



# GYC Service Learning Camp Information Summer 2018



**About GYC:** Greensboro Youth Council (GYC) exists to develop leadership and volunteer opportunities for Guilford County high school students through the planning and implementation of unique youth-run programs that benefit and serve the community.

**About the Camp:** There are two sessions, **June 18-29 and July 9-20**. The June session will focus on food insecurity. The July session will focus on diversity and inclusion.

Week 1 of each session is designed to provide the “learning”. We will spend the week gaining valuable background information on the topic, including touring community agencies and meeting their staff that work on the issue we are focusing on. Week 2 is designed to provide “hands on service” on the topic. For example, working in a community garden that has provided fresh food to a neighborhood.

At the completion of each session, participants will receive a certificate of service.

**Time:** Drop off time– 9:30am; Camp begins– 10am; Camp end– 3pm. Please pick up your teen by 3:30pm.

**Dates:** Session 1– June 18-29; Session 2– July 9-20

**Cost:** The cost to participate in the camp is **\$40 per session**. This fee covers a shirt for the participant and snacks. Scholarships are available and provided by Chase’s Chance. Lunch is not provided. Fees are due upon acceptance into the camp. Letters of acceptance will be emailed June 1.

**Location:** Session 1—The camp day will begin and end at Peeler Community Recreation Center, 1300 Sykes Ave., Greensboro, 27405. Session 2— The camp day will begin and end at the Greensboro Sportsplex, 2400 16th St, Greensboro, NC 27405

**Registration:** The service learning camp is open to teens ages 15-18 in Guilford County. Each session will only accept 10 teens. Teens may register to attend one or both sessions. Complete registration includes the City of Greensboro Summer Camp form and the “Questions for the Teen Participant.” *Please note: Applications from previous participants will not be accepted.*

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### Submit completed registration by:

**Mail:** Greensboro Youth Council, Attn: Service Learning Camp PO Box 3136 Greensboro, NC 27402

**Email:** [tiffany.carlton@greensboro-nc.gov](mailto:tiffany.carlton@greensboro-nc.gov); Subject: Service Learning Camp

**Registration Deadline: May 4**

*Questions or Concerns*

*Contact Tiffany Carlton, GYC Events Leader*

*(336) 373-4351 or by email at*

*[tiffany.carlton@greensboro-nc.gov](mailto:tiffany.carlton@greensboro-nc.gov)*



# Greensboro Parks and Recreation Department Summer Camp Registration & Waiver Form

1001 4th. Street  
Greensboro, NC 27405  
336-373-CITY  
www.GSOParksandRec.com

## Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  Male  Female  
 City of Greensboro Resident  Guilford County Resident  Non-Guilford County Resident

## Primary Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  Male  Female

## Secondary Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  Male  Female

## Emergency Contacts

In the event that there is an emergency and we cannot reach the primary or secondary guardians, please provide us with names of other people we may reach out to. Changes to this list must be submitted in writing.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

## Authorized Pick Up List

Please provide us with names of anyone other than the primary and secondary guardians that are allowed to check your child out from our summer camp program. Individuals on this list must be 16 or older and will be required to show a government issued, picture ID. Changes to this list must be submitted in writing.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

## Social Media and Photography Waiver

By signing below, I also hereby expressly grant to the City of Greensboro and assign the right to photograph/video my child/ward, and to use his/her picture, image, silhouette and other reproductions of his/her physical likeness, for the exclusive use by the City on the official City of Greensboro's web site, social media or in any publications. I acknowledge that neither I nor the minor child I am registering will receive compensation for such use by the City. I understand that this Release shall not expire. I represent that I am the parent/guardian of the child named below and I possess full contractual rights to enter into this Release. I hereby certify that I am over the age of eighteen (18) and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound here set in my hand on the date listed below.

By checking this box, I do not give permission for my child/ward to be photographed or captured in video.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Field Trip/Transportation Waiver

I, the undersigned parent or legal guardian, do hereby release, indemnify and hold harmless the City of Greensboro, the Parks and Recreation Department, its staff, volunteer organizers and sponsors, any and all of them, from any liability which may result from my child taking field trips with the program. All field trips will be posted in advance.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health Information

The City of Greensboro recommends that parents or guardians consult their child's pediatrician or health care professional to assess their child's ability to participate in the program. It is requested that parents or guardians provide, in writing, any additional instructions for the specific condition or special need of their child. Place any medical/allergy notes on the lines below.

\_\_\_\_\_

If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an Epi-Pen to keep at the program site.

Please check here to verify that you will not be providing your child with an Epi-Pen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Greensboro from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian.

## Accommodation Request

The City of Greensboro Parks and Recreation Department offers Inclusion Services to provide accommodations for people with disabilities/special needs to allow everyone to take part in P&R programs and events. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** The City of Greensboro recommends that parents or guardians consult their child's pediatrician or health care professional to assess their child's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their child. For more information please contact Inclusion Services at 336-373-2954 or visit their website at [www.greensboro-nc.gov/inclusion](http://www.greensboro-nc.gov/inclusion).

Would you like to request an accommodation?  Yes  No

## Medication and General Liability Waiver

I understand that in consenting to allow City staff, volunteer, or agents to administer medication to my child that the medication will not be administered by a medical professional. I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive and forever discharge any legal rights I may have to seek payment or relief of any kind from the City of Greensboro, its officers, employees, volunteers, or its agents for injury, illness, death or property loss resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child in the program. I also agree not to sue the City, its officers, employees or agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program. Permission is given for any emergency medical treatment which might become necessary and I agree to be responsible for the expense of medical treatment or service.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Information Disclosure Agreement

By signing below, I acknowledge that:

- The facility manager will be disclosing pertinent information to administrative and camp staff to ensure everyone's safety.
- The City of Greensboro provides no insurance coverage for participants.
- I agree to read the parent handbook upon receipt.
- I have selected an appropriate program for the interests and abilities of the child and the information I have provided on the Registration & Waiver Form is current and accurate.
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s).
- I authorize the City of Greensboro staff to seek appropriate medical care if a parent/guardian cannot be reached.

Signature is required to complete the registration process. Note: Greensboro Parks & Recreation Department staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# GYC Service Learning Camp Summer 2017



## *Questions for the Teen Participant*

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Please select a Service Learning Camp Session. If registering for both, check both.

Session 1: June 18-29  
Food Insecurity

Session 2: July 9-20  
Diversity & Inclusion

What do you expect to gain from being a camp participant?

What about the session(s) interest you most?

Please list and explain two past volunteer experiences you enjoyed and why.