



**CHECK ONE BOX**

**High School Camp** \_\_\_\_\_

**K-8th Grade Camp** \_\_\_\_\_

**UniFIED Efforts, Inc., 2024 Summer Out-of-School-Time Program Registration & Waiver Form**

**NO COST TO PARENTS PROGRAM**

**MINOR CHILD INFORMATION: CHILD'S NAME/PRINT** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **MALE** \_\_\_ **FEMALE** \_\_\_ **GRADE LEVEL** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PARENT 1 NAME:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**PARENT 2 NAME:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**GUARDIAN'S NAME:** \_\_\_\_\_

**GUARDIAN EMAIL** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**CHILD RELEASE AUTHORIZATION:**

**Persons authorized to pick-up child from facility: 1 NAME: RELATIONSHIP** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**PERSON(S) UNAUTHORIZED: Persons NOT authorized to pick-up child**

**NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**2024 CAMP INFORMATION- DATES TO BE DETERMINED HS and K-8 STUDENTS.**

High School students will have a two week program with an attendance stipend - Monday - Friday/per week. Lunch included at no cost/on campus.

Week #1: Time: 9 am-3:30 pm

• 1st Week: June 24-28, 2024 at Goucher College 1021 Dulaney Valley Road, Towson, MD 21204  
TIME: 9 am-3:30 pm UniFIED Efforts T-Shirts Daily Uniform)

• 2nd Week (final) July 1 – 5, 2024 at Stony Run Meeting House 5116 N. Charles St. Baltimore, MD  
21210: 10 am-3 pm (UniFIED Efforts T-Shirts Daily Uniform)

**K-8th Grade Students:**

**SUMMER PROGRAM FOR K -8TH GRADE NO COST TO PARENTS.**

**Direct Contact Information: Dates/Times To Be Determined: 443 -800 -0566**  
**unifiedefforts@comcast.net (<https://unifiedefforts.org>)**

**Mailing Address:** Unified Efforts, Inc. 200 Cross Keys RD #42 Baltimore, MD 21210

Unified Efforts, Inc. is a nonprofit 501 (c)(3) organization.

Contact person:

Debbie B. Ramsey

Executive Director and Founder



**UniFIED EFFORTS, INC. PARTICIPANT ETHNICITY TRACKING TOOL (OPTIONAL): THIS VOLUNTARY INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY FOR UniFIED Efforts, Inc.**  
 BLACK/AFRICAN AMERICAN { } NATIVE AMERICAN INDIAN { } WHITE/CAUCASIAN,  
 HISPANIC/LATINO { } ASIAN/PACIFIC ISLANDER MULTI-CULTURAL ( )  
 LANGUAGE/ENGLISH \_\_\_ PRIMARY { } SPANISH ( ) OTHER \_\_\_

I, the undersigned parent/primary care provider and/or guardian: Name \_\_\_\_\_

having legal custody/guardianship of the above said minor/child, give permission for the minor to participate in all 2024 UniFIED Efforts, Inc. summer and/or extended programs throughout the year. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration, of said minor/child, being permitted to enter the site for this 2024 summer program for use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian), do hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document, 2. Release UniFIED Efforts, Inc., its directors, officers, employees, instructors, UE's personnel, and volunteers (collectively "Releasees") from all liability for any loss or damage to property or injury, whether caused by Releasees or otherwise and while such minor is in or near UnFIED Efforts, Inc. temporary summer program location: 2516 -20 Salem Street Baltimore, Md. 21217, and inclusive of all off-site locations, field trips, traveling to and from, outside and/or within the city limits of Baltimore, Maryland, 3. I agree not to sue Releasees for any loss, damage, injury described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near this location: 2516-20 Salem Street Baltimore, MD 21217: Whether caused by the negligence of Releasees or otherwise. 4. I assume full responsibility for, and risk of, bodily injury, or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the UnFIED Efforts, Inc., as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the state of Maryland and/or similar thereof, on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the medical facility and/or hospital. I understand that Unified Efforts, Inc. is not responsible for costs incurred for medical care. 6. I have read and agree to the "free" summer program policy in which no fees, cost are expected. 7. I give UniFIEDEfforts, Inc., of Baltimore, MD permission to use any picture or likeness of me, or a picture or likeness of my child/minor, in Unified Efforts, Inc. general publicity and campaign materials, including their print publication known as *I Belong Magazine.com*, and all websites controlled by UniFIED Efforts, Inc. Including *I Belong Magazine.com*. UniFIED Efforts, Inc. **does not** utilize the following social media platforms: Facebook, TikTok, nor permits its volunteers, staff and/or visitors to post images of its participating students without prior consent of parents/guardians. UE is to be promptly apprise of all requests. This document is confidential and is not shared with any other organizations.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of Maryland:

CHILD'S NAME (PRINT) \_\_\_\_\_ AGE \_\_\_\_\_

DIETARY RESTRICTIONS: No \_\_\_ Yes \_\_\_\_\_

SPECIAL CONSIDERATIONS/NEEDS No \_\_\_ YES \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_