

# **ACTION Coalition's VIRTUAL Summer Camp 2020**

**138 East Main Street, Mountain City, TN 37683, 423.727.0780**

To The Parents of Johnson County Elementary/Middle School Students:

We hope this letter finds you and your family fairing well during these trying times. We want to keep ourselves and our families safe as we maneuver through the Covid-19 pandemic. We believe social distancing is one way we can help promote safety for your child/children.

Keeping that in mind, *ACTION Coalition will be sponsoring a virtual summer camp:*

- *June 22nd - 26th: Students who were in 1st grade through 4h grade during the 2019/2020 school year.*
- *July 13th—17h: Students who were in the 5th, 6th, 7th, or 8th grade during the 2019/2020 school year.*

Drug education lessons will be conducted through ZOOM. In addition to the lessons, we plan to have activity sheets, crafts, contests (giving away two bikes, in addition to more prizes) and so much more.

On the backside of this page is the Registration Form for students who would like to participate. We ask that the parent/guardian complete the form and either drop it off at our office or mail / email it to:

**ACTION Coalition, 138 E Main Street, Mountain City, TN 37683**

**[roxroedel@actioncoalition.org](mailto:roxroedel@actioncoalition.org) or [kmotsinger@actioncoalition.org](mailto:kmotsinger@actioncoalition.org)**

We are accepting applications through Wednesday, June 10, 2020. This deadline will allow us time to purchase the needed materials and finalize our plans.

We hope you will take advantage of this free, educational, and fun opportunity for your child/children to partake in.

After receiving the registration forms, we will be mailing each registered student a participation packet with supplies they will need for that week.

Thank you and we are looking forward to hearing from you!

Roxanne Roedel  
Program Coordinator  
ACTION Coalition  
423.727.0780

Kandas Motsinger  
Program Coordinator  
ACTION Coalition  
423.727.0780

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## REGISTRATION FORM

### PARTICIPANT INFORMATION (Please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade attended year 2019/2020: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

ALLERGIES: Please list any known allergies your child has: (craft supplies)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's day phone #: \_\_\_\_\_ Father's Day Phone #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

#### PHOTOGRAPH RELEASE

I hereby do consent and authorize ACTION Coalition to reproduce photographs or video taken of my child for education, advertising and publicity purposes of every description.

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

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