

# 2017 CAMP AFRICA REGISTRATION FORM

Child's Full Name \_\_\_\_\_ Custodial Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Sex (circle one) M F

School Grade as of September 2016 \_\_\_\_\_ School attended in 2016/2017 school year \_\_\_\_\_

Primary E-mail of Parent \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Second Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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Alternate Emergency Contact Person \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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Does the camper have any special, physical, medical or behavioral needs? \_\_\_ Yes \_\_\_ No

If yes, please contact Doug McCray, Museum Educator 313-494-5813 to ensure we properly prepare for your child. Email: [campafrica@thewright.org](mailto:campafrica@thewright.org).

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Did an organization refer you? \_\_\_yes \_\_\_no. If yes, please tell us which organization: \_\_\_ DPSCD \_\_\_Children's Center \_\_\_COTS \_\_\_Black Family Development \_\_\_Other

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## CAMP Africa! - STATEMENTS of AGREEMENT

Today's Date \_\_\_\_\_

### Statement of Responsibility for Camper

I promise to participate in the camp activities with enthusiasm, giving my best. I promise to obey the rules, which the camp has made for the best interest and safety for all including bringing no toys, electronics [Leapsters, Mp3 players, iPods, etc], no cursing, and no fighting. I promise to respect myself, others, and the camp environment.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

### Statement of Parent or Guardian

In signing this application, I hereby certify that the information given is correct. I agree to pick up my child(ren) no later than 3:15 p.m. and I further agree to pick my child up early for illness or disciplinary reasons.

- I give permission for my child to participate in the activities of CAMP Africa recognizing there is an element of risk in performance programs.
- I permit my child to leave the grounds of the Charles H. Wright Museum, accompanied by authorized camp personnel for approved activities, to walk to Peck Park.
- I give my child permission to participate in all planned camp activities.
- I give permission for the use of photographs and video including my camper or articles written by my camper to be used in publicity including the Museum website and internet sites promoting or reporting on CAMP Africa and the Museum.
- I hereby give permission to the camp to provide emergency medical attention and seek emergency medical treatment where no parent or guardian is immediately available and onsite.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_