Zeriess summer CAMPA

\$75 per week

Includes: Snacks
lunch and camp

materials

DATE: July 11th -July 22nd, 2022 TIME: 8:30am - 4:00pm

VENUE: AGE: 7-14

Center

Our Activities

Teambuilding

Poster, chart

making

Workshops

Music dance,
drama

Topics Covered

- MAKING RIGHT CHOICES

- WHAT KIDS! TEENS NEED TO

SUCCEED

- YOUTH LEADERSHIP

Field Trips

Guest Presenters





Registration

Call: (345) 917-3885

Email: sylviawilks@caribbeanyouthassets.com

WWW.SUPPORTINGCAYMANYOUTH.COM

Camp Partners









Participant Campers Fee \$75	per week		
Please specify □ Age 7-9 □ Ag Week 1: □ Deposit (non-refur Week 2: □ Deposit (non-refur	ndable) \$50 🗆 Balance \$25		
CAMPER INFORMATION			
	ne form per registrant and <u>fill</u> st day of camp, Monday July		yment must be received
Full Name:	Age: B	irth Date:	M / F
Email Address:	Phone:		
School:	Year group en	tering next school year:	
District/ Address:			
As camper I understand and a ☐I must stay on site the entire ☐I will participate in all camp	e time camp is in session		
PARENT/ GUARDIAN INFO	RMATION		
Parent/Guardian Name:			
Phone:			
	ons (other than parent/guardian):		
	Phone: (
	Phone: ()	
As parent/ guardian understa ☐I release CIYDC to use ideas	nd and acknowledge that: , photographs and / or film that ma	ay be taken during camp activ	ities.
ourselves (myself) (and for and on beha harmless CIYDC, it's staff, volunteers, di property damage and expenses, of any in the above named camp. Furthermore injury, sickness, death, damage and exphereby given to said organization to furtindemnify said organization, its director of said participant, including expenses in guardian(s) of this participant, and here said participant to a doctor or hospital a assume the responsibility for all medica otherwise, we (I) hereby assume all transport to the said participant to a doctor or hospital a sasume the responsibility for all medica otherwise, we (I) hereby assume all transports and the said participant to a doctor or hospital and the said participant to a doctor or ho	aid attendant and/or the adult supporter	lership & Prevention Camp, we (I) being years of age or older) do hereby released liability, claims or demands for person the undersigned and the participant the articipant if under the age of 18 years) and all activities involved there. Further dging of this participant. The undersign stained by said organization as the resurant not attained the age of 18 years): We articipate fully in said activity, and here dding but not in limitation to emergency participant to return home due to medical	e, forever discharge and agree to hold hal injury, sickness or death, as well as at occur while said child is participating hereby assume all risk of personal rmore, authorization and permission is ned further agree to hold harmless and lit of negligent, willful or intentional active (I) are the parents(s) or legal by given our (my) permission to take a surgery or medical treatment, and ical reasons, disciplinary action or required medication to my child.
Participant's (Camper) Signature			
Parent's Signature and Date (If p	articipant under 18 years of age)		
Parent's Printed Name and Date	(If participant under 18 years of age)		