



Youth Empowerment Program (YEP!) Summer Camp Registration

Location & Details

Trident Technical College

7000 Rivers Ave. Building 920 North Charleston, SC

Camp begins promptly at 8:30am and ends at 4:30pm. M-F

*Lunch will be provided

Camp Week Options:

Please check which week your youth will be attending, as well as which Teen U camp they would like to participate in.

- July 15 - July 19**
- Culinary Bootcamp and Beyond
- Website Coding

- July 22 - July 26**
- Design Engineering: 3-D Printing
- Manufacturing, Maintenance, Mechanics and more!

- July 29 – August 2**
- Culinary Wars
- Safe Sitter

Campers will spend 8:30am to 12:00pm with YEP! staff and counselors working on life skills. Lunch will be from 12:00 to 12:45pm. At 1:00pm, campers will go to their Trident Tech Teen U course from 1:30pm to 4:30pm.

PARTICIPANT

Child's Name: Last:		First:
(M) Initial:		
Birthdate:	Month/Year:	
Address:	Street: State:	City:
	Zip:	
School:	Age:	Gender:
Shirt Size:		

CRITICAL CONTACTS

Parent/Guardian #1:	First:	Last:
Cell:	Work:	Email:
Parent/Guardian #2:	First:	Last:
Cell:	Work:	Email:
Person(s) Authorized to Pick up Child:		
<i>Please be prepared to produce identification when signing your child in/out</i>		

HEALTH INFORMATION

Does your child have any medical conditions/allergies we should be aware of?
Child's Physician: Phone Number:
Current Medications:
Is your child pregnant?

Does your child have any behavioral problems that we should be aware of?
Does your child attend therapy? Type of Therapy:
Therapists Name: Phone Number:

Behavior Agreement

At Lowcountry Orphan Relief we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules.

Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at Camp Foster. Thank You.

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. "shut up", "stupid", "dumb", etc.).
- Before leaving the room, I will ask a staff member for permission.
- I will respect others' feeling by having a positive attitude when talking to them and not talking to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a two incident system, **except hitting/fighting, which will result in immediate expulsion from the program**. All other incidents will be handled as followed:

1st Incident - Verbal warning to youth and guardian 2nd Incident - Expulsion from Camp

Parent/Guardian Signature: _____ **Date:** _____

Camper's Signature: _____ **Date:** _____

Parent - Provider Transportation Agreement

I give permission for my child to be transported on field trips via a CCSD school bus/driver.

- I understand that:
- The caregiver will never leave my child unattended in any motor vehicle or other form of transportation.
 - Each child will board or leave a vehicle from the curb side of the street.
 - My child will be secured by safety belts in accordance with the law.
 - Any motor vehicle used to transport my child will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
 - The caregiver will notify me in advance when and where my child will be transported while in care.

Parent/Guardian Signature: _____ **Date:** _____

Guardians Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the Lowcountry Orphan Relief site unless a Lowcountry Orphan Relief staff member or volunteer is there to receive and supervise my child.
- I understand that I am to promptly pick my child up by 4:30 p.m., the end of each camp day.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. **Sign-in/Sign-out sheets will be available as you arrive at the program area**
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that Lowcountry Orphan Relief is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Lowcountry Orphan Relief staff and volunteers are not allowed to babysit or transport children at any time outside of Camp Foster.
- If a violation of this policy is discovered, Lowcountry Orphan Relief will take immediate disciplinary action toward staff and volunteers.

Parent/Guardian Signature:

Date:

Statement of Authorization

In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's 2nd emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible

My signature authorizes the management and staff of Lowcountry Orphan Relief to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I grant permission for emergency medical treatment and/or routine medical care by the Lowcountry Orphan Relief staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases Lowcountry Orphan Relief from any and all liability and/or financial responsibility for any medical expenses incurred.

Parent/Guardian Signature: Date:

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in LOWCOUNTRY ORPHAN RELIEF's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the LOWCOUNTRY ORPHAN RELIEF and its

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employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, or any other activities, classes, events, or programs at and/or sponsored by the LOWCOUNTRY ORPHAN RELIEF. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at LOWCOUNTRY ORPHAN RELIEF and/or sponsored by LOWCOUNTRY ORPHAN RELIEF. I also acknowledge that LOWCOUNTRY ORPHAN RELIEF often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media. ****PLEASE ADVISE THE STAFF IMMEDIATELY IF YOUR CHILD IS IN PROTECTIVE CUSTODY AND CANNOT PARTICPATE IN MEDIA OUTLETS.***

RELEASE

In consideration of LOWCOUNTRY ORPHAN RELIEF allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at LOWCOUNTRY ORPHAN RELIEF and/or sponsored by LOWCOUNTRY ORPHAN RELIEF, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge LOWCOUNTRY ORPHAN RELIEF and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of LOWCOUNTRY ORPHAN RELIEF and its employees, agents, or representatives or from some other cause. My agreement to release LOWCOUNTRY ORPHAN RELIEF does not include any loss, damage or injury that results from LOWCOUNTRY ORPHAN RELIEF's gross negligence or willful, wanton, or reckless misconduct. I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the LOWCOUNTRY ORPHAN RELIEF and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to LOWCOUNTRY ORPHAN RELIEF that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against LOWCOUNTRY ORPHAN RELIEF arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend LOWCOUNTRY ORPHAN RELIEF from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of LOWCOUNTRY ORPHAN RELIEF or from some other cause.

SEVERABILITY

I agree that this entire Agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion of this agreement is held invalid, the remainder of the agreement will continue to have full legal force and effect.

CONTINUATION OF AGREEMENT

I agree that this entire Agreement will continue in full force and effect now and at all future times when participating in any activities offered by Lowcountry Orphan Relief.

Parent/Guardian:

Date:

Cell Phone Surrender

The purpose of Camp Foster is to learn how to make conversation and navigate friendships and social skills. It is impossible to do this if Campers are constantly on their cell phones. Starting Monday July 15, 2019 we will implement a "Cell Phone Surrender" where we will ask Campers to surrender their phones when they arrive to camp. Cell Phones will be labeled and held in a lock box.

Campers will be allowed to have their phones during free time or designated cell phone check in times. Campers will also be allowed to use their phones if there is an emergency. If Campers cannot adhere to this policy, we respectfully ask that they not attend the remainder of camp. Please acknowledge that you are in agreement with this policy prior to your child attending camp.

Please contact Stephanie Lynch at stephanie@lorkids.org or 843-747-4099 ext. 104 if you should have any questions.

Camper Signature

Guardian Signature

Date: