



# YES!

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 potential 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...

# FREE!

**BOYS AND GIRLS**  
**AGES 12-14**  
RISING 7th & 8th GRADERS

FOR MORE INFORMATION CALL  
**229-985-3610**



**VISIT US**  
[www.facebook.com/TwentyYES](https://www.facebook.com/TwentyYES)  
[www.swgacac.com](http://www.swgacac.com)



*The Robert J. Clinton*

## *Twenty24 Youth Enrichment Summit!*

### **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      Current Grade Just Completed: \_\_\_\_\_

T-Shirt Size: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ A2X \_\_\_\_\_ A3X \_\_\_\_\_ A4X \_\_\_\_\_ A5X \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Date 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  
If so, which center was/is attended: \_\_\_\_\_

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

Insurance Information (Company): \_\_\_\_\_

Policy Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Name) hereby give my permission for  
\_\_\_\_\_ (Youth Applicant) to:

attend this program and to take part in planned programs and activities.

be transported to and from various program locations, including out of town excursion(s).

**(Note: Parents/guardians will be given a detailed agenda for the program before any travel takes place.)**

be photographed and/or videoed for the purposes of promoting the program and recognizing participants in media.

participate in technology esports games

I also release the sponsoring agency and its employees or contractors from any liability resulting from the operation of this program.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Parent/Guardian Printed Name

Note: This program is funded in part by Georgia Department of Human Services Community Services Block Grant; therefore, parents will be contacted by Southwest Georgia Community Action Council, Inc. to provide household income and other household documents as required to complete the second part of the application process before the youth applicant can be accepted into the program.

For more information, you may contact:



912 First Avenue, SE, Moultrie, GA 31768 \* 229-985-3610