



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 24 – July 28. 8:00 am – 12:00 pm (lunch included)

What: Week long 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.

All Nomination forms should be returned by school officials to:
Pace Community Action Agency, Inc. ATTN: Tai Blythe 525 N. 4th Street, Vincennes, IN 47591
Questions: 812.882.7927 or tblythe@pacecaa.org

www.pacecaa.org



SUMMER CAMP

Application July 24-28, 2023

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.

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 April 28th.**

Boy's first name _____ Middle initial _____ Last name _____ Birth date (month/day/year) ____/____/____ Age during project _____

Current Grade _____ Address _____

City _____ State _____ Zip _____

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) activities in the 2023 Boys & Beyond Program:

☐ Without restrictions ☐ 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.

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.

Child's signature _____

Date _____

Parent/guardian printed name _____

Parent/guardian signature _____

Date _____

(Area code & telephone #) Emergency contact _____

Alternate contact _____

Email (for use in sharing more details about activities) _____

Contact the Pace Facilitator with any questions:

Name Tai Blythe

Phone 812.882.7927 x1250

Email tblythe@pacecaa.org