



GYC Service Learning Camp Information Summer 2019



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 17-28 and July 8-19. The June session will focus on poverty and the effects it has on housing and health. The July session will focus on inclusive recreation and services offered for people with disabilities.

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 17-28; Session 2– July 8-19

Cost: The cost to participate in the camp is **\$80 per session**. This fee covers two (2) shirts for the participant and snacks. Scholarships are available. Lunch is not provided.

Fees are due upon acceptance into the camp. Letters of acceptance will be emailed by May 24.

Location: Session 1 and Session 2 —The camp day will begin and end at the Greensboro Sportsplex, 2400 16th St, Greensboro, NC 27405.

Application: The service learning camp is open to teens ages 15-18 in Guilford County. Each session will only accept 10 teens. Teens may apply to attend one or both sessions. Complete application includes the City of Greensboro Summer Camp form, “Questions for the Teen Participant,” and a recommendation. All applications will be reviewed by the selection committee.

Please note: we are not accepting applicants who previously participated in the camp or those who cannot fully attend both weeks of the camp session.

Submit completed application by:

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

Email: tiffany.carlton@greensboro-nc.gov; Subject: Service Learning Camp

Application Deadline: May 10

Questions or Concerns

Contact Tiffany Carlton, GYC Events Leader

(336) 373-4351 or by email at

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.

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 2019



Questions for the Teen Participant

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

Session 1 – Poverty (June 17-28)

Session 2 – Inclusive Recreation (July 8-19)

1. What would you like to gain from being a Service Learning Camp participant?

2. What do you think the difference is between service learning and volunteering?

3. Due to the small size of our camp you will often work closely with your peers to complete various activities. In your experience, what are the characteristics of a team player and how are you a team player?



Recommendation Form
GYC Service Learning Camp
Summer 2019

TO THE APPLICANT

Name: (Last) _____ (First) _____ (Middle) _____

School: _____ Phone: _____

Greensboro Youth Council must receive this form by May 10, 2019. Please sign and date the waiver below. Your recommender may return this form to you in a sealed envelope, or may send it directly to the Greensboro Parks and Recreation Office. You are responsible for making sure it is submitted by the deadline.

Waiver of Access: I, the undersigned, waive the right of personal access to the recommendation.

Signature

Date

TO THE RECOMMENDER

The person named above is an applicant for the Service Learning Camp with the Greensboro Youth Council. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

The reference form is on the reverse side. Please fill it out completely and answer as honestly as possible.

Please return this form by May 10, 2019 by:

Mail: Greensboro Youth Council
Attn: Tiffany Carlton
PO Box 3136
Greensboro, NC 27402
Must be postmarked by May 10, 2019

Email: tiffany.carlton@greensboro-nc.gov; Tiffany Carlton, by 12 noon

You may also return this form to the applicant in a sealed envelope.

Name of Recommender: _____

Position/Title: _____

School/Club/Organization: _____

Phone: _____ Email _____

Recommendation Form
 GYC Service Learning Camp
 Summer 2019



1. For how long and in what capacity have you known the applicant? _____

2. What do you consider the applicant's primary talents or strengths? _____

3. What do you consider the applicant's chief weakness? _____

4. Comment on the applicant's ability to work with his or her peers. _____

5. Does the applicant show the ability to communicate effectively with others? In group setting are they a participant or observer? _____

Please use the scale below to compare the applicant with other rising sophomores, juniors, and seniors you have known.

	Superior	Above Average	Average	Below Average	Unable to Judge
Character	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Open mindedness	<input type="checkbox"/>				
Follow through on commitments	<input type="checkbox"/>				

Please provide any additional information on the applicant that would be helpful to the selection committee.
 (Only use the space provided. No additional sheets will be accepted.)
