

OZANAM/JOSH GIBSON FOUNDATION 2014 SUMMER CAMP



Dear: Parents

THE JOSH GIBSON FND /OZANAM “CAMP CHALLENGE SUMMER LEARNING” WILL BEGIN ON JUNE 16, AND WILL END ON JULY 25, 2014 FOR CURRENT AFTER SCHOOL PARTICIPATES. CAMP STARTS AT 9:00 AM AND WILL END EACH DAY AT 4:00 PM. PLEASE COMPLETE THE BELOW INFORMATION AND RETURN BY JUNE 9, 2014.

MANDATORY PARENT MEETING: June 9th – 6pm at Ammon Rec. Center, 2217 Bedford Ave. Pgh Pa. 15219

CAMPERS WILL PARTICIPATE IN A VARIETY OF ACTIVITIES INCLUDING, MATH AND READING (ASPIRE), AFRICAN AMERICAN LEGENDS, FIELD TRIPS AND RECREATION ACTIVITIES INCLUDING, SWIMMING, BOYS & GIRLS SCOUTS, BASEBALL, BASKETBALL, RUGBY, SOCCER, VOLLEYBALL AND MANY MORE. BREAKFAST, LUNCH AND SNACK WILL BE PROVIDED DAILY.

REGISTRATION FEE:

\$150.00 FOR THE (6) WEEKS

THERE WILL BE NO COST FOR FIELD TRIPS. EACH CAMPER WILL RECEIVE A CAMP SHIRT.

____YES, MY KID _____ WILL PARTICIPATE IN THE (6) WEEK SUMMER CAMP.

CAMP SHIRT SIZE: _____

PARENT SIGNATURE: _____

PHONE: _____

DATE: _____

Please feel free to contact us at 412 389-4305 or 412 589-1906 with any questions or concerns

Camp Challenge Summer Learning Registration

Parent or Adult Guardian: _____

First Name: _____ **Last Name:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Work:** _____ **Cell:** _____

Emergency Contact: _____ **Relationship to Child:** _____

Phone: _____ **Work:** _____ **Cell:** _____

Number of Children Who Will Attend: _____

Names, Date of Birth and Grade Level Child Will Enter In The Fall:

Josh Gibson Foundation and Ozanam Inc. Activities

Indemnification and Release

I hereby represent that my child has not physical restriction which would prohibit his participation in Camp Challenge/Academic Enrichment and More activities. I, the undersigned parent/guardian, on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless Sean L. Gibson, Josh Gibson Foundation and Ozanam Inc. staff or any of their agents, representatives, employees or assigns for my health, safety, or any injury and/or disability arising out or resulting from Ozanam Inc. activities. By signing, I acknowledge that I had read and understand this agreement, consent, and waiver and agree to abide by the information presented while my child is participating in the JGF/Ozanam Inc. Camp Challenge Summer Learning.

Child's Name: _____ **Age:** _____

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

Medical Information

My child has the following allergies: _____

My child is currently taking the following medications (please list medications and dosage):

My child's last Tetanus shot was: _____

My child's doctor and phone number: _____

Child's medical history: _____

Date of child's last hospitalization and reason: _____

Place of hospitalization: _____

Please list any other relevant medical information: _____

Child's insurance information (please attach a copy of the child's insurance card):

Name of Insurance Company: _____

Address: _____

Member I.D.#: _____ **Group #:** _____

Parent's Cell Phone: _____

Alternate Number: _____

Agreement Regarding Insurance Coverage

I/we, the undersigned, being the parent or legal guardian of _____, a minor and a participant of The Josh Gibson Foundation & Ozanam Inc. Camp Challenge Summer Learning activities, hereby agree that I/we will not permit the aforesaid minor to travel with The Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning unless said minor is covered by a policy of health insurance, which will provide coverage in the event said minor is injured while traveling with The Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning.

Photograph/Video Release Form

The Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning, its employees, agents, servants, and representatives may use the student's name, photographic likeness, alone or in a group, in any Josh Gibson Foundation/ Ozanam Inc. Camp Challenge Summer Learning publication, document, television production, video or to release said name or likeness to any media outlets including but not limited to: newspapers, magazines, or television stations for publicity and/or recognition purposes. We will only use your child's likeness in an effort to enhance the Josh Gibson Foundation/ Ozanam Inc. Camp Challenge Summer Learning and the community, itself.

Additionally, I extend permission to use this student's name and/or photographic likeness, alone or in a group, on the official website of the Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning or a website available through the official website, not excluding the Josh Gibson Foundation or Ozanam Inc. Camp Challenge Summer Learning official Facebook page. The official website is owned and maintained by Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning as a service to the parents, students and community and can be accessed and viewed at: www.joshgibson.org or www.ozanamprograms.org

This permission shall remain in effect unless revoked by me and communicated to the Josh Gibson Foundation and Ozanam Inc. Camp Challenge Summer Learning in writing.

Parent/Guardian Name (please print)

Child's Name (please print)

I, parent/guardian, **GIVE my consent to the above mentioned section.**

Parent Signature

Date

I, parent/guardian, **DO NOT** give my consent to the above mentioned section.

Parent Signature

Date