



Youth Moves Summer Camp Registration Form

Flint, Michigan

Thank you for your interest in attending our Youth Moves Summer Camp.

Camp runs Monday through Thursday, 9AM-3PM. This year camp starts on Monday, June 24, 2024.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

YOUTH MOVES SUMMER CAMP PROGRAM SITE

The program will be held at the Flint Development Center, 4121 Martin Luther King Ave, Flint, Michigan 48505.

CONTACT INFORMATION

Mailing Address: PO Box 310108, Flint, MI 48531
Email: babacollins14@gmail.com
Phone: 810.394.3880 or 810.337.8996

*IMPORTANT: DO NOT
SEND any mail to our
program location.
Please use our PO Box
only.*

WHEN TO SHOW UP AND WHAT TO BRING

Camp is Monday-Thursday, 9:00-3:00

Camp provides all the necessary instruments, equipment, and instructors, as well as breakfast and lunch and a snack in the afternoon. Campers should wear comfortable clothing. Please note that if you choose to bring an mp3 device, cellphone, or other personal items, Camp cannot be responsible if it is lost or damaged.

COMPLETING YOUR APPLICATION

Include the following:

Program application

→

and send it to:

African Drum and Dance Parent Association
P.O. Box 310108
Flint, Michigan 48531

The policy and intent of Youth Moves Summer Camp is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

Youth Moves Summer Camp

Program Application

(Thanks for printing legibly or typing!)

1. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age(at the time of Camp): _____

Name you prefer to be called (if different): _____

Name of School: _____ Grade: _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

What is the race/ethnicity of you/your camper? * _____ Prefer not to say _____

*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

2. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Doctor's Name _____ Phone: _____ - _____ - _____

3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

4. OTHER INFO

Is there anything else you would like us to know?

To complete your application; please send these pages to:

African Drum and Dance Parent Association
ATTN: Youth Moves Summer Camp
PO Box 310108
Flint, MI 48531

Thank you!



Ba Ba Kevin Collins, Director, 810.394.3880, babacollins14@gmail.com

From time to time, photographs or videos of your children are taken here at camp. There is the possibility that the photos would appear on our FaceBook Page, web page, in a local newspaper, or local news station. We are asking you to sign the permission slip.

I give permission for my child, _____,

to be photographed during camp activities for the purpose of public relations for our group.

Signed _____

or I do not give permission for my child, _____,

to be photographed during camp activities for the purpose of public relations for our group.

Signed _____

I verify that all the information I have provided in this document is true to the best of my knowledge.

X _____

Your signature

Date