

# DARE TO DREAM YOUNG GIRLS NETWORK, INC.

## SUMMER CAMP REGISTRATON FORM



Visit: [www.daretodreamyounggirls.com](http://www.daretodreamyounggirls.com) to download a PDF form or to register online.

### CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Camper's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - Camper's Grade: (2020 - Fall) \_\_\_\_ - School: \_\_\_\_\_

Camper's Food Restrictions: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Camper's Known Medical Concerns: \_\_\_\_\_

Camper's Physician (Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_)

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

**EMERGENCY CONTACT:**

2ND Parent: or Guardians Name: \_\_\_\_\_ Phone Contact: (\_\_\_\_) \_\_\_\_\_

Alternate Pick-up Name: \_\_\_\_\_ Phone Contact:(\_\_\_\_) \_\_\_\_\_

Alternate Pick-up Name: \_\_\_\_\_ Phone Contact:(\_\_\_\_) \_\_\_\_\_

### CAMP SELECTION(S)

#### PERMISSION RELEASE STATEMENT:

I have read the full description of this camp and find its content acceptable to my child's participation. In addition, my child has permission to participate in the local fieldtrips when available. I strongly support and accept the educational benefits of Dare to Dream Young Girl's planned programming for my child, and acknowledge that it offers the academic and enrichment opportunities that fit the needs of my child. I hereby covenant with Dare to Dream Young Girls Network, Inc. that I will never sue or bring any legal action or proceedings against this nonprofit agency, the owner (s), or employees. This includes any real property visited and the drivers of the transporting vehicles offsite from the physical property of the camp, that is for any amount in excess of their automobile insurance coverage for or an account of any injury or damage sustained by virtue of or arising out of the field trips. My child would be protected through the driver's regular liability coverage to its limitations only.

#### INITIAL

\_\_\_\_ I authorize Dare to Dream Young Girls to arrange any necessary emergency treatment in the event that I cannot be reached.

\_\_\_\_ I authorize Dare to Dream Young Girls to photograph and videotape my child and o utilize these images for promotional purposes.

*Disclaimer:* Dare to Dream Young Girls Network does not consider itself to be nor hold itself as a dependent care center for the purposes of the Internal Revenue Code.

\_\_\_\_ Due to COVID-19 policies, I confirm that my daughter does not have Corona Virus, and agree to being tested if any systems may occur while enrolled in Dare to Dream Young Girls. I'll immediately pick up my child if she becomes ill.

#### Parent or Guardian Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Make Your Camp Selections Here:



REGISTRATION: \$ \_\_\_\_\_

Week #1 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #2 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #3 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #4 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #5 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #6 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #7 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #8 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #9 - \_\_\_\_\_ \$ \_\_\_\_\_

Week #10 - \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INITIAL PAYMENT: \$ \_\_\_\_\_

Mail completed application form to:

Dare to Dream Young Girls Network, Inc.

Post Office Box 14652

Tallahassee, Florida 32317

Phone:850-847-3875 / [Www.daretodreamyounggirls.com](http://Www.daretodreamyounggirls.com)

OFFICE USE ONLY: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration:\$ \_\_\_\_\_

Camp Week (s) # \_\_\_\_\_ / Amount:\$ \_\_\_\_\_

