



# CAMP iCan

Passing the Torch with Learning



## SUMMER LEARNING JUNE 5 - AUGUST 11

### PROGRAMS

### LOTS OF FUN!

#### ELECTIVES

- ARTS
- SPORTS
- BUSINESS

#### ACADEMICS

- MATH - GENIUSES
- READING - EXPLORERS
- SCIENCE - DISCOVERS

For More Info Visit  
[www.newlevelsports.org](http://www.newlevelsports.org)



LOCATION

400 W. MICHIGAN AVE., BATTLE CREEK, MI

FREE Summer Breakfast & Lunch Program

GRADES

# K-6

CALL US TODAY

Katie Watkins @ (269) 274-7094

Marcus Austin @ (269) 274-1735

## LEARNING NEVER STOPS!



**Village  
Learning  
Center**

# CAMP REGISTRATION

## \$150

**SCHOLARSHIP ARE AVAILABLE  
BASED UPON NEED**

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)

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic     |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native American | <input type="checkbox"/> Multi-racial |

**Youth Lives With:**

(Check one)

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Both parents      | <input type="checkbox"/> Mother only     | <input type="checkbox"/> Father only | <input type="checkbox"/> Mother/Stepfather |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Court appointed | <input type="checkbox"/> Foster home | <input type="checkbox"/> Legal guardian    |

**Family Income Level**

(Check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$20,001-30,000    |
| <input type="checkbox"/> \$30,001-\$40,000  | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> 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