

THE ROBERT J. CLINTON

YOUTH

**ENRICHMENT** SUMMIT

**JUNE 10-14** 8:30AM - 4:00PM DAILY

**CAMP HELD AT** SOUTHERN REGIONAL TECHNICAL COLLEGE **800 N VETERANS PKWY MOULTRIE GA 31788** 



### PURPOSE

The purpose of YES! is to provide youth with experiences to enrich, empower, and inspire them to reach their full potiential as students and citizens. To engage them with using technology and connecting with peers and the community to prepare them for completing their education and life goals.



## ACTIVITIES - STEAM Curriculum

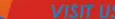
- Life Skills
- Team Building
- Community Service Projects
- College Tours
  And more...







FOR MORE INFORMATION CALL 229-985-3610



www.facebook.com/TwentyYES www.swgacac.com



# The Robert J. Clinton Twenty24 **Y**outh **E**nrichment **S**ummit!

#### YES!

The purpose of **YES!** is to provide youth with the opportunity for experiences to enrich, empower, and inspire them to reach their full potential as students and citizens.

### **Youth Application**

| Date:   | County of Residence:                        |    |              |              |     |      |     |
|---|---|----|--------------|--------------|-----|------|-----|
| Gender: F or M Cu   | ender: F or M Current Grade Just Completed: |    |              |              |     |      |     |
| T-Shirt Size: AS  | AM  | AL | AXL          | A2X          | A3X | _A4X | A5X |
| Applicant Full Name:  |   |    | Da           | te of Birth: |     | Age: |     |
| Address:  |   |    | City and Zip | Code:        |     |      | _   |
| Applicant (Youth) Email Address (if any):   |   |    |              |              |     |      |     |
| Parent/Guardian(s) Name:  |   |    |              |              |     |      |     |
| Telephone: Emergency Contact Name & Phone:  |   |    |              |              |     |      |     |
| Parent/Guardian Email Address (if any):   |   |    |              |              |     |      |     |
| Did applicant attend Head Start? Y or N Does applicant have a sibling in Head Start? Y or N f so, which center was/is attended: |   |    |              |              |     |      |     |
|   |   |    |              |              |     |      |     |

Will your child need transportation to camp? Y or N

| Does the Applicant have any of the following conditions?  |                             |  |  |  |  |  |  |                                  |      |       |
|---|-----------------------------|--|--|--|--|--|--|----------------------------------|------|-------|
| Asthma  | Diabetes                    | Epilepsy   |  |  |  |  |  |                                  |      |       |
| Allergies (food and/or medication – please list if yes): Other medical condition(s): Please describe:  Medical/Hospital Authorization: If while in the care of Southwest Georgia Community Action Council, Inc. staff, my child requires medical attention, I give permission to have my child treated at a licensed medical facility. I agree to be responsible for the bill related to any medical treatment given to my child while participating in the YES! program. |                             |  |  |  |  |  |  |                                  |      |       |
|   |                             |  |  |  |  |  |  | Parent/Guardian Signatu          | ıre: | Date: |
|   |                             |  |  |  |  |  |  | Insurance Information (Company): |      |       |
| Policy Number: Medicaid Number:   |                             |  |  |  |  |  |  |                                  |      |       |
|   |                             |  |  |  |  |  |  |                                  |      |       |
|   |                             | Name) hereby give my permission for  |  |  |  |  |  |                                  |      |       |
| (Youth Applicant) to:   |                             |  |  |  |  |  |  |                                  |      |       |
|   |                             | d programs and activities.   |  |  |  |  |  |                                  |      |       |
|   |                             | ocations, including out of town excursion(s).  |  |  |  |  |  |                                  |      |       |
|   |                             | agenda for the program before any travel takes place.)   |  |  |  |  |  |                                  |      |       |
|   |                             | oses of promoting the program and recognizing  |  |  |  |  |  |                                  |      |       |
| participants in media   |                             |  |  |  |  |  |  |                                  |      |       |
| participate in techno   |                             | to the little and the form the   |  |  |  |  |  |                                  |      |       |
|   |                             | nployees or contractors from any liability resulting from the  |  |  |  |  |  |                                  |      |       |
| operation of this program   | n.                          |  |  |  |  |  |  |                                  |      |       |
|   |                             | Date   |  |  |  |  |  |                                  |      |       |
| Parent/Guardian Signatu   | re                          | Date:  |  |  |  |  |  |                                  |      |       |
| Tarenty Guardian Signatu  |                             |  |  |  |  |  |  |                                  |      |       |
|   |                             |  |  |  |  |  |  |                                  |      |       |
| Parent/Guardian Printed   | Name                        |  |  |  |  |  |  |                                  |      |       |
| Grant; therefore, parents household income and o  | s will be contacted by Sout | epartment of Human Services Community Services Block<br>thwest Georgia Community Action Council, Inc. to provide<br>as as required to complete the second part of the application<br>d into the program. |  |  |  |  |  |                                  |      |       |

For more information, you may contact:

