



# youthvillage

# CAMP I CAN

## Camp Dates:

**July 13th—August 14th**

**Limited Space**

**Grades K –6th**

**Monday thru Friday**

**8:00 am—4:00 pm**

**\$100 per child**

## Register At:

New Level Sports Ministries  
400 West Michigan Ave. Battle  
Creek, MI 49037

## For More Info Contact:

Katie Watkins (269) 274-7094  
Marcus Austin (269) 274-1735

## Camp Features:

**5 Weeks of Themed Activities**

**Interactive Educational**

**Sessions Personal Growth**

**Robotics Club**

**Arts**

**Sports**

**Breakfast & Lunch Served**

# CAMP iCAN

## Enrollment Form

Date: \_\_\_\_\_ Youth Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Gender:  Male  Female

Email Address: \_\_\_\_\_ Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

Male Head of Household \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency medical conditions of youth: \_\_\_\_\_

Please contact me because I am interested in volunteering in the following areas(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Concessions                     | <input type="checkbox"/> Afterschool meal preparation/service |
| <input type="checkbox"/> Coach/Assistant Coach           | <input type="checkbox"/> Personal growth assistant            |
| <input type="checkbox"/> Afterschool Enrichment/Tutoring | <input type="checkbox"/> Other (please list): _____           |

### CONFIDENTIAL INFORMATION FOR PROGRAM & FUNDING USE ONLY

**Race/Ethnicity of Youth** (Check one)  African American  Caucasian/White  Hispanic  
 Asian  Native American  Multi-racial

**Youth Lives With:** (Check one)  Both parents  Mother only  Father only  Mother/Stepfather  
 Father/Stepmother  Court appointed  Foster home  Legal guardian

**Family Income Level** (Check one)  Less than \$10,000  \$10,001-\$20,000  \$20,001-30,000  
 \$30,001-\$40,000  \$40,001-\$50,000  More than \$50,000

I hereby give my consent for Camp iCAN to use my child's photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or legal guardian of the child listed below.

My child has permission to participate in the Camp iCAN programs. I hereby release and waive any and all claims against Camp iCAN and any agents, representatives, officers, board of directors, coaches, and other personnel of the same, from any responsibility of liability or liability for any injury, loss or damage which may hereafter be suffered or sustained by my child arising out of their playing or participating in this program. This includes while competing, traveling to or from any game, practice or activity sponsored by new level sports or while a spectator at any game or practice.

I authorize the site supervisor, Camp iCAN staff, or emergency personnel to seek and/or provide medical attention for my child if i cannot be contacted.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date