**

**Boys & *Beyond***

Pace Community Action Agency, Inc. is planning for our signature Boys and Beyond **Summer Camp**. Our “Boys & *Beyond*” program provides innovative and fun learning activities for boys finishing grades 4 - 5. The selected boys will benefit from the program through participation in activities that will engage them in life-long learning lessons. (e.g., tying a tie, changing a tire, saving money, etc.) A limited number of boys will be accepted.

**When:** July 8 - July 12, 2024 8:00 am – 12:00 pm (lunch included)

**What:** Weeklong summer camp that will include a field trip

**Where:** 525 N. 4th Street in Vincennes (Pace Building)

**Transportation:** Not provided (possible mileage reimbursement)

We are not equipped to deal behavioral concerns such as bullying, anger issues, etc. Please refrain from referring children identified with these behaviors. We have **zero tolerance** for physical aggression. Any child who commits any act of physical aggression will be dismissed from the program.

**SUMMER CAMP**

**Boys & *Beyond***

**Application**

**July 8-12, 2024**

Completion of the form **DOES NOT** automatically enroll boys in the program.

We will mail parents a letter if their son is accepted into the program.

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| To obtain approval and consent for Pace’s **Boys & *Beyond*** Program to participate in activities with a team and a field trip. It is recommended that parents (guardians) keep a copy of the form and contact the Pace leader in the event of any questions or in case emergency contact is needed. This form is due by June 14. |

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 Boy’s first name Middle initial Last name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current Grade Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary School Attended:

Circle Shirt Size:

Child Sizes: S M L XL XXL Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Sizes: S M L XL XXL Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has approval to participate in Boys & Beyond Program:

 🞏 With special considerations or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Include any food restrictions - ALLERGIES)

We want to celebrate this program and your child’s participation in this endeavor through social media, news and/or our agency’s internet site. By signing this form, you are granting permission to use your child’s name and photo. In addition, by signing this form, you are granting permission for Pace staff to obtain program-related information from your child’s school. We are not equipped to deal behavioral concerns such as bullying, anger issues, etc. We have **zero tolerance** for physical aggression. Any child who commits any act of physical aggression will be dismissed from the program. Students from Community Eligibility Provision Schools “CEP” are categorically eligible.

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| **HOLD HARMLESS AGREEMENT**I understand that participation in **Boys & *Beyond*** activities may involve limited risk. I give consent for myself or my child to participate in the program’s activities. I also understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Pace Community Action Agency, agency employees, Boys & *Beyond* facilitators, volunteers, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment. Medical providers are authorized to disclose to the adult in charge treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities. |

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 Child’s Signature

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 Parent/guardian printed name Parent/guardian signature Date

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(Area code & telephone #s) Emergency contact Alternate contact Email (for use in sharing more details about activities)

Contact the Pace Facilitator with any questions:

Name \_\_\_\_\_\_\_\_Hayley Mincey\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_812.882.7927x1209 \_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_hmincey@pacecaa.org\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_