How did you hear about Meyers Camp? 

AUSD Staff Development Day
Oct. 11, 2019..........Friday
10/8/19

AUSD Fall Break
Nov. 25, 2019.........Monday
Nov. 26, 2019......... Tuesday
Nov. 27, 2019......... Wednesday
11/20/19

AUSD Winter Break
December 23.........Monday
December 24......... Tuesday
closed Wed., December 25, 2019
December 26......... Thursday
December 27......... Friday
December 30......... Monday
December 31......... Tuesday
closed Wed., January 1, 2020
January 2......... Thursday
January 3......... Friday
12/18/19

AUSD Staff Development Day
January 10......... Friday
1/7/20

MEYERS CAMP SESSIONS

AUSD President Week
February 18......... Tuesday
February 19......... Wednesday
February 20......... Thursday
February 21......... Friday
2/12/20

AUSD Spring Break
March 30......... Monday
March 31......... Tuesday
April 1......... Wednesday
April 2......... Thursday
April 3......... Friday
3/25/20

FIRST COME, FIRST SERVED & SPACE IS LIMITED!

All fees are due upon registration.
Forms received without payment will not be given a date/time and processed until payment is received, and may result in days being unavailable.

Registration taken from 7:00 to 8:30 a.m. & 5:00 to 6:00 p.m. daily
Any registration form received before the 5:00 p.m. registration time will be time stamped at 6:00 p.m. and in the order they were received.

Discounts may be refunded upon proper cancellations.

Make checks payable to:

GIRLS INC.®
I hereby authorize, as parent or legal guardian, for my child to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

I grant permission for my child to attend all field trips and I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical attention. All children must attend field trips. No on-site supervision will be provided.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

I hereby authorize Girl Inc. of the Island City, its agents and others working for it or on its behalf to use my child’s image/likeness/voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name
HEALTH INFORMATION

You are only required to fill out this info the first time you register your child during the 2019-2020 school year or unless there are changes.

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child’s Last Name: _________________________ First Name: _________________________ Birthdate: ___________ Age: _________

Special Medical Limitations: ____________________________________________________________

Allergies to

Food: ____________________________________________________________

Medicine: ____________________________________________________________

Other: ____________________________________________________________

Please List ALL medications (including OTC) taken by your child: ____________________________________________________________

Check all that apply

Special Disabilities: □ Learning □ Developmental □ Emotional □ Visual □ Hearing □ Mobility

□ Other Special Needs: ____________________________________________________________

Parent/Guardian - Please read and sign: I give my permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

SIGN HERE

Parent/Guardian Signature __________________________________ Date ____________________

Dentist Name & Phone Number __________________________________

Medical Insurance & Coverage Number ____________________________

Physician Name ____________________________

Physician’s Phone Number ____________________________

EMERGENCY AND IDENTIFICATION INFORMATION

Attending School: ____________________________________ School Year: 20 ______ - 20 ______

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child’s Last Name: _________________________ First Name: _________________________ Birthdate: ___________ Age: _________ Grade: _________

Parent/Guardian Name: __________________________________ Work Phone: (_____ ) ___________ Home Phone: (_____ ) ___________

Address: __________________________________ City: ___________ Zip Code: ___________ Cell Phone: (_____ ) ___________

Parent/Guardian Name: __________________________________ Work Phone: (_____ ) ___________ Home Phone: (_____ ) ___________

Address: __________________________________ City: ___________ Zip Code: ___________ Cell Phone: (_____ ) ___________

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name _________________ Phone (_____ ) ____________ Name _________________ Phone (_____ ) ____________

1. ____________________________________________ 3. ____________________________________________

2. ____________________________________________ 4. ____________________________________________

SIGN HERE

Parent/Guardian Signature __________________________________ Date ____________________

Based on court documents on file at site

□ DO NOT RELEASE - My child should NEVER be released to: ____________________________

□ Parent/Guardian □ Other: __________________________________________________________

STAFF USE ONLY

Initial Date

GilotC (4012 mecampreg) 7/16/19
This information will be kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

My Child’s Name: ____________________________

Please mark all appropriate boxes.

**AGE**

- □ 6 to 8
- □ 9 to 11
- □ 12 to 14
- □ 15 to 19

**MY CHILD QUALIFIES FOR**

- □ Free Lunch
- □ Reduced Lunch

**FAMILY CONFIGURATION**

- □ Living with two parents
- □ Living with mother only
- □ Living with father only
- □ Living with one parent at a time (joint custody)
- □ Living with parent & step-parent
- □ Living with neither parent

**ETHNICITY**

- □ Multi-ethnic
- □ Asian American
- □ Black / African American
- □ Native American
- □ White / Causasian
- □ Hispanic/Latin
- □ Pacific islander
- □ Filipino
- □ Other: ____________________________

**PRIMARY LANGUAGE SPOKEN IN THE HOME**

- □ English
- □ Spanish
- □ Farsi
- □ Mandarin
- □ Tagalog
- □ Vietnamese
- □ Other: ____________________________

**RESIDENCE AREA**

- □ Alameda
- □ San Lorenzo
- □ Oakland
- □ Livermore
- □ Castro Valley
- □ Hayward
- □ San Leandro
- □ Berkeley
- □ Other: ____________________________

**ANNUAL HOUSEHOLD INCOME**

- □ Below $10,000
- □ $10,000 to $20,000
- □ $20,000 to $30,000
- □ $30,000 to $40,000
- □ $40,000 to $50,000
- □ $50,000 to $60,000
- □ $60,000 to $70,000
- □ $70,000 to $80,000
- □ $80,000 to $90,000
- □ $90,000 to $100,000
- □ over $100,000

**ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?**

- □ YES  □ NO

**PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (inc. disabilities).**

________________________________
________________________________
________________________________

This information will be kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

My Child’s Name: ____________________________

Please mark all appropriate boxes.

**AGE**

- □ 6 to 8
- □ 9 to 11
- □ 12 to 14
- □ 15 to 19

**MY CHILD QUALIFIES FOR**

- □ Free Lunch
- □ Reduced Lunch

**FAMILY CONFIGURATION**

- □ Living with two parents
- □ Living with mother only
- □ Living with father only
- □ Living with one parent at a time (joint custody)
- □ Living with parent & step-parent
- □ Living with neither parent

**ETHNICITY**

- □ Multi-ethnic
- □ Asian American
- □ Black / African American
- □ Native American
- □ White / Causasian
- □ Hispanic/Latin
- □ Pacific islander
- □ Filipino
- □ Other: ____________________________

**PRIMARY LANGUAGE SPOKEN IN THE HOME**

- □ English
- □ Spanish
- □ Farsi
- □ Mandarin
- □ Tagalog
- □ Vietnamese
- □ Other: ____________________________

**RESIDENCE AREA**

- □ Alameda
- □ San Lorenzo
- □ Oakland
- □ Livermore
- □ Castro Valley
- □ Hayward
- □ San Leandro
- □ Berkeley
- □ Other: ____________________________

**ANNUAL HOUSEHOLD INCOME**

- □ Below $10,000
- □ $10,000 to $20,000
- □ $20,000 to $30,000
- □ $30,000 to $40,000
- □ $40,000 to $50,000
- □ $50,000 to $60,000
- □ $60,000 to $70,000
- □ $70,000 to $80,000
- □ $80,000 to $90,000
- □ $90,000 to $100,000
- □ over $100,000

**ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?**

- □ YES  □ NO

**PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (inc. disabilities).**

________________________________
________________________________
________________________________

This information will be kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

My Child’s Name: ____________________________

Please mark all appropriate boxes.

**AGE**

- □ 6 to 8
- □ 9 to 11
- □ 12 to 14
- □ 15 to 19

**MY CHILD QUALIFIES FOR**

- □ Free Lunch
- □ Reduced Lunch

**FAMILY CONFIGURATION**

- □ Living with two parents
- □ Living with mother only
- □ Living with father only
- □ Living with one parent at a time (joint custody)
- □ Living with parent & step-parent
- □ Living with neither parent

**ETHNICITY**

- □ Multi-ethnic
- □ Asian American
- □ Black / African American
- □ Native American
- □ White / Causasian
- □ Hispanic/Latin
- □ Pacific islander
- □ Filipino
- □ Other: ____________________________

**PRIMARY LANGUAGE SPOKEN IN THE HOME**

- □ English
- □ Spanish
- □ Farsi
- □ Mandarin
- □ Tagalog
- □ Vietnamese
- □ Other: ____________________________

**RESIDENCE AREA**

- □ Alameda
- □ San Lorenzo
- □ Oakland
- □ Livermore
- □ Castro Valley
- □ Hayward
- □ San Leandro
- □ Berkeley
- □ Other: ____________________________

**ANNUAL HOUSEHOLD INCOME**

- □ Below $10,000
- □ $10,000 to $20,000
- □ $20,000 to $30,000
- □ $30,000 to $40,000
- □ $40,000 to $50,000
- □ $50,000 to $60,000
- □ $60,000 to $70,000
- □ $70,000 to $80,000
- □ $80,000 to $90,000
- □ $90,000 to $100,000
- □ over $100,000

**ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?**

- □ YES  □ NO

**PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (inc. disabilities).**

________________________________
________________________________
________________________________