

APPLICATION PACKET

**PEACE, LIBERATION
& The ARTS**

SUMMER CAMP 2019

“STAND UP FOR YOUR RIGHTS”

JULY 22nd – AUGUST 9th

CAMP DIRECTORS

MAI SPANN-WILSON & SHAY LITTLETON

DUE: NO LATER THAN JULY 8th, 2019

PLEASE COMPLETE ENTIRE APPLICATION [ASAP - space will be limited]

HANDWRITTEN APPLICATIONS – RETURN TO

**BROTHER’S RESTAURANT –
16 W. 15TH ST., CHESTER**

OR EMAILED TO:

placamp@4circlesbeyond.org

For more information call 215-478-7030

PL&A Camp sessions will take place at:
MJ FREED PERFORMING ARTS THEATER
515 Avenue of the Arts, Chester, PA

CAMPER INFORMATION

PARENT/GUARDIAN INFORMATION

Full Name _____

Full Name _____

Preferred Name _____

Relationship _____

Preferred Pronouns _____

Daytime Phone _____

Date of Birth _____

Mobile (Cell) Phone _____

Age _____

Email _____

Email _____

School Name _____

Grade Entering in Fall 2019 _____

Have you attended this camp before? _____ If yes, please list what year/or years _____

Please answer the following question (To be answered by the STUDENT with the guidance of parent/guardian):

1. Why are you interested in participating in the Peace, Liberation & the Arts Camp?

2. What community-building, artistic (dance, singing, drawing, etc.), service, or peace-building activities have you participated in?

3. What theater arts activities interest you most? [Please put 1st, 2nd, and 3rd choices next to three activities]

_____ Acting

_____ Writing

_____ Dancing

_____ Singing

_____ Music Production

_____ Playing a musical instrument; which one? _____

Summer 2019 STUDENT INTENTION FORM

IMPORTANT: The peace and community-building curriculum that is taught in this camp requires regular daily attendance and participation for the full 15 days.

_____ **YES I will attend the full 15 days of the camp during the 2019 summer session. (I understand this also means being on time daily)**

_____ **NO I will not be able to attend the full 15 days of camp during the 2019 summer session but wish my application to be kept on file for next year.**

Student Signature

Date

***Parent/Guardian Signature**

Date

Address

City

State

Zip Code

Telephone Number

Cell phone Number

School Name

Current Grade

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PEACE LIBERATION & the ARTS SUMMER CAMP

PARENTS AND STUDENTS PLEASE READ THOROUGHLY

Student/Parent Commitment Form

Participation in the Peace Liberation and Arts Camp requires that you adhere to the following rules. These rules are in effect for the length of time that you participate in the program. Read the statements below and if you understand what is expected of you and you will comply with each requirement, please sign the contract form.

1. I will obey all the rules of the Peace Liberation and Arts Camp including but not limited to:
 - a. Participating in the creation of and adhering to a group agreement throughout the camp
 - b. Checking cell phones with the directors daily since use of cell phones are not permitted
 - c. Wearing appropriate clothing that properly cover all body parts. Refraining from fighting, bullying, harassment, offensive language and threats toward staff or other camp participants. This includes doing so verbally, physically and/or electronically for the entire camp.
 - d. Refraining from the use of tobacco products, drugs or alcohol. Anyone determined to be under the influence of any substance will be sent home.

I understand that for dates **July 22nd – August 9th** the Camp meets weekdays at **MJ FREED Performing Arts Theater**, and **August 5th – 7th** including two overnights at **Temenos Retreat Center**; and additional rules may apply based on the program guidelines of hosting organizations, therefore I agree to follow these rules and respect building staff.

2. I also understand that **Violations of the Peace Liberation and Arts Camp rules may result in immediate dismissal from the camp.**
3. I will demonstrate positive attitudes and responsible behaviors.
4. I will be friendly, helpful and engaging with other students, staff and other individuals in the camp.
5. I will participate in the workshops and other enrichment opportunities offered to me during the Peace Liberation and Arts Camp.
6. I understand that my **parents/guardian will be financially responsible for any damages that I may cause while in the camp.**

I recognize and understand that failure to meet any of these requirements could result in being released from the Peace Liberation and Arts Camp at any given time.

Signature of Student

Date

*Signature of Mother/Female Guardian

Date

*Signature of Father/Male Guardian

Date

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PEACE CAMP GUARDIAN & MEDICAL AUTHORIZATION

Student's Name _____ Date of Birth _____
Last First MI

School: _____ Grade _____

Home Address: _____

City State Zip

Home Phone: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Mother's Place of Employment: _____ Father's Place of Employment: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

E-mail: _____ E-mail: _____

EMERGENCY PHONE NUMBERS

(PLEASE LIST NAMES OF INDIVIDUALS AUTHORIZED TO ACT ON YOUR BEHALF IF YOU ARE UNAVAILABLE)

NAME: _____ NAME: _____

Relationship: _____ Relationship: _____

Telephone #: _____ Telephone #: _____
Daytime Daytime

Evening Evening

Family Physician: _____ Phone: _____ Family Dentist: _____ Phone: _____

Indicate student's serious medical problem ___ Seizure ___ Asthma ___ Others _____

Student is allergic to: ___ Penicillin ___ Bee Sting ___ Food/Nuts ___ Others _____

Daily Routine Medications: _____

Medical Insurance/Medical No. _____ Insurance Co. & No.'s _____

CAMP EMERGENCY PROCEDURES

The staff has adopted the following procedures in caring for your child when he/she becomes sick or injured at camp.

In case of emergency and/or need of medical or hospital care.....

- The camp staff will call the home. If there is no answer,
- The camp staff will call the mother's and/or father's place of employment. If there is no answer,
- The camp staff will call the other telephone numbers listed.

If none of the above can be reached, the staff will call an ambulance, if necessary, to transport the child to a local medical facility.

Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility.

The camp staff will continue to call the parents/guardians until one is reached.

If I cannot be reached and the camp staff has followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedure or the administration of anesthesia, which may be carried out, based upon the medical judgment of the attending physician.

*Parent/Guardian Signature _____ Date: _____

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PEACE LIBERATION AND the ARTS CAMP TRIP PERMISSION FORM

Participant: _____ has my permission to participate in all Peace Liberation and the Arts Camp weekly events field trips, and the 2-day (August 5-7) sleep away camp. This permission extends to all Peace Liberation and the Arts Camp activities, and waives any claim for injury or damage by said participant while taking part in the Peace Liberation and the Arts Camp activities during the 2018 summer session. In addition, if I do not provide insurance for my child, I will assume all responsibilities and costs associated with any medical emergencies and doctor visits due to injuries of any nature.

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

PEACE LIBERATION AND the ARTS CAMP MEDIA PERMISSION FORM

I understand that any audio, photographs or videos taken of participants by the Peace Liberation and the Arts Camp staff during the program may be used for Peace Liberation and the Arts Camp promotional use both in print and electronic form on 4 Circles Beyond, Inc. and program affiliate websites. I give the camp's staff permission to use images of my child for this purpose.

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

***Typing in the name(s) and submitting this document will count as the signature(s).**