

Sizzling Summer Series Camps

July 8-19, 2013

University College of the Cayman Islands & John Gray High School



REGISTRATION FORM

The registration form is also available online at www.yсу.gov.ky

GENERAL CAMP INFORMATION

The goal of the Youth Services Unit is to make a difference in the lives of our youth by promoting and supporting programmes and events that empower them. We endeavor to foster a supportive environment to help each camper realize his or her potential. Fun activities are included and young people are encouraged to hone their interpersonal skills by meeting new people and hopefully forging friendships that will last long after this summer has ended. We provide a safe environment along with quality programming to develop campers' knowledge and abilities to be better equipped to pursue a responsible and healthy lifestyle.

WORK FOR CAMP

July 8-12, 2013 at the University College of the Cayman Islands

Getting ready for college and need a scholarship or looking for your first job? Let us help you get ready for the challenges you might face. There will be many of activities that make learning new things, FUN. Register today, limited spaces available. You don't want to miss this camp

CULINARY CAMP

July 15-19, 2013 at the Grounds in Lower Valley

So some of us are not the best in the kitchen, but we can still cook ourselves a meal, right? At camp we teach you how to cook quick and economical meals that will make everyone proud of you. So come with an open mind and the willingness to learn how to cook food. Register today, spaces are very limited. Let's have some fun cooking. It our "Learn to Cook" camp for **BEGINNERS**

PARTICIPANT INFORMATION Please print legibly

Last Name: _____ First Name: _____ Middle Initial: _____
Gender: Female Male DOB: _____ Age: _____
Street Address: _____
District you live in: _____
School as of September 2013: _____
Parent/ Guardian's Name: _____ Home: _____ WK: _____ Cell: _____
Home: _____ WK: _____ Cell: _____
Camper's Email Address: _____
List your Career Interests: _____
What are your educational plans after High School? _____

T-Shirt Size: S M L XL XXL

CAMP FEES check appropriate box LIMITED SPACE AVAILABLE

All fees listed are in C.I. Dollars and Include **Registration Fee ONLY**. Food will be available daily at a cost of approximately \$10 per day. This will include: mid-morning snack, and a hot lunch.

	WORK FOR LIFE CAMP July 8-12, 2013	FOOD FOR LIFE CAMP July 15-19, 2013	Fees
Registration Fee	<input type="checkbox"/> CI\$50 or US\$62.50	<input type="checkbox"/> CI\$50 or US\$62.50	
TOTAL DUE WITH REGISTRATION			\$ _____

PAYMENT METHOD Full payment is due on the day of registration

Personal Checks and Cash ONLY Checks are payable to: **Cayman Islands Government.**

Payment Type Check Cash

Check Number: _____

Payment Date: _____

After July 5th 2013 registration fees are non-refundable. Consideration will be given for extenuating circumstances. No refunds will be made for no-shows. **Substitutions are not permitted.**

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REGISTRATION FORM Continued...

HEALTH INFORMATION

Are you a participant in the Ministry of Education, Training & Employment's Extended After school Programme? Yes No



Please list any Allergies or illnesses: _____

Should there be any accidents requiring medical attention **911** will be contacted as well as parents/ guardians and transport provided via an ambulance. All minor accidents will be taken care of by camp personnel via a basic First Aid Kit. Should you object to any part of this statement please specify same and provide alternate instructions otherwise please provide your signature as an indication that you agree with the above statement.

I Agree:

Please Print your name Signature Date: _____

I Disagree: please provide any pertinent information below in addition to your signature.

Please Print your name Signature Date: _____

The Youth Services Unit is not responsible for administration of prescribed medications for camp participants. All medications must remain with parent or guardian and they may administer same during camp hours if necessary.

EMERGENCY CONTACT

Emergency Contact #1: _____ Home: _____ WK: _____ Cell: _____

Emergency Contact #2: _____ Home: _____ WK: _____ Cell: _____

Emergency Contact #3: _____ Home: _____ WK: _____ Cell: _____

CONSENT AND DISCLAIMER

I hereby register my child/ myself for the 2013 Sizzling Summer Series Camp. I understand that the programme hours are from 8:30 am – 2:00 pm, Monday – Friday and that transportation will not be provided for participants in any Camps. I certify that my child/ I am physically able to participate in all physical activities of this programme. I hereby give permission for my child's/ my photograph, group photograph, video and voice to be published on the Youth Services Unit website, in the local newspaper, television and radio. The Youth Services Unit will not be held liable for the loss of any electronic or personal items campers may bring to camp.

I have read all of the above and hereby understand and accept the term stated.

Print name Signature of participant (parent if participant is under 18 years of age) Date: _____

Contact Information

For Registration and Camp Program Questions, contact the Office of Youth Services Unit on 943-1127
Main contact: Mellony Bryan

E-mail Registration Form to: mellony.bryan@gov.ky, Fax Registration Form to: 943-1128
or Register at: The Youth Services Unit, Bodden Town Civic Centre