

## GIRLS INC. SUMMER FUN 2021

### GIRLS INC. WELCOMES YOU!

Girls Inc. of the Greater Capital Region is pleased to announce our summer program for 2021! We welcome girls to join us in a variety of programs and activities geared to inspire all girls to be **strong, smart and bold.**

**Who:** Girls who are entering *Kindergarten through 8th grade*

**What:** A spectacular 6 week Summer Fun program!

**When:** July 6th through August 13th, 2021 from 9:00am to 5:00pm

**Where:** 962 Albany St., Schenectady, NY 12307

**Cost:** \$115 per week or \$210 for 2 weeks paid in advance. The discount does not apply to scholarships.

**Transportation:** provided from Albany GI to Schenectady GI (Limited spots available). Van leaves at 8:30am SHARP.

## REGISTRATION

**Completed paperwork, including immunization records, and full payment** for the first session will be due by **Friday, June 25th.** If payment has not been received by this date, spaces will be forfeited to those on our waiting list.

**There are no refunds for withdrawal from the programs after Friday, June 25th**

Scholarships are available on a **limited basis** for our summer program.

Copies of paystubs equivalent to one months pay, must be submitted with the registration form if you are applying for a scholarship.

**Payment Options: Camp MUST be paid on the Friday before the start of the each session**

- Payment can be made in cash, check, money order, Visa or MasterCard.
- Did you know that the fee for 2 weeks is only \$210 **if** paid 2 weeks in advance?

## Rights of Parents and Guardians

Parents and Guardians have the rights:

- to be informed by the camp director, or her designee, of any incident involving your child, including serious injury, illness or abuse
- to review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
- to review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Girls Inc. would like to thank **National Grid** for being the 2021 presenting sponsor of Summer Fun.

**nationalgrid**  
HERE WITH YOU. HERE FOR YOU.

## GIRLS INC. SUMMER FUN APPLICATION 2021

Member's First Name: \_\_\_\_\_ Member's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Guardian's Cell/Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade in Fall 2021: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Additional Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does the member have any food restrictions (not allergies): Yes \_\_\_ No \_\_\_ If yes what:

\_\_\_\_\_

Does the member have any *allergic reactions*: Yes \_\_\_ No \_\_\_

Please specify in detail:

**The following information is required for reporting to funding sources:**

**Information remains confidential:**

**Yearly Household Income:** \$ \_\_\_\_\_ **Number of People living in the home:** \_\_\_\_\_

**Whom the member lives with :** Both parents: \_\_\_\_\_ Mother Only: \_\_\_\_\_ Father Only: \_\_\_\_\_

One parent at a time (Joint Custody): \_\_\_\_\_ Other Guardian (Please List): \_\_\_\_\_

**Foster Care: (please check one):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnicity (check all that apply):** Black/African American: \_\_\_\_\_

White/European American: \_\_\_\_\_ Hispanic/Latina: \_\_\_\_\_

Native American/American Indian: \_\_\_\_\_ Multiracial/Multiple/Biracial Heritage: \_\_\_\_\_

Other: \_\_\_\_\_

### Weekly Sessions & Themes (please check which sessions camper will attend)

\_\_\_\_ Week 1: July 6th– 13th: Boom! Pow! Wow!(\$115)      \_\_\_\_ Week 4: July 26th– 30th: Girls Rock! (\$115)

\_\_\_\_ Week 2: July 12th-16th: Food Science (\$115)      \_\_\_\_ Week 5: August 2nd– 6th: Adventures in Teams (\$115)

\_\_\_\_ Week 3: July 19th-23rd: Water, Wind & Sun (\$115)      \_\_\_\_ Week 6: August 9th– 13th All about Art (\$115)

### Transportation from Albany GI (80 Central Ave) to Schenectady GI (962 Albany St) (please check which week/weeks camper will need transportation) Van will leave at 8:30am SHARP

\_\_\_\_ Week 1: July 6th– 13th      \_\_\_\_ Week 4: July 26th– 30th

\_\_\_\_ Week 2: July 12th-16th      \_\_\_\_ Week 5: August 2nd– 6th

\_\_\_\_ Week 3: July 19th-23rd      \_\_\_\_ Week 6: August 9th– 13th

**SCHOLARSHIP APPLICATION**

To Parents/Guardians: The following information is **required** for scholarships (**a month of paystubs must be provided with scholarship application**) and grant reporting purposes:

Are you applying for a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, it is mandatory that the following questions are answered:

- 1. Annual family income: \$ \_\_\_\_\_
- 2. Number of people living in the home: \_\_\_\_\_
- 3. No. of children in family attending camp: \_\_\_\_\_

In order to be considered for the scholarship, all paperwork, including immunization records must be turned in.

Please allow up to five (5) business days for your scholarship reward.

**\*\*\*NY STATE LAW REQUIRES THE FOLLOWING TO BE COMPLETED PRIOR TO START OUR SUMMER PROGRAM\*\*\***

Health Insurance Carrier: \_\_\_\_\_ Group No.: \_\_\_\_\_ ID# \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Date of last physical: \_\_\_\_\_ (must be within last 6 months)

1. Health concerns or learning problems:

\_\_\_\_\_

2. Is your child currently on any *medication*? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (all medications must be accompanied by a doctor's note permitting the administration: If bee sting kit or inhaler is needed, will she carry it at all times? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication (s): \_\_\_\_\_ Administer Times: \_\_\_\_\_

**TREATMENT CONSENT:** I hereby grant permission for my daughter to become a member of Girls Inc. of the Greater Capital Region. I authorize a staff member of said organization to consent to emergency medical treatment at any health care facility as necessary to preserve the health of my daughter.

Initials \_\_\_\_\_

**FIELD TRIP CONSENT:** I hereby grant permission for my daughter to participate in field trips and neighborhood outings arranged and supervised by the staff of Girls Inc., and therefore allowing my child to be transported by vehicle or walking (with adult supervision) in order to arrive at the destination.

Initials \_\_\_\_\_

**PHOTOGRAPH CONSENT:** I give permission for my daughter to be photographed, filmed and/or recorded during Girls Inc. activities for in-house and/or news purposes.

Initials \_\_\_\_\_

**SUNSCREEN CONSENT:** I give permission for my daughter to carry and use sunscreen. I understand the sunscreen is not used for treatment of an injury or illness. I give permission for Girls Inc. staff to apply the sunscreen if necessary. The sunscreen is approved by the FDA for over-the-counter use.

Initials \_\_\_\_\_

**BUG REPELLENT CONSENT:** I give permission for my daughter to have insect repellent at camp. I give permission for Girls Inc. staff to apply the insect repellent if necessary. I understand my daughter will not carry the insect repellent themselves, the insect repellent will be given to and be under the control of Girls Inc. staff.

Initials \_\_\_\_\_

I have read and answered all information to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Internet Contract:**

**I will:**

- use the computers only for exploration, education, and fun while visiting only constructive and lawful sites.
- use the computers to view, download, send, print, and display material that are respectful, constructive, and honorable.
- use decent proper language, and observe proper netiquette.
- treat others with respect.
- use only authorized software on the computers.
- get permission before I change, copy, rename, delete, or otherwise access file or software that are not my own creation.
- honor and accept all copyright laws.
- keep my individual password confidential, and not give it out to others.
- ask for permission to go on a website that is not listed on the Girls Inc OK Sites list or web board before accessing the site.

**I will NOT:**

- damage, disable, or interfere with the operation of computers, computer systems, software or related equipment through physical action or by electronic means.
- reveal personal information about myself or of other members or friends while on the internet, for example, names, home addresses, telephone numbers.
- use chat rooms at any time because they are unsafe.
- access any website where I do not meet the age requirement set forth by that website, if I do meet the requirement I will have an appropriate permission slip signed by my parent/guardian to use.
- post pictures of myself, friends, or others taken at Girls Inc. to any website.
- post any negative or bullying messages to any websites.

Girls Inc. technology use is a privilege, and not a right. Inappropriate use may result in disciplinary action.

As a member of Girls Inc., I agree to be **S.M.A.R.T.:**

- S** Strong, smart and bold  
I am in control of my own destiny.
- M** My personal best  
I agree to do my personal best in everything I do.
- A** Academics  
I know that my education is important and I agree to ask for help when I need it.
- R** Respect  
I agree to show and give respect by treating others as I want to be treated.
- T** Take responsibility for my own actions  
I agree that by not yelling, cursing, hitting, name calling, and putting down my peers that I show and give respect.

By Initialing I acknowledge:

- \_\_\_\_\_ The member will follow the rules of the internet contract while attending Girls Inc.
- \_\_\_\_\_ The member will follow the SMART Contract while attending Girls Inc.
- \_\_\_\_\_ The Department of Health's Parent/Guardian Rights.
- \_\_\_\_\_ That there are no refunds.
- \_\_\_\_\_ That Girls Inc does not allow for daily rates.
- \_\_\_\_\_ That I must pay by the Friday before each session. If my child is dropped off and Girls Inc does not have payment I will be called to come and pick her up.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**GIRLS INC. OF THE GREATER CAPITAL REGION  
COVID-19 RELEASE OF LIABILITY**

\_\_\_\_ INITIALS I understand that COVID-19 is very contagious and is believed to be spread from person-person contact. Although Girls Inc has put in place preventative measures to reduce the spread; providing hand sanitizer, face masks, implementing social distancing, and all CDC/NYS guidelines will be in place, we cannot guarantee that a participant will not be infected by participating in Girls Inc activities.

\_\_\_\_ INITIALS My temperature will be taken prior entering the van or the center. If I am experiencing fever, cough, any other sign of illness, I will not attend programming for the day.

\_\_\_\_ INITIALS If a member of my household tests positive for COVID-19 or has COVID-19-related symptoms, I will not attend programming until the household member has tested negative for COVID-19 and I have tested negative for COVID-19.

\_\_\_\_ INITIALS I agree that I will practice safe social distancing and clean hygiene and I will wear a face mask at all times on the van or during my participation at Girls Inc. when I am unable to maintain social distance.

\_\_\_\_ INITIALS I acknowledge that participation in Girls Inc activities involves known and unanticipated risks possibly resulting in injury and/or illness. I understand that the risks cannot be eliminated, despite safety protocols made by staff. I elect to participate voluntarily. At any time, I believe conditions are unsafe or unhealthy or I am unable to participate due to physical or medical conditions, I will discontinue my participation.

\_\_\_\_ INITIALS I hereby release Girls Inc. and its affiliates and their respective directors, officers and employees (collectively, "Girls Parties") of any liability for COVID-19-related injury or illness arising from my participation in any Girls Inc. activities, except to the extent such injury or illness arises from the gross negligence or willful misconduct of the Girls Parties.

\_\_\_\_ INITIALS I further agree not to initiate or maintain any legal action against any Girls Parties on the basis of negligence by any Girls Parties for any COVID-19-related injury or illness arising from my participation in any Girls Inc. activities

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**GIRLS INC. OF THE GREATER CAPITAL REGION  
COVID-19 RELEASE OF LIABILITY**

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**

*(For each participant under the age of 18, the above terms and conditions must be initialed, and the following statement must be completed, by the parent or guardian of each minor participant)*

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in Girls Inc. activities, I accept the terms and conditions set forth above for myself and on behalf of my minor. I further agree to indemnify and hold harmless the Girls Parties from any and all expenses, costs, liability and fees (including but not limited to reasonable attorney's fees and expenses) incurred by any Girls Party as a result of any claim, action or proceeding instituted by or on behalf of my minor for COVID-19-related injury or illness except to the extent such COVID-19-related injury or illness results from the gross negligence or willful misconduct of any Girls Party as finally determined in a judicial proceeding in which Girls Inc. is a party.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_