

# JT Locke Summer Camp

## Camper Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Camper: Cell Phone: \_\_\_\_\_

Gender (Circle One):    Male    Female

Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if unemployed, write "None"): \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Parent/Guardian 2 (if applicable)

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if unemployed, write "None"): \_\_\_\_\_ Work Phone: \_\_\_\_\_

The above person is authorized to pick-up my child at the end of each day or in the event of an emergency:    Yes    No

# Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick up your child up in the event of an emergency.

## Emergency Contact 1

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact 2

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Persons Authorized to Pick-up your child:

1. \_\_\_\_\_  
(Name) (Contact #) (Relationship)

2. \_\_\_\_\_  
(Name) (Contact #) (Relationship)

**All campers must be picked up by the person(s) authorized by the registered parents/guardian:**

## Terms and Conditions of Summer Camp

1. No child will be properly enrolled in JT Locke Summer Camp without the following paperwork completed and up to date: camp application, medical form and copies of insurance card.
2. I am aware that my child must follow the rules and regulations of the summer camp program and may be terminated from the JT Locke Summer Camp if he or she does not comply.
3. Inappropriate behavior will not be tolerated. I will receive a notice if my child receives a warning about their behavior. After two warnings my child will be terminated from the program.
4. I hereby consent to the taking of photographs, movies, internet use, and videotapes, of my child by the JT Locke Summer Camp or its designated representatives. I also grant the right to edit, use and re-use any products for any and all educational, public service, or not-for profit purposes selected by the JT Locke Resource Center and release any and all rights title, and interest we or the child may have in said products. Photocopies and facsimiles of this Release and consent shall have the same legal effect as the original.

Grant Permission \_\_\_\_\_ Do NOT Grant Permission \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_

5. JT Locke Summer Camp is not responsible for any personal items that are lost, stolen or damaged while attending camp.
6. I consented that in an emergency JT Locke Summer Camp may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible.
7. I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions

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Parent/Guardian Signature

Date

**PLEASE return all forms to:  
Any designated representative or  
JT Locke Resource Center  
514 Method Road  
(Monday or Wednesday between 4:00 – 6:00 pm)  
Raleigh, NC 27607**