and town/city:

Street Apt City State Zip Code

How did you hear about camp?

- | | | |
|--|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facebook | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> On the Pride Center website | <input type="checkbox"/> Tumblr | <input type="checkbox"/> Therapist/Counselor |
| <input type="checkbox"/> Pride Center Youth Program | <input type="checkbox"/> School/Teacher | <input type="checkbox"/> Other: _____ |

Additional Information

Please tell us why you would like to join us at camp this summer! _____

Would you like more information about joining the Center Youth Action Team (CYAT) for the 2015-2016 school year?

Yes No

Do you have any dietary needs we should know about?

None Gluten-Free
 Vegan Nut-Free
 Vegetarian Other: _____

Do you have any accessibility needs we should know about?

I would like an American Sign Language Interpreter I use a wheelchair
 Other: _____

Note on Accessibility: Unfortunately, not all areas of camp are wheelchair accessible. We apologize for our inability to accommodate everyone. Please contact us with any accessibility questions and we will be more than happy to work with you.

Parent/Guardian #1 Information

Name: _____ Relationship to camper: _____

Current full address (If different from camper's):

Street Apt City State Zip Code

Cell Phone: _____ Home Phone: _____

Email Address: _____ May we add you to our mailing list? Yes No

Parent/Guardian #2 Information

Name: _____ Relationship to camper: _____

Current full address (If different from parent/guardian #):

Street Apt City State Zip Code

Cell Phone: _____ Home Phone: _____

Email Address: _____ May we add you to our mailing list? Yes No

Additional Emergency Contact Information (relative, family friend, or neighbor).

Name: _____ Relationship to camper: _____

Cell Phone: _____ Home Phone: _____

Youth Permission and Liability Waiver

[Please complete all sections below]

I, _____, give permission for my child _____ to participate in Youth In Power: Pride Canter Leadership Camp on Friday, August 19th—Sunday, August 21st, 2016

II. Release of Liability & Damages

By signing this Permission/ Liability Waiver, I expressly warrant that the child/ youth named above is capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Pride Center and agree to indemnify and hold harmless Pride Center from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I assume the risk for any and all injuries or damage, which my child may incur while participating in this program. I waive any and all claims for injury or damage against the Pride Center which my child may incur while participating in this program. I am fully responsible for any damage or injury which my child may cause to private property or to other persons, intentionally or negligently, while participating in this program, and agree to indemnify Pride Center for any expenses or costs caused by the actions of my child.

III. Emergency Medical Treatment

My signature on the bottom of this form is my authorization for physician to render necessary emergency treatment if there should be a serious illness or accident, and I am unable to be contacted. If I or my physician cannot be reached, I authorize the Pride Center to seek medical help and assistance at a hospital, police department, etc.

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

I authorize the Pride Center to make the following available to my child as needed:

Acetaminophen Ibuprofen Allergy Relief (i.e. Claritin or Benadryl) Upset Stomach Relief (like Pepto Bismol)

Please list all medical/health conditions:

Please list all allergies (and reactions):

Please list all medications:

IV. Transportation

I give my authorization for approval for Pride Center to arrange bus transportation to transport my child to and from Youth In Power: Pride Center Leadership Camp located at Lawson Lake in Fuera Bush, NY. Pick up and drop off will be at from the Pride Center's office located at 332 Hudson Avenue, Albany, NY. It will be my responsibility to ensure my child is at the Pride Center each morning to be on the bus by 8:15am, and able to get home from the Center after the bus drops them off in the evening (8:45pm on Friday, 8/19, Saturday, 8/20 and 6:45pm on Sunday, 8/21).

V. Media

I hereby give my permission for the above named youth to be filmed, photographed, or interviewed by the media as part of their participation in Youth In Power: Pride Center Leadership Camp. I also give the Pride Center staff permission to use my child's photograph, work or voice to promote the Center Youth Program.

Parent/Legal Guardian Signature: _____ **Date:** _____

Home Phone: _____ Cell Phone: _____

(The home or cell phone, but not work, may be used to confirm this permission slip. Any numbers may be used in an emergency.)

Additional Emergency Contact Name: _____

Relationship to Youth: _____

Phone: _____

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I hereby warrant that I am the parent/legal guardian of the above child, who is under 18 years of age. I have read the above Permission/ Liability Waiver and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of the Pride Center as described above.

In consideration for allowing the participation of the child in the activities of the Pride Center, I hereby consent to the Permission/ Liability Waiver, including the Release of Liability & Damages above, on behalf of the child, and agree that this Permission/ Liability Waiver shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's/ youth's medical status, etc.

Youth Agreement: I agree to participate in the functions and activities of the Pride Center, to cooperate with the leaders and other young people and to conduct myself respectfully and responsibly in regard to myself, other persons and all property. I understand that my continued participation depends on my support of this agreement.

Signature of Youth: _____ Date: _____

*****Staff Only*****

Staff Name: _____ Date Confirmed: _____