



CAMP CAPTAIN CARES APPLICATION

A volunteerism camp opportunity for
Shen Students going into 7th - 9th grades
August 6-9, 2018, 8:30am-3pm
At Cheryl's Lodge
25 Fern Lane, Clifton Park, NY 12065
Ph. 518-373-8873

Youth's Name: _____ Age: _____

Birth Date: _____ Grade in Fall: _____ School: _____

Name of Parent/Guardian: _____

Home Address: _____

Email Address: _____

Parent Phone: _____ Youth Phone: _____

Name of alternate person in case of emergency: _____

Address: _____ Phone: _____

I understand that this application for _____ does not guarantee admission into the Camp program. If selected to participate, we, parent and youth, agree to the following:

1. I will make every effort to ensure the youth's attendance at ALL FOUR days of camp (Monday-Thursday, August 6 – August 9.) This commitment of parent & youth is essential.
2. I agree to support the CAPTAIN CARES CAMP program and the staff. The program will involve youth volunteerism and giving back to community through projects and volunteer work efforts.
3. I give permission for my youth to participate in all activities of the program, including daily field trips off property, riding in CAPTAIN vehicles or chartered busses.
4. I give permission for my son/daughter to receive any medical treatment, if necessary.
5. I give permission to have my youth's picture used in CAPTAIN promotional materials.
6. We understand that youth in CAPTAIN CARES CAMP represent Captain in public volunteer efforts and their behavior must be reflective of this important role. Inappropriate behavior will result in immediate dismissal from camp.

Parent/Guardian's Signature

Date

Youth's Signature

Date