

Date received _____

SERVICE ACADEMY FOR YOUTH

Day Camp Application 5th – 6th Grade complete

JUNE 13 – 16, 2017

To be considered, you must fill out the application in full and you must be able to attend the entire week of camp. All area students may apply to the Service Academy for Youth.

Service Academy for Youth is a component of Great Days of Service. The purpose is to teach young people the importance of service to others as a way of life. Day Camp is designed for students who have **COMPLETED GRADES 5th 6th**. The camp works with Great Days of Service and provides students an opportunity to serve others in their community. The students will also participate in fun activities as well. **This is not a religious camp this is a service oriented/leadership camp.**

Applications are due by June 1, 2017. A Limited Number of Campers will be accepted. THERE WILL BE NO FEE FOR THE CAMP, (food, t-shirt, & activities included) however, you must show up for camp or you will be charged a fee of \$145.00. Camp is from 9:00 a.m. - 4:00 p.m. on Wed & Thurs., and 9:00 a.m. - 2:00 p.m. Fri. Campers will be notified by June 2nd of their acceptance.

PLEASE RETURN APPLICATION AND A COPY OF YOUR INSURANCE CARD NO LATER THAN **June 1, 2017** TO THE FOLLOWING ADDRESS: (INCOMPLETE APPLICATIONS WILL BE VOIDED).

**Service Academy for Youth
C/O Great Days of Service
P.O. Box 3173
Sherman, TX 75091**

PERSONAL INFORMATION – PLEASE PRINT LEGIBLE

NAME _____ GRADE COMPLETED (May 2017) _____

ADDRESS _____

CITY: _____ STATE _____ ZIP: _____ AGE _____ BIRTHDAY: _____

SEX _____ ETHNIC BACKGROUND: _____ YOUTH'S PHONE _____

PARENT(S) (OR GUARDIAN(S) NAMES: _____

AND ADDRESSES—if different from above: Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

PARENT'S HOME PHONE _____

PARENTS WORK PHONE # _____ MOM _____ DAD _____

SCHOOL YOU LAST ATTENDED _____

(Over)

PERSONAL REFERENCE: (Can use a teacher or counselor)

****Please note that your references will be checked. ****

Name: _____

Phone # _____ email address: _____

Address: _____

Please write in your own words, why you think you should be chosen to come to the Service Academy for Youth? (50 words or less)

PARENTS: Are you available to help before, during Service Academy in the following areas?

Driving: _____ Wed _____ Thurs _____ Fri

Snacks: _____ Before _____

Lunch: _____ Wed _____ Thurs _____ Fri

Other _____ Before _____ During _____ Both

Please list any way you would be willing to help out:

Please be aware that the students will be doing other activities while at camp: for example – day campers may attend skating, swimming, etc.. Campers attend classes or participate in workshops designed to teach them ways to help out in their community, how to be a leader or community awareness. Parents will be asked to provide either a case of water or snack at check in! You will be notified what to bring.

MUST COMPLETELY FILL OUT FRONT & BACK PAGE
Medical Form/Emergency Contacts for Nurse
DO NOT LEAVE ANY LINES BLANK,
IF YOU DO NOT HAVE INFO, PUT N/A!!!!

Name of Camper _____

Mother's First Name: _____ **Last :** _____

Home phone (____) _____ **Cell #:** _____

Office phone () _____ **Hours:** _____

Place of employment _____ **location** _____

Father First

Name: _____ **Last:** _____

Home phone (____) _____ **Cell #:** _____

Office phone () _____ **Hours:** _____

Place of employment _____ **Location** _____

Other contact :

Name _____ **Relationship** _____

Phone() _____ **Cell #:** _____

MEDICAL INFORMATION

YOUR DOCTOR _____

ADDRESS _____ **PHONE #** _____

ANY SPECIAL MEDICAL OR PHYSICAL CONCERNS?: If not, put none or n/a!

ALLERGIES? (DRUG OR FOOD, ETC..) IF SO, PLEASE TELL US ABOUT THESE: If not, put n/a! _____

If you take medicine on a regular basis, please list here: _____

Medical Insurance Information:

(Please copy both sides of your medical insurance card and attach to the application) If No Insurance, Please mark N/A We need a new copy each year!

Name of Insured: _____ **Social Security #** _____

Insurance Co. Name: _____ **Phone #** _____

Insurance Co. Address: _____

Policy #: _____ **Group #** _____

SERVICE ACADEMY FOR YOUTH 2017

MEDICAL RELEASE FORM

_____ (youth name) has my permission to participate in the Activities connected with the Service Academy for Youth. In case of accident, I hereby Agree and do hold the organizations associated with Great Days of Service and all other Sponsor organizations of the SAY harmless from any and all claims that I or any other Persons who could or can act for me in any capacity. I further indemnify the above Sponsors against all expenses incurred because of any claim that might be filed against Them for and in my behalf.

In case emergency treatment for my youth is needed, I give permission to the staff and/or Sponsors of the SAY to obtain medical care, as they deem appropriate.

Signature of parent or guardian

Date:

T-shirt size preferred _____ (Youth Small, Med., Large, Adult Small, Med, Large, or XL or XXL) *This is not a guarantee.*

****Campers will not be admitted without all forms complete along with a copy of Insurance front & Back – no exceptions**** We do not keep copies each year.**

You will be placed on the waiting list if application is not complete. If you have any questions regarding Service Academy for Youth, please contact:

Director - Lauren Towles at 903.815.2690 laurensims02@yahoo.com