Thank you for your interest in attending Yes! Achievement Center Summer Camp. Yes! Achievement Center Summer Camp is a non-profit 501(c)3 in Riverdale, Georgia offering year-round programs to help enhance and develop the mindset of our youth. YES! Achievement Center is a facility that caters to youth health, STEM education and fitness in addition to providing a safe haven for children to be a part of a non-bullying environment where they can gain motivation and self-actualization skills.

Summer Camp is a week-long day camp where Yes! Campers receive instructions on sports, fitness and nutrition. Summer activities include various programs that promote growth and development.

Campers between the ages of 5-17 are welcomed at YES! Achievement Center. The participants will be grouped based on age.

**APPLICATION PROCESS**
Please read the following carefully. Summer Camp enrollment is first come, first served. Please visit www.yesachievementcenter.org for program information.

**TUITION**
Summer Camp costs $150; this includes a $60 non-refundable application fee (due with application) and $90 tuition fee (2 weeks of tuition are due during enrollment). Early registration may include discount rates. See website for additional information.

We work all year long to keep our costs low. Additional programs are offered through grants, fundraising, benefits, etc. As a nonprofit, any amount paid over the standard fees is considered a tax-deductible donation and greatly appreciated. Let us know if you need a tax receipt and we will send you one. Please consider sponsoring another camper or helping us provide more scholarships. Thank you!

**SUMMER CAMP PROGRAM SITE**
Yes! Achievement Center summer camp will be located at 6390 Church St. Riverdale GA 30274.

**CONTACT INFORMATION**
Mailing Address: 6728 Hwy 85, Ste A1, Riverdale GA 30274
Website: www.yesachievementcenter.org
Email: yesacheive@gmail.com
Office Phone: 678-489-8736
Summer Camp Phone: 404-287-9605

**WHEN TO SHOW UP AND WHAT TO BRING**
Camp is Monday-Friday, 7:00am-6:00pm (extended hour available).
Breakfast, lunch and a snack will be provided. (Campers have the option to bring their own food)
Wear comfortable clothing and close-toed shoes. A water bottle is highly recommended.

**Please note if you choose to bring your own electronic devices or other personal item, YES! Achievement Center Camp is not responsible for lost or damaged items.**
COMPLETING YOUR APPLICATION
Include the following:
Program application
$25 non-refundable application fee only
$50 tuition fee (2 weeks due during enrollment process)

Checks should be made out to: “Yes! Achievement Center”

IMPORTANT INFORMATION FOR ALL SESSIONS

<table>
<thead>
<tr>
<th>Applications available via website, email or fax</th>
<th>First come, first served – apply as soon as possible for Summer Specials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment package</td>
<td>Must be completed and accepted prior to first day of camp</td>
</tr>
<tr>
<td>Tuition must be paid in full prior to first day of camp week</td>
<td>2 weeks of tuition due upon registration</td>
</tr>
</tbody>
</table>

Thank you for your interest in Summer Camp -- we look forward to our future Yes! Campers.
Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of Yes! Achievement Center for Yes! Achievement Center and may be used for promotional purposes at the discretion of Yes! Achievement Center.

The policy and intent of Yes! Achievement Center for youth is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, bullying or other discriminatory behavior or expression.

Terms of Agreement

Photo Release
I hereby give permission for my child to be photographed during the Yes! Achievement Center-Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Yes! Achievement Center-Camp and its affiliates.

Parent’s/Guardian’s Initials ____________

Transportation Release
I hereby give permission for the transportation of my child for official Yes! Achievement Center-Camp activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials ____________

The Yes! Achievement Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children’s’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: ___________________________________________ Date: ____________________

Printed Name of Parent/Guardian: ________________________________
Program Application

1. WELCOME!

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: __________________________________ Date of Birth: ___________ Age (at the time of Camp): _______
Name you prefer to be called (if different): _________________________________________________
Name of School: _____________________________________________ Grade: _______
T-Shirt Size (circle one): Youth: XS SM MED LG or Adult: SM MED LG XL XXL
Name of Parent/Guardian/Primary Contact: ___________________________________________________________________
Mailing Address: _____________________________________________________________________________________________
City: ______________________________ State: _______________________ Zip Code: ___________________
Home Phone: _______________________ Cell Phone: _____________________ Work Phone_____________________
Email address you check frequently: _________________________________________________________________
Best way to contact you? (circle) Home Phone Cell Phone Email

What is the race/ethnicity of you/your camper?* __________________________________
*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

3. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper’s needs)
Medical Release Information
Insurance Information
Policy Number__________________________________ Name of Health Insurance Provider_______________________________
Primary Physician___________________________________________________________________________________________
Address_______________________ Phone_______________________________________ Hospital Preference_____________________________________________
Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem Required treatment Should paramedic be called?
_________________________________________ ___________________________ Yes/No
_________________________________________ ___________________________ Yes/No
_________________________________________ ___________________________ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain:________________________________________________________________________________________
Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain:__________________________________________________________

Does your child require a special diet?
Yes__ No__ If yes, explain:__________________________________________________________

Does your camper have any medical conditions, allergies, or special needs the staff should know about?
________________________________________________________________________________
________________________________________________________________________________

Does your camper have any behavioral or emotional issues the staff should know about?
________________________________________________________________________________

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials __________

I understand that the Yes! Achievement Center or its affiliates will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials __________
Date: ______________________________

Dear Doctor: ______________________________

Your patient (print name), ____________________________, is enrolled/enrolling in a camp program with Yes! Achievement Center and we have been requested to provide certain emergency care when needed. Please complete information below of this instruction record. This record will remain in the child's file at Yes! Achievement Center summer camp program so we may assist with the emergency care and needs of your patient for asthma. If you need to provide further instructions or clarifications, please provide the information on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at YAC.

**Part I (to be completed by physician)**

Child's Name (print): _____________________________  Child's Birthdate: _____________________________

**Symptoms**
Please provide a complete list of all symptoms that indicate that the child requires emergency treatment.

- [ ] Shortness of Breath or Difficulty in Breathing
- [ ] Other (explain): ________________________________________________

**Procedures**
Please indicate all steps necessary and the order in which they should be taken.

- [ ] Give inhaler/medication (e.g. “albuterol”)
- [ ] Call the area's emergency medical personnel (e.g."911")
- [ ] Call parent(s)/guardian(s) and child's physician

**Recreational Activities**
1. The child may participate in recreational activities. Yes___ No___
2. Activity restrictions: None_____ Some Restrictions____ (explain): ________________________________________________

**Child's Physician**
Name (print): ________________________________________________

Address: ________________________________________________

Telephone No: ________________________________________________

Emergency Contact Telephone No: ________________________________________________

Signature: ____________________________________  Date: _____________________________
Part II (to be completed by Parent(s)/Guardian(s)

Child's Name (print): ___________________________ Child's Birthdate: __________

Parent(s)/Guardian(s) ________________________________________________________

Name (print): ________________________________________________________________
Address: ____________________________________________________________________
Telephone No.: __________________________________________________________________
Emergency Contact No.: __________________________________________________________________

Name (print): ____________________________________________________________________
Address: ____________________________________________________________________
Telephone No.: ____________________________________________________________________
Emergency Contact No.: __________________________________________________________________

By signing this form, I authorize staff at Yes! Achievement Center to follow the above instructions on the Authorization Form. I agree to update this form every year or sooner if my/our child's needs change. Parent(s)/Guardian(s) releases and forever discharges to Yes! Achievement Center and its employees or agents from any and all liability arising in law or equity as a result of the YAC employees or agents administering emergency treatment (including the administration of medication(s), e.g. albuterol) provided that YAC has used reasonable care in administering emergency treatment and in providing other authorized care in accordance with the Authorization signed by the child’s physician. In addition, Parent(s)/Guardian(s) releases YAC and its employees or agents from any and all costs associated with utilization of the “911” emergency system and any transportation to a medical facility as well as the costs for any resulting treatment.

Signature: ____________________________________________________________________
Parent / Guardian ____________________________________________________________
Date: ____________________________________________________________________
WAIVERS, DISCLAIMERS & CONSENT

Medical:
Does Camper have special needs, medical conditions or allergies you would like us to know about:
☐ YES ☐ NO
If yes, please list below (specify if your child carries an epi-pen-please ask for a medical form if your child requires daily medication or has severe allergies)
_________________________________________________________________________________

Sunscreen
☐ My child is unable to properly apply sunscreen to himself/herself. My child will need the assistance of an adult to apply his/her sunscreen.
☐ My child is able to apply sunscreen himself/herself

Authorization for Field Trips:
☐ I give permission for my child to leave the premises of Yes! Achievement Center to participate in trips.
☐ I give permission to the staff of Yes! Achievement Center to take my child to all scheduled trip locations for the 2017 Day Camp program.
☐ I give the staff permission to take my child on trips to local parks
☐ I agree that my child may be transported to trip sites by Camp Transportation, Public Transit or by walking.
☐ I understand that my child will be escorted and supervised by the staff of Yes! Achievement Center while participating in these activities

Authorization & Consent for Children Walking Home:
☐ I give permission to have my child walk home by him/herself (if 12+ years of age)
☐ I give permission for my child to walk home with _______________________ friend or sibling must be older than 12)

Photography, Media Release & Waivers:
☐ I hereby give Yes! Achievement Center (YAC) and its partners and affiliates consent to use and reproduce my child’s name/image for promotional purposes related to YAC, Yes! Achievement Center, its member clubs and/or external partners. My child’s first name (unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by, its member Clubs, and/or external partners.
☐ I release Yes! Achievement Center and its agents from any and all claims, of any nature, based on any uses of the above.
☐ I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of Yes! Achievement Center, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against Yes! Achievement Center, the sponsors of said programs, or any of the Yes! Achievement Center representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way, from or in connection with the programs and services of Yes! Achievement Center. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

I verify that all the information I have provided in this document is true to the best of my knowledge

X__________________________________________________________
Your signature
Date
Anti-Bullying Policy Yes! Achievement Center Summer Camp Behavior Agreement

The Yes! Achievement Center Program is committed to a safe and civil educational environment for all of our campers and staff, free from harassment, intimidation or bullying. “Harassment, intimidation or bullying” means any intentional written, verbal or physical act, when the intentional written, verbal or physical act:

- Physically harms a camper/staff member or damages the camper’s/staff member’s property; or
- Has the effect of substantially interfering with a camper’s education or staff members duties; or
- Is severe, persistent, or pervasive that it creates an intimidation or threatening educational environment; or
- Has the effect of substantially disrupting the orderly operation of the camp

Nothing in this policy requires the affected camper/staff member to possess a characteristic that is a perceived basis for the harassment, intimidation, or bullying, or other distinguishing characteristic.

Harassment, intimidation or bullying can take many forms including: slurs, rumors, jokes, innuendo’s, demeaning comments, drawing cartoons, pranks, gestures, physical attacks, threats, or other written, oral or physical actions. “Intentional acts” refers to the individual’s choice to engage in the act rather than the ultimate impact of the action(s).

This policy is not intended to prohibit expression of religious, philosophical, or political views, provided that the expression does not substantially disrupt the environment. Many behaviors that do not rise to the level of harassment, intimidation, or bullying may still be prohibited by other policies, rules, or regulations.

Counseling, corrective discipline, and/or referral to law enforcement will be used to change the behavior of the perpetrator and remediate the impact on the victim. False reports or retaliation for harassment, intimidation or bullying also constitutes violations of this policy. The Director’s at Yes! Achievement Center is authorized to direct the development and implementation of the procedures addressing the elements of this policy, consistent with the complaint.

By signing below, I am stating that I have read and agree to abide by, all policies contained with the anti-bullying policy and behavior agreement. Furthermore, I certify that I have discussed all the policies, and their meanings and consequences, with my child(ern).

Parent/Guardian Name Print ___________________________  Parent/Guardian Signature ___________________________  Date ___________________________

Camper Name Print ___________________________  Camper Signature ___________________________  Date ___________________________
Liability Release and Parental Consent Form

This facility or Yes! Achievement Center Day Camp does not carry liability insurance coverage in the event of an injury, etc.

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance, Yes! Achievement Center its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Riverdale First Methodist Church and its owners are included in this waiver.

Parental Consent (Complete if applicant is under 18)
I give consent for my child ______________________________ to participate in the above activities, and I execute the above liability release on their behalf.

__________________________  ____________________________  _________
Parent/Guardian Name Print  Parent/Guardian Signature  Date

__________________________  ____________________________  _________
Camper Name Print (if 18 or older)  Camper Signature  Date
Dear Parents/Guardians,

Yes! Achievement Center Summer Camp is not licensed and not required to be licensed from the State of GA.
Bright from the Start Contact Info: 404-657-5562 or visit decal.ga.gov

Parent/Guardian Name Print ___________________________ Parent/Guardian Signature ___________________________ Date __________