

Brothers Making A Difference

Expose & Explore

Summer Camp Application

www.brothersmakingadifference.org

313.231.4899 (Phone)

866.400.5270 (Fax)

Section A – STUDENT INFORMATION (to be completed by parent or guardian)

Student Eligibility: Students entering 3rd-6th grade.

PLEASE PRINT

Legal Name (First, MI, Last):		Preferred name:	
Address:			
City:	State:	Zip:	
Birthday (MM/DD/YYYY):	Grade (Fall 2014):	Gender:	
School Attending:	County:		
Parents Email (Email addresses will be used exclusively for communication about camp. Email addresses will not be shared with others.):			
1. T-Shirt Size (please circle one): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large			
2. Does the student have access to a computer at home? (please circle answer) YES NO			
3. If yes, does the home computer have internet access? (please circle answer) YES NO			
4. Does the student have any medical conditions or allergies that would affect their participation in camp activities (including recreational activities)? If so, please describe.			
5. Will the student be required to take medication while at camp? If yes, please list medication(s) and times or conditions in which the student will need to take the medication(s).			
6. Does the student have diet restrictions or food allergies? If so, please describe.			
Parent or Guardian Name:			
Phone number where parent or guardian can be reached while the student is at camp:			
Emergency Contact Name:		Relationship:	
Emergency Contact Phone:			

- ✓ Applicants will be admitted based on first come, first serve basis of completed applications.
- ✓ Applications will receive notification of admission by phone/email. If admitted, the admission notification will include specific information about camp times and transportation arrangements.

Contact Information:

Norman C. Hurns, Director

Brothers Making A Difference

PO Box 21553

Detroit, MI 48221

(313)231-4899(Phone)

(866) 400-5270 (Fax)

nhurns@brothersmakingadifference.org

Section B – PARENTAL CONSENT

Camp Tuition: Camp Tuition is \$200; a \$50 deposit is due with the application. Full payment must be received by June 6th.

Acknowledgement and Release of Liability

By submitting this registration form, the guardian of the registrant hereby:

1. Consents to the full participation of the aforementioned person in the registered program.
2. Releases and holds harmless Brothers Making A Difference, its officers and employees, from all liability for any injury or damage to person or property howsoever caused, resulting from participation by the aforementioned student in the program.

Photography Release

I understand that as a participant in Expose & Explore, _____(students name) may appear in photographs taken by program or college staff. Brothers Making A Difference requests permission to use these photographs in publications for promotional purposes.

I, _____, give permission for Wayne County Community College District and Program partners to use photos of my son/daughter in program promotional materials, including but not limited to: student informational materials, recruitment brochures, and the college website.

Further:

- I understand that camp hours are 8:00 am to 3:00 pm.
- I understand that my child must report to all camp activities on time, use facilities for its intended purpose, and treat fellow campers with respect. Failure to conduct himself in a safe and appropriate manner may result in a dismissal from camp and a forfeiture of any fees paid to attend camp.
- I understand that, although my child will be supervised by camp staff during camp hours, it is my child’s responsibility to conduct himself in a safe and appropriate manner during the camp.
- I agree to encourage my registrant to attend and actively participate in all camp sessions, including recreational activities.
- I understand that some activities may require my registrant to enter personal information (such as name and interests) onto a closed computer network for activities.
- I understand that students will be traveling to a variety of locations in and around the metro Detroit area.
- I understand that my active participation is required for my child to be successfully impacted by the program. Furthermore, I will attend the Closing Event Friday July 11th 1pm location TBD.

Parent / Guardian Signature: _____ Date: _____

LATCHKEY. *Latchkey will be provided based on demand. Please note if you will need latchkey service (3-5PM).*

Yes

No

