

DARE TO DREAM YOUNG GIRLS NETWORK, INC.

“Creating Bonds and Cherished Memories for Life!”



SUMMER CAMP

“HINTS OF SUMMER”

CAMP APPLICATION

REGISTRATION: \$75.00 (NON-REFUNDABLE)
\$175.00 WEEK- NON-MEMBER/ SIBLING - \$150.00
\$150.00 WEEK – MEMBER / SIBLING - \$135.00
\$125.00 - \$150.00 WEEK - SCHOLARSHIPS
(INCLUDED: BREAKFAST, SNACK AND ALL ACTIVITIES)

SCHOLARSHIPS GIVEN TO ACTIVE MEMBERS PRIORITY!

To enroll your daughter into Dare to Dream Young Girls Network “HINTS OF SUMMER” Summer Camp for girls, complete and return this application by May 15th. Print clearly! Camp will be held Monday - Friday, beginning June 5th – August 9th from 8:00 a.m. to 6:00 p.m. at The Dream Cottage, 926 E. Park Avenue. Your child does not have to attend every day of the week or every week. We ask that girls attend at least three days during the week with advanced notice of non-participation days.

Participant Information: (please print)

Childs Name (First) _____ (Last) _____

Age: _____ Grade: _____ School: _____ Afterschool: _____

Address: _____ City: _____ State: Florida Zip: 323 _____

Parents Name: (Mother) _____ (Father) _____

Parent’s Daytime Phone: (Mother) _____ (Father) _____

Email: _____ / _____

In Case of Emergency Contact: _____ Phone: _____

Alternate Pick-Up: _____ Driver’s License: _____

Enrichment Interest: (What does your child like to do for fun?) _____

Food Like/Dislike/Allergies: _____ / _____ / _____

Is there any academic area you’d like for DTDYG to spend time focusing on during camp? _____ yes/ _____ no/ Subject: _____

How much time would you like for us to spend in this area with your child while at camp? _____ Hours _____ Minutes

Please specify days of attendance. (check only those that apply): There are no obligations to attend the entire Break week or any specific days.

Days Per Week: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Week(s): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____

Payment Type: _____ Check (Personal/Company) _____ Cash _____ Credit(Visa, Mastercard) _____ Paypal

(\$4.95 processing fee applied to PayPal at time of payment)

***ALL FEES ARE DUE THE FRIDAY PRIOR TO ATTENDANCE WEEK**

Submission Instructions:

The Application Form may be submitted in one of the following ways:

- Mail: Dare to Dream Young Girls Network, Inc. - Post Office Box 14652 - Tallahassee, FL 32301
- Email: dream@daretodreamyounggirls.com
- Hand Deliver: 926 E. Park Avenue, Tallahassee, Florida 32301

Questions may be directed to Kimolyn Ferrell, Program Director, 850-847-3875. Other information is available at

www.daretodreamyounggirls.com Note: Kids are prohibited from bringing electrical devices into the facility. For any special need request, please don’t hesitate to let us know.

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CAMPER/PARTICIPANT: _____

PHOTOGRAPY/VIDEO RELEASE (Mandatory for event registration)

____ Permission is granted to Dare to Dream Young Girls Network, Inc., for any photograph/video of my child that is taken during the participation of this program. I understand that all photography or video footage taken will be used solely for publicity purposes; website, news media and print publications, relating to Dare to Dream Young Girls Network, Inc. This permission may be extended after the 2017 Camps and Activities. Furthermore, I give permission to use the photographs/videos without expectation of compensation.

____ Permission is NOT GRANTED to take photos of my daughter or son during the 2017 Camps and Activities.

GENERAL RELEASE AND WAIVER OF LIABILITY

I hereby acknowledge that my daughter is voluntarily participating in the said; activities, camps, programs sponsored by Dare to Dream Young Girls Network, Inc. (referred to herein as the "Sponsors")

My daughter and I, the parent hereby assume full responsibility on behalf of my daughter for all liability and all risk of injury or loss which may result from the daughters participation in all camp, activities or events. My daughter and I, the parent hereby hold harmless, releases, waives, forever discharges and covenants not to bring legal action or claim against the Sponsors from any and all claims or demands the my child and I, the parent may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from the daughters participation in all 2017 activities, camps, and programs.

I hereby acknowledge that the my child's participation in any programming event does not in any manner establish an employer-employee or agency relationship with the Sponsors, either collectively or individually.

I hereby certify that I have been granted specific authority by an adult parent/guardian to participate into the General Release and Waiver of Liability.

This General Release and Waiver of Liability is binding on the successors and assigns of the child participant, and the heirs, executors, parents and family member of the parents on behalf of the child participant.

SPECIAL MEDICAL /FOOD REQUIREMENTS

My daughter _____ is under medical care. She must take _____ by mouth _____ times per day. I give full permission to Dare to Dream Young Girls Network and staff to disburse these medicines with proper instruction. / My daughter is allergic to the following food(s) _____, _____, _____. If induced, she will _____ and immediate medical attention is needed. (_____ Benedryl may be an option.)

***It is with understanding that I will be responsible to pay in full all weekly fees on or before the Friday before an attending week**
***Parents of award recipients MUST agree (2 times) to DONATE SNACKS for 20 youth participants and chaperon during a specific camp trip, activity or event program during the enrollment of your daughters participation.**

Date: ____/____/2017 Parent Signature: _____

OFFICE USE ONLY: -----

Scholarship Recipient- ____ Yes or ____ No/- Registration Fee-\$____/(-)Discounted Wkly Fees\$____

Weeks of Attendance: ____1____2____3____4____5____6____7____8____9____10____11

____ Office Signature ____/____/2017