

STEAM CAMP APPLICATION-DIVAS for Social Justice

Participant Information

Name _____ Age _____

Address _____

Telephone Number _____ (cell phone & home)

Medical Conditions _____

Food Restrictions _____

Health Insurance _____ Pediatrician _____

Parent/Guardian Information

Name _____

Address _____

Telephone _____ (cell,work,home)

Emergency Contact

Name _____ Relationship _____

Telephone Number _____

Closing Awards Ceremony Information

July 27, 2014- 12-5PM

Macon Public Library/Basement

361 Lewis Ave @ Macon St.

Brooklyn, NY 11233

Participants will be traveling with the camp on the following dates, please initial your child has permission to travel:

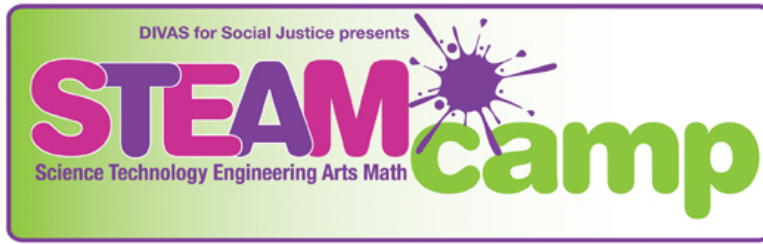
**Hunter College Lab
695 Park Ave.
New York, NY 10065
Dates- 7/3/13, 7/11/13, 7/18/13_____**

**Sony Wonder Technology Lab
550 Madison Ave
New York, NY 10022
3:30, Program will arrive back to Brooklyn at 6:30 PM- 7/10/13-_____**

**Theaterworks
The Civil War
Lucille Lortelle Theater
121 Christopher Street
July 15, 2013, 10:30 AM_____**

**Restoration Plaza
1368 Fulton St.
July 12, 2013_____**

**Brooklyn Zen Center
505 Carroll Street, Ste. #2
July 19, 2013_____**



- The camp assumes no responsibility for lost or stolen items.
- The camp reserves the right to terminate this contract at any time, if the camp deems it to be in the best interest of the camp to do so.
- The camper, parents and relatives agree to abide by the rules and regulations set by the camp for the health, safety and welfare of the camp.
- Every child must have a completed medical form in camp prior to their starting camp.
- I give permission to allow my child to attend all scheduled trips and out of camp activities under supervision of the camp staff.
- I allow for my child to be given professional medical treatment in case I or the emergency contact person cannot be reached
- I agree to all above listed conditions.

Parent/Guardian Print Name Date

Parent/Guardian Signature

