



**APPLICATION**  
 Design, Engineering, & Manufacturing Summer Camp  
 1<sup>st</sup> Year Students: June 5-8, 2017  
 Returning Campers: June 6-9, 2017



Presented by:  
 Sponsored by Local Business & Industry

Date Received: \_\_\_\_\_

**Return completed application by April 28, 2017 to:** Greater Dalton Chamber of Commerce. Attention: Barbara Ward, 100 South Hamilton Street, Dalton, GA 30720. Questions or return via email to: ward@daltonchamber.org FAX 706-226-8739

Camper's Full Name: \_\_\_\_\_ Preferred Name (if different): \_\_\_\_\_

School Grade Beginning August 2017: \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> Name of School to be attending August 2017: \_\_\_\_\_

Returning Camper? Y N Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Ethnicity: \_\_\_\_\_

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

Is this Camper a current member of the local Boys & Girls Club? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Camper have any special dietary needs or food allergies? \_\_\_\_\_ Yes (please explain) \_\_\_\_\_ No

Allergy Explanation (if applicable): \_\_\_\_\_

**Medical Information:** Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital if necessary during camp: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family have health and/or accident insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ Home or Work Phone Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Alternate Contact's Cell Phone Number: \_\_\_\_\_

**PARTICIPATION IN CAMP:**

My child may participate in all activities associated with the Design, Engineering, & Manufacturing Summer Camp including associated industrial tours conducted during the camp. \_\_\_\_\_ Yes \_\_\_\_\_ No

**DISCLAIMER:**

I hereby give my son/daughter permission to attend and participate in the Design, Engineering, & Manufacturing Summer Camp presented by the Boys & Girls Club and area sponsors/businesses. By signing below, I certify the information provided in this form, medical and otherwise, is true to the best of my knowledge. I authorize Boys & Girls Clubs of Gordon, Murray, & Whitfield Counties to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of GMW to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in this Boys & Girls Clubs of GMW Program, and being transported in Boys & Girls Club of GMW vehicles, I hereby release, indemnify and hold harmless the Department of Human Resources, Boys & Girls Clubs of GMW, Whitfield County Schools and camp sponsors from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child. If the Parent or Guardian does file a complaint against the Georgia DHR or the Club the Parent or Guardian agrees to pay for all DHR & Boys & Girls Clubs of GMW Counties' legal fees.

**PERMISSION TO TRANSPORT:**

I hereby give permission for my child to be transported to and from any program affiliated with the programs and activities associated or affiliated with the Design, Engineering, & Manufacturing Summer Camp. I hereby release all sponsor & presenter organizations, their employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter in the course of this transportation.

**PERMISSION TO PHOTOGRAPH & VIDEO:**

Photographs and videos of students may be taken during the camp for use in official marketing materials, newspaper articles, school publications, website advertising, sponsor publications/websites, etc. I agree to release and hold harmless the sponsoring and presenting organizations from and against any claims, damages, action, liability, and expense in connection with the use of my child's image. Parents who do not wish to have their children's images used must file a written request with the Boys & Girls Club prior to the first day of the camp.

My signature indicates that I completely understand the above statements.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that there is no charge for my child to attend Camp DEM. If plans should change after submitting this application, I will contact [ward@daltonchamber.org](mailto:ward@daltonchamber.org) immediately to relinquish my child's place so that another child might be able to have this opportunity.

Parent/Guardian Signature: \_\_\_\_\_