SheLeads Camp 2025 Enrollment Request Form Campers Ages 10-14



Note: This form is a <u>REQUEST ONLY</u>. Registration is NOT confirmed until all steps are followed and a non-refundable deposit is paid. Please see details under "Reserve Your Spot".

Camp Dates & Costs:

\$150 per week per camper

Monday-Friday 8:00am-5:30pm

Please choose the weeks that your child plans to attend:

- 🗌 Week 1: June 9th-13th
- 🗌 Week 2: June 16th-20th
- 🗌 Week 3: June 23rd-27th
- U Week 4: July 7th-11th
- 🗌 Week 5: July 14th-18th
- U Week 6: July 21st-25th

Camper Information:

Full Name:	_ Date of Birth:/ Age:	
School Name:	Grade:	
Address:	City:	
State:Zipcode:		
Parent/Guardian Information:		
Name:	-	
Relationship to Camper (e.g., Mother, Father, Guardian):		
Parent/Guardian Email Address: _		
Parent/Guardian Phone Number:		
Emergency Contact Information:		
#1 Emergency Contact Name:		
Relationship to Camper:		
Phone Number:		

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#2 Emergency Contact Name:_____

Relationship to Camper:_____

Phone Number:_____

Medical Information:

Does your child have any medical conditions/allergies? (Please specify):

Is there anything that upsets your child? If so, how can we best help them?

Does your child have insurance? (Check one):

- 🗆 Yes
- 🗆 No
- Policy Number: ______

Medical Waiver & Consent:

I hereby give my consent for my child to participate in the Girls Inc of Monroe County SheLeads Camp 2025. I give permission for my child to receive medical attention in case of injury or emergency, if necessary.

I certify that the information provided above is correct and that I am the legal guardian of the participant. I agree to adhere to all program rules and policies.

Signature of Parent/Guardian: ______Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: _____Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _______Date: ______Date: ______Date: ___



Reserve Your Spot

Your camper's spot is **NOT** confirmed until the following steps have been completed:

- 1. Complete Enrollment Request Form and submit to Girls Inc of Monroe County. Email it to us at <u>gimc@girlsinc-monroe.org</u> or submit in person.
- 2. You will receive an email from Girls Inc confirming availability for weeks selected within 24 hours of submitting enrollment request form.
- 3. Pay the non-refundable camp deposit! Please pay your deposit within 24 hours of receiving email confirming availability from Girls Inc. See details about deposit below.
- 4. Receive confirmation email from Girls Inc!

Registration Fees: *Registration Fee*: \$75 Non-Refundable deposit for each week your child plans to attend. (For example if your child plans to attend all 6 weeks your deposit is a total of \$450. Your deposit will go towards your total amount due for camp.) *Please DO NOT pay a deposit until the enrollment request is confirmed.*

<u>Scholarships</u>

Please email us at gimc@girlsinc-monroe.org or call us at 812-336-7313 to inquire about scholarship opportunities.

Payment Options:

- Card on the Girls Inc Website
- Check (please make payable to Girls Inc)
- Cash

Camp T-Shirt Information:

Shirt Size (<mark>Youth sizing</mark>):	
 X-Small Small Medium Shirt Size (Adult Sizing): 	LargeX-Large
 X- Small Small Medium 	LargeX-Large

*Don't see your child's size? Please list their size here:_____